

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

Police
 City Attorney
 Bureau of Fire Prevention
 Health Department

DATE: 9/20/12
Return by: 9/14

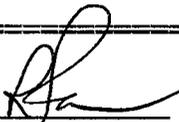
CATERER:

NON - CATERER: X

**APPLICANT NAME & ADDRESS: CROHN'S & COLITIS FOUNDATION OF AMERICA (CCFA),
8031 W CENTER RD., SUITE 322, OMAHA 68124**

**DATE OF EVENT/S: OCOTBER 27, 2012; 12PM TO 9 PM
ALTERNATE DATE(S): NONE**

RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

CONDITIONS Complete Required Training
Hire off Duty officers Required By CAPT KAWAMOTO

DENIED

REASON(S) FOR _____

 843
Signature

9-21-12
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: OCTOBER 15, 2012

(SDLRPT.JER)

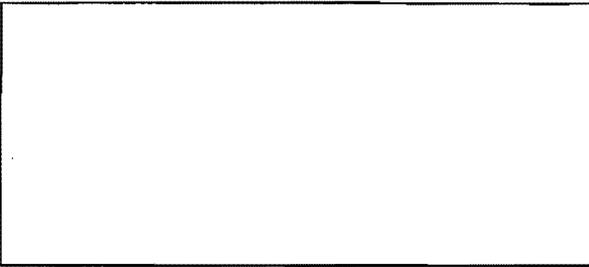
RECEIVED
SEP 21 2012
TECHNICAL
INVESTIGATIONS UNIT

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

FILED

SEP 10 2012



CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

DO YOU NEED POSTERS? YES NO

RETAIL LICENSE HOLDERS

NON PROFIT APPLICANTS

Non Profit Status (check one that best applies)

Municipal Political Fine Arts Fraternal Religious Charitable Public Service

COMPLETE ALL QUESTIONS

1. Type of alcohol to be served and/or consumed: Beer Wine Distilled Spirits

2. Liquor license number and class (i.e. C-55441)
(If you're a nonprofit organization leave blank)

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name
(As it reads on your liquor license)

NAME: Crohn's & Colitis Foundation of America (CCFA)

ADDRESS: 8031 W Center Rd, Suite 322

CITY Omaha, NE ZIP 68124

4. Location where event will be held; name, address, city, county, zip code

BUILDING NAME The event will be held on the street

ADDRESS: 21st Street between P & Q CITY Lincoln

ZIP 68505 COUNTY and COUNTY # Lancaster, # 2

a. Is this location within the city/village limits? YES NO

b. Is this location within the 150' of church, school, hospital or home
for aged/indigent or for veterans and/or wives? YES NO

c. Is this location within 300' of any university or college campus? YES NO

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 10/27/12	Date	Date	Date	Date	Date
Hours From 2 PM	Hours From	Hours From	Hours From	Hours From	Hours From
To 7:30 PM	To	To	To	To	To

- a. Alternate date: n/a
- b. Alternate location: n/a
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

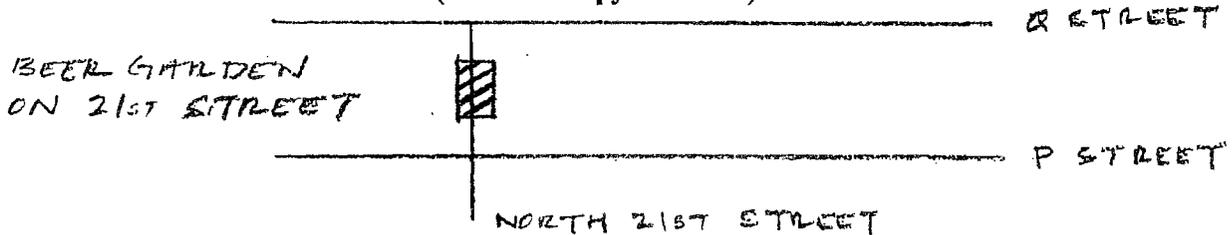
- Dance
 Reception
 Fund Raiser
 Beer Garden
 Sampling/Tasting
 Other _____

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** n/a x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 30 x 100

***SKETCH OF OUTDOOR AREA (or attach copy of sketch)**



If outdoor area, how will premises be enclosed?

