

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

Police
 City Attorney
 Bureau of Fire Prevention
 Health Dept.

DATE: 7/01/03

RETURN BY: 7/16/03

CATERER: X

NON-CATERER:

APPLICANT: **PERSHING CENTER**

APPLICANT'S ADDRESS: **226 CENTENNIAL MALL SOUTH**

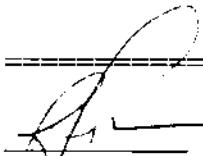
ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: **N STREET BETWEEN 16TH & 17TH STS AND CENTENNIAL MALL, 'O' TO 'M' STREETS.**

DATE(S) OF EVENT: **AUGUST 14 - 17, 2003**

TIME(S) OF EVENT : **11AM TO 11:59 PM EACH DAY**

DETAILS ON ATTACHED APPLICATION.

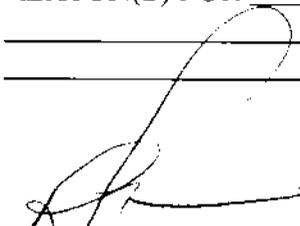
RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____



Signature

6-30-03
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: JULY 21, 2003

(SDLRPT.JER)

OR PRINT
JUST COMPLETE
DAYS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE
NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68509

469

A3-071999

ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD.

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
LOCAL APPROVAL must be included with this application
A Signed Statement from Local Police Chief or County Sheriff (question #12)
NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal
income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

Type of Beverage(s) to be served: Beer Wine Distilled Spirits
Status of the Applicant (check one)
Municipal Political Fine Arts Fraternal Religious Charitable Retail Public
Corporation Corporation Museum Corporation Corporation Licensee Service
Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K) 24457.

Pershing Center - 226 Centennial Mall South
Address or location of premises to be covered by license, (City, County Number, Zip Code) N St. bet 16 and 14th STS
226 Centennial Mall So. Lincoln, Ne 68508 Centennial Mall C-M
Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO

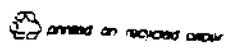
Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
The City of Lincoln - SMG dba Pershing Center
Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
enforced, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws,
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
Tom Lorenz 441-8744

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
Aug 14-17, 2003
INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER: N/A
Time of event (example 3am to 1am, this is considered one day)
FROM: 11am TO: 11:59pm
CITY OF LINCOLN NEBRASKA
03 JUN 27 PM 12:08
FILED

Describe the Type of Activity to be carried on during the time period for which the license is requested.
Table Vendor, BRIB Vendors, other food vendors selling, Ice Cream Funnel Cakes etc. Beverage Tent Selling
Provide an estimated number of attendees at this event. 37000. If the number of attendees is over 250 attach a separate page
describing the steps that will be taken to prevent underage persons access to alcoholic beverages.

PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY
ADVISE FOR ANY REASON THE EVENT SHOULD NOT OCCUR.
The number of SDL's that you have applied for at this specific location in the last six months.

CONTINUE ON BACK pop - malt Beverage and Spirit
Media Events (i.e. Cash Machine + Live Broadcasts)



NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

14. Description of the premises: Inside Building Outdoor Area

Dimensions of area to be covered by license: _____ x _____. Please draw in the space provided below, the area where liquors will be sold and consumed.
LENGTH WIDTH (In feet)

See Attached maps.

If outdoor area, how will premises be separated from areas open to the general public? Fence Tent Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits? YES NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children? YES NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

See attached Current liquor license

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

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

Portable Toilets outside + Women/mens Restrooms inside the Bldg.

20. Other information or requests by the applicant:

21. Will there be any games of chance operating during the event? YES NO

NOTICE: 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. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

22. 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

Thomas E. Jerry
Authorized Representative/Applicant

General Manager
Title

6/26/03
Date

sign here

Thomas E. Jerry
Supervisor

General Manager
Title

6/26/03
Date

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.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

A ten day advance period is requested in writing to produce the alternate format.

**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: 7th Annual Capital City Ribfest

Applicant and Sponsoring Organization or Person (if applicable): SMG dba Pershing Center

Date of Event: Aug 14-17, 2003 Time of Event: Thur - Sat 11am - 12am
Sun 12pm - 5pm

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

Number of persons expected to attend: 37,000 Number of persons under 21 expected: 1,000
Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol:
Wristbands and paid Security Staff.

