

AUGUST 28, 2014

BOX AWESOME LLC
DBA BOX AWESOME'S BOURBON THEATRE
1415 O ST
LINCOLN NE 68508

NOTICE OF HEARING ON LIQUOR APPLICATION

**APPLICANT OR DESIGNATED REPRESENTATIVE
IS REQUIRED TO ATTEND THIS HEARING**

Notice is hereby given that the City Council of the City of Lincoln, Nebraska, will hold a hearing in the Council Chambers in the County-City Building of said City, 555 S. 10th St., on MONDAY, SEPTEMBER 22, 2014 AT 3:00 P.M., for the following application of:

BOX AWESOME LLC DBA BOX AWESOME'S BOURBON THEATRE
FOR AN OUTDOOR SDL FOR THE SKRILLEX & SUPPORT CONCERT EVENT
ON 13TH STREET FROM "M" TO "O" STREETS &
"N" STREET FROM 12TH TO 13TH STREETS
ON THURSDAY, OCTOBER 16TH FROM 5P - 11P

***Please note: Even if you have had this event in the past, you are still required to attend this meeting.**

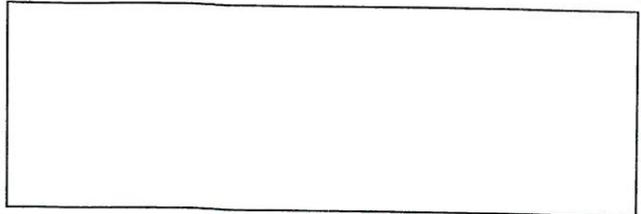
At said time and place, the City Council will receive competent evidence under oath, either orally or by affidavit, from any person bearing upon the propriety of the issuance of said license as provided by law. Council requires that the applicant or designated representative attend the meeting to answer any possible questions.

SANDY L. DUBAS
DEPUTY CITY CLERK

Thurs. Oct. 16

289

APPLICATION FOR SPECIAL DESIGNATED LICENSE
CITY OF LINCOLN CITY CLERK'S OFFICE
555 S 10TH ST
LINCOLN NE 68508
PHONE: (402) 441-7438



DO YOU NEED POSTERS? YES NO

RETAIL LICENSE HOLDER

NON PROFIT APPLICANT

Non Profit Status (check one that best applies):

Municipal Political Fine Arts Fraternal Religious Charitable Public Service

FILED
AUG 28 2014
CITY CLERK'S OFFICE

COMPLETE ALL QUESTIONS

1. Beer Wine Distilled Spirits

2. Liquor license number and class (i.e. C55441, CK55441)
(If you're a nonprofit organization leave blank)

C084758

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

NAME:	Box Awesome LLC dba Box Awesome's Bourbon Theatre		
ADDRESS:	1415 O St		
CITY:	Lincoln	ZIP:	68508

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

BUILDING NAME:	outside intersection 13th & N th special event application has info.		
ADDRESS:	12 th -13 th St ← 047th & N-0st	CITY:	Lincoln
ZIP:	68508	COUNTY & COUNTY:	Lancaster

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 <u>10/16/14</u>	Date	Date	Date	Date	Date
Hours From <u>*Alc served</u> <u>5pm</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>11pm</u>	To	To	To	To	To

- a. Alternate date: Na
- b. Alternate location: _____
(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: Public Concert

7. Description of area to be licensed
 Inside building, dimensions of area to be covered **IN FEET** _____ x _____
 (not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** _____ x _____
 ***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

approximately 700ft x 100 ft north to south & 700ft x 100ft east to west.
See attached drawing

If outdoor area, how will premises be enclosed?
 _____ fence _____ snow fence chain link _____ cattle panel _____ tent
 other: _____

8. How many attendees do you expect at event? 3000-4500

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 patron 21+ will be able to obtain special wristband from ID booth w/ valid ID. All serving station will require special wristband for purchase of Alcohol. Security will be monitoring crowd

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

11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES NO
Non-Profit: Where will you be purchasing your alcohol?
Wholesaler _____ Retailer _____ Both _____ BYO _____
(includes wineries)

12. Will there be any games of chance operating during the event? YES NO
If so, describe activity: _____

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.

13. Any other information or requests for exemptions (**must** be received by Commission 30 days prior to event, complete NLCC form 140): _____

14. 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. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor: Jeremiah Moore

Signature of Event Supervisor: _____

Event Supervisor phone: Before 402-310-7919 During 402-310-7919

Email address: boorbontheatre@gmail.com

Consent of Authorized Representative/Applicant

15. 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

Date

Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

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.

SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	Skrillex & Support Concert Event		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	10-16-14	Hours:	3-11pm 11am - Midnight *
Alternate Date(s):	na	Hours:	

entire event
scheduled
attached

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: ID

wristbands will be given to patrons w/ valid licenses & all servers will be accredited servers along w/ security on sight to watch crowd.