- Fence; snow fence chain link cattle panel other _____
 Tent

8. How many attendees do you expect at event? 500

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)
All attendees drinking alcohol will be required to present identification and wear a wrist band.

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES NO

a. Are there separate toilets for both men and women? YES NO

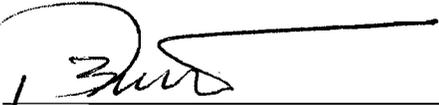
10. Will there be any games of chance operating during the event? YES NO
If so, describe activity RAFFLE FOR SPORTS MEMORABILIA.

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

11. Any other information or requests for exemptions: N/A

12. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to.

ROB WATERHOUSE Phone: Before 646-284-8508 During 646-284-8508
Print name of Event Supervisor


Signature of Event Supervisor

Consent of Authorized Representative/Applicant

13. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign here 
Authorized Representative/Applicant Title SR. Dir. Operations and Facilities Date 8/30/12

Tami Wilson Hernandez
Print Name

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

**Application for Special Designated License
Under Nebraska Liquor Control Act
Affidavit of Non-Profit Status**

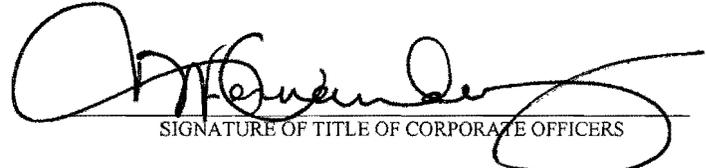
I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

John's & Colitis Foundation of America, Inc.
NAME OF CORPORATION

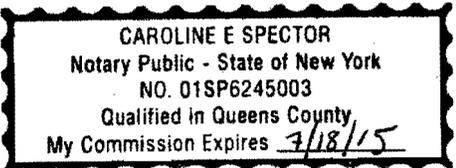
13-6193105
FEDERAL ID NUMBER


SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT. IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 30th DAY OF August, 2012


NOTARY PUBLIC SIGNATURE & SEAL



* THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS *

SPECIAL DESIGNATED LICENSE APPLICATION
SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: CROHN'S & COLITIS FOUNDATION TAILGATE

Applicant and Sponsoring Organization or Person (if applicable): CROHN'S & COLITIS FOUNDATION / NEBRASKA CHAPTER

Date of Event: SAT, 10/27/2012 Time of Event: 12 PM - 7:30 PM

Has the applicant applied for and received liquor liability insurance? Yes No

Number of persons expected to attend: 500 Number of persons under 21 expected: 100

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: EVERYONE WILL BE REQUIRED TO PRESENT IDENTIFICATION & WRIST BAND WILL BE WORN & CHECKED.

Will food be served? Yes No

If yes, please list food to be served: HAMBURGERS, HOT DOGS, CHIPS, SALAD

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS, WATER

Please identify the beverages containing alcohol that will be served: Wine Beer Distilled Spirits

Will this be a cash or complimentary bar? Cash Complimentary

Who will serve the beverages containing alcohol? A LICENSED CATER

Have the designated servers received responsible beverage service training? Yes No

Will there be a charge for admission? Yes No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes No