Will food be served? Yes No If yes, please list food to be served:
Ribs - Ice Cream - Beans - Cole Slaw - Corn on Cob

Will non-alcoholic beverages be served: Yes No If yes, please list non-alcoholic beverages to be served:
Pop - Lemon Aid - Ice Tea

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? Paid Pershing Staff

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:

Thomas E. Perry
Applicant's Signature

PLEASE USE REVERSE TO PROVIDE A DRAWING

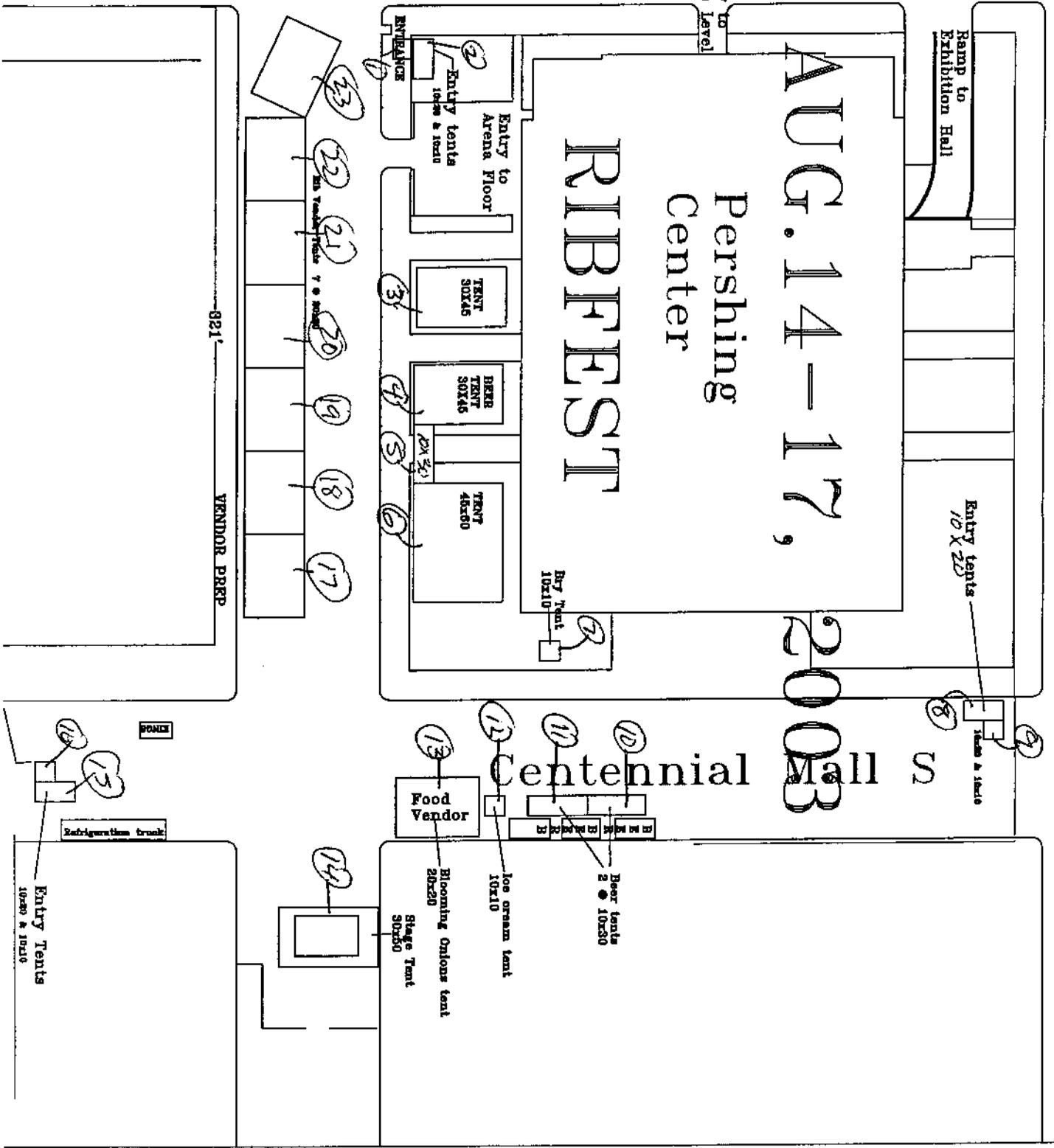
6/24/03
Date

16th Street S

ONE WAY

ONE WAY

'M' Street



Number of exits

Three main entrance exits.

Tent sizes

- 8 - 20x20
- 3 - 10x20
- 5 - 10x10
- 1 - 30x50
- 2 - 30x45
- 1 - 45x60
- 3 - 10x30