Will food be served? Yes No If yes, please list food to be served: TBD

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: Bottled Water, Red Bull, Soda

Who will serve the beverages containing alcohol? attached
Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server 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

7/31/14

Date

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

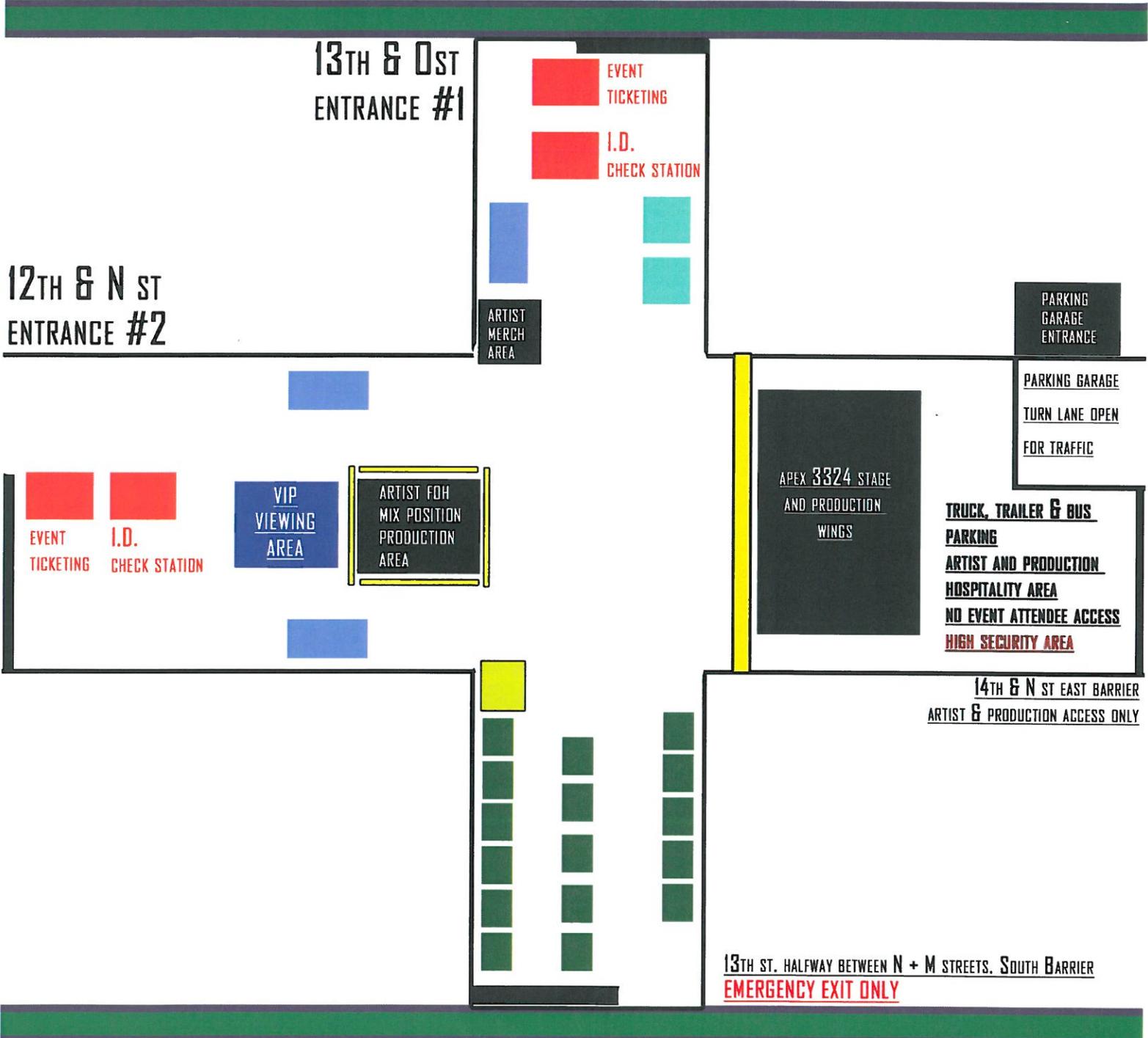
Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (_____ ' x _____ ') *info attached*
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (_____ x _____)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

See attached

NAME OF EVENT: SKRILEX & SUPPORT CONCERT EVENT
DATE(S) OF EVENT: 12 A.M. OCT. 16TH - 7 A.M. OCT. 17TH
SITE MAP



SITE PLAN KEY AND NOTES

6 FT. STEEL FENCING WILL SURROUND ENTIRE EVENT SPACE. THIS IS MARKED WITH BLACK LINES AROUND ENTIRE STREET AREA
 SIDEWALKS WILL BE OPEN AROUND ENTIRE SITE OUTSIDE OF FENCING

- PERFORMANCE BARRICADE
- BEVERAGE STATIONS
- ADA COMPLIANT RESTROOM - 1 TOTAL
- FOOD VENDOR
- NON-ADA PORTABLE RESTROOM - 16 TOTAL

Planned schedule for concert event.

Thurs. Oct. 16th: 12 a.m. - Friday Oct. 17th: 7 a.m.

APEX 3224 Stage Build: 5 a.m. - 8 a.m.
Touring Production Build: 9 a.m. - 2 p.m.
Fencing Setup: 8 a.m. - 12 a.m.
Porta-John Drop Off & Setup: 8 a.m. - 11 a.m.
Touring Support Production Build: 2pm - 3pm
Touring Support Sound Check: 3-3:30p
Touring Headline Sound Check: 3:30p-4:00p
Dark Hour - No Sound: 4-5pm

Event Gates: 5pm
Show: 5:30pm
Touring Support 1: 5:30-6p
Support 2: 6p-6:30p
Support 3: 6:30-7:30
Changeover: 15 mins
Headliner 2: 7:45 - 8:45p
Changeover: 15 min
Skrillex: 9:00 - 11 pm

Venue Space Attendees cleared by 12 a.m

Touring Support Breakdown: 11pm - 2 a.m.
Staging Breakdown: 2 a.m. - 4 a.m.
Venue Space Clean-up: 12 a.m. - 3 a.m.
Fencing Breakdown & Pick up: 12 a.m. - 5 a.m.
Porta - John Pick up: 12 a.m. - 5 a.m.