If so, explain: _____


Applicant's Signature

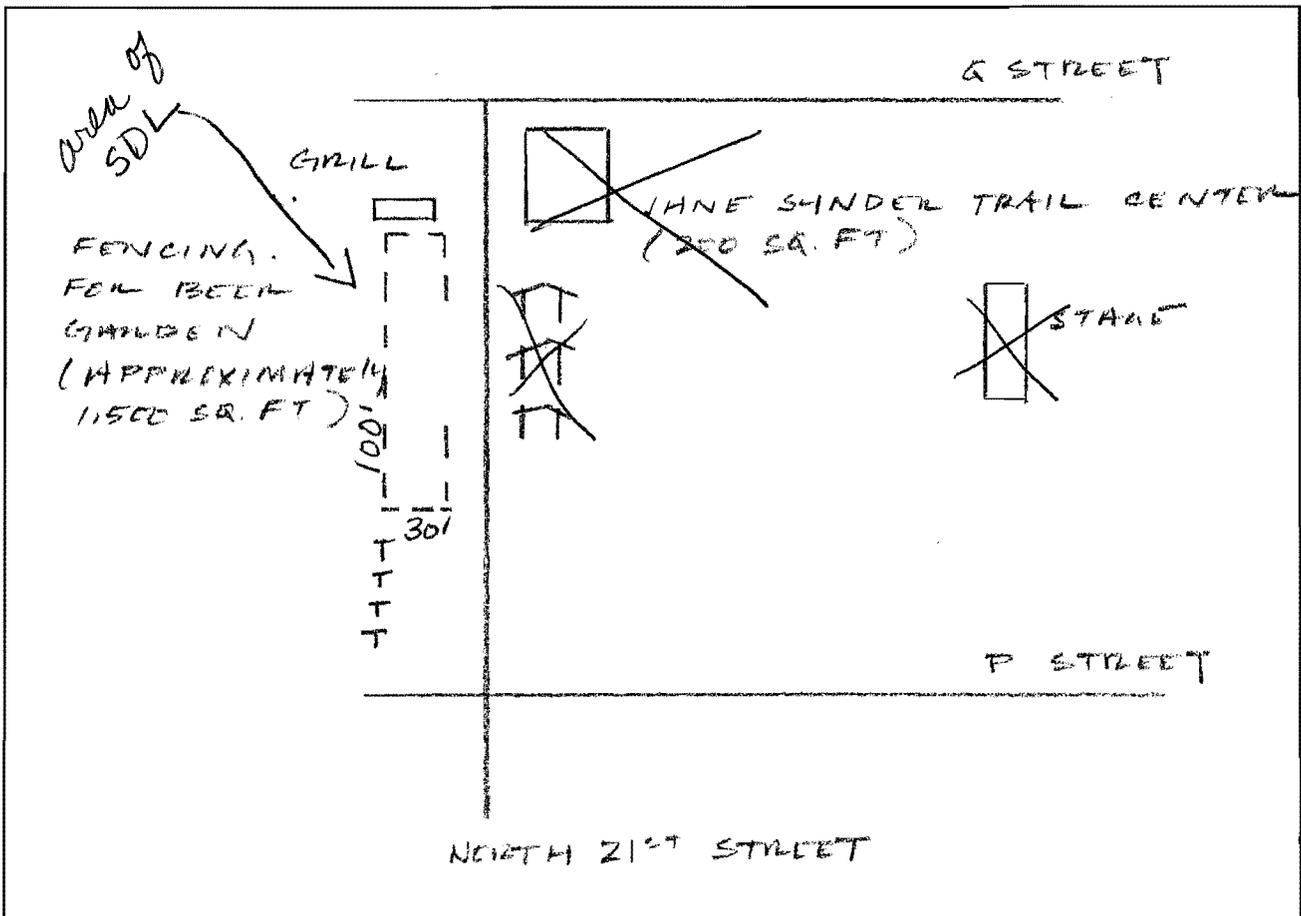
8.31.2012
Date

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS

SUPPLEMENTAL FORM FOR SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

- 1. Number of Entry & Exit Points & Dimensions: 1
(height & width) (20 x 20)
- 2. Size & location of tent(s): 21ST WILL BE CLOSED, NEAR SYNDER BUILDING
(heights, width, depth) (10 x 10 x 10)
- 3. Size of area being used: 21ST WILL BE CLOSED.
(height & width) (APPROXIMATELY) 1,500 SQ. FT
- 4. Location & type of cooking equipment (if used) GRILL NEAR / NEXT TO BEER GARDEN
- 5. Location of tables & chairs: ON SIDEWALK, EAST SIDE OF 21ST
(If stage for band provided & dance area, show dimensions & site on drawing.)
- 6. Height & type of fencing to be used: 4 FOOT, ORANGE PLASTIC
(height) (4 FT.)



T = PORTABLE TOILET

⌞ = 10 X 10 TENT