

SEPTEMBER 9, 2014

RHINODYNAMICS INC  
DBA DUFFY'S TAVERN  
1412 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:

RHINODYNAMICS INC DBA DUFFY'S TAVERN FOR AN OUTDOOR SDL FOR THE  
LINCOLN CALLING MUSIC EVENT AT 1412 O STREET ON  
FRIDAY, OCTOBER 10<sup>TH</sup> FROM 5P - 11:59P;  
SATURDAY, OCTOBER 11<sup>TH</sup> FROM 12A - 2A & 4P TO 11:59A;  
AND SUNDAY, OCTOBER 12<sup>TH</sup> FROM 12A - 2A

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

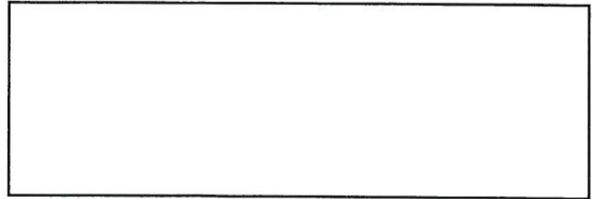
At said time and place, the City Council will receive competent evidence under oath, either orally or by affidavit, from any person bearing upon the propriety of the issuance of said license as provided by law. Council requires that the applicant or designated representative attend the meeting to answer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

SANDY L. DUBAS  
DEPUTY CITY CLERK

Fri. Oct 10 - Sun. Oct. 12

306

APPLICATION FOR SPECIAL DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> 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  
CITY CLERK'S OFFICE  
2014 SEP 5 PM 3 30  
CITY OF LINCOLN  
NEBRASKA

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)

CK 013854

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

NAME:	Rhynodynamics Inc./Duffy's Tavern		
ADDRESS:	1412 O St.		
CITY:	Lincoln	ZIP:	68508

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

BUILDING NAME:	Duffy's / Parrish Building		
ADDRESS:	1412 O St.	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 10/10/14	Date 10/11/14	Date 10/11/14	Date 10/12/14	Date	Date
Hours From 5pm	Hours From 12am	Hours From 4pm	Hours From 12am	Hours From	Hours From
To 12am	To 2am	To 12am	To 2am	To	To

a. Alternate date: None

b. Alternate location: None  
 (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: Lincoln Calling Music Event/Festival

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** 55 x 51

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

See Attached

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? 300

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)

Multiple trained servers and security people

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: Scott Hatfield

Signature of Event Supervisor: [Signature]

Event Supervisor phone: Before 402-480-1769 During 402-480-1769

Email address: scottsalemhatfield@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	<u>[Signature]</u>	<u>President</u>	<u>9-5-14</u>
	Authorized Representative/Applicant	Title	Date
	<u>Scott Hatfield</u>		
	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:	Lincoln Calling Music event		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	Oct. 10 & 11/12	Hours:	4pm - 2am
Alternate Date(s):		Hours:	

Is the event open to the public?     Yes     No

How will you ensure that minors will not be served or consume beverages containing alcohol: \_\_\_\_\_  
Multiple trained servers & security staff

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

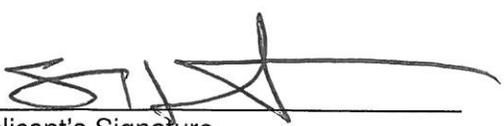
Will non-alcoholic beverages be served:     Yes     No  
 If yes, please list non-alcoholic beverages to be served: \_\_\_\_\_  
Water, juices, coffee

Who will serve the beverages containing alcohol?    trained servers / 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

9-5-14  
 Date

## SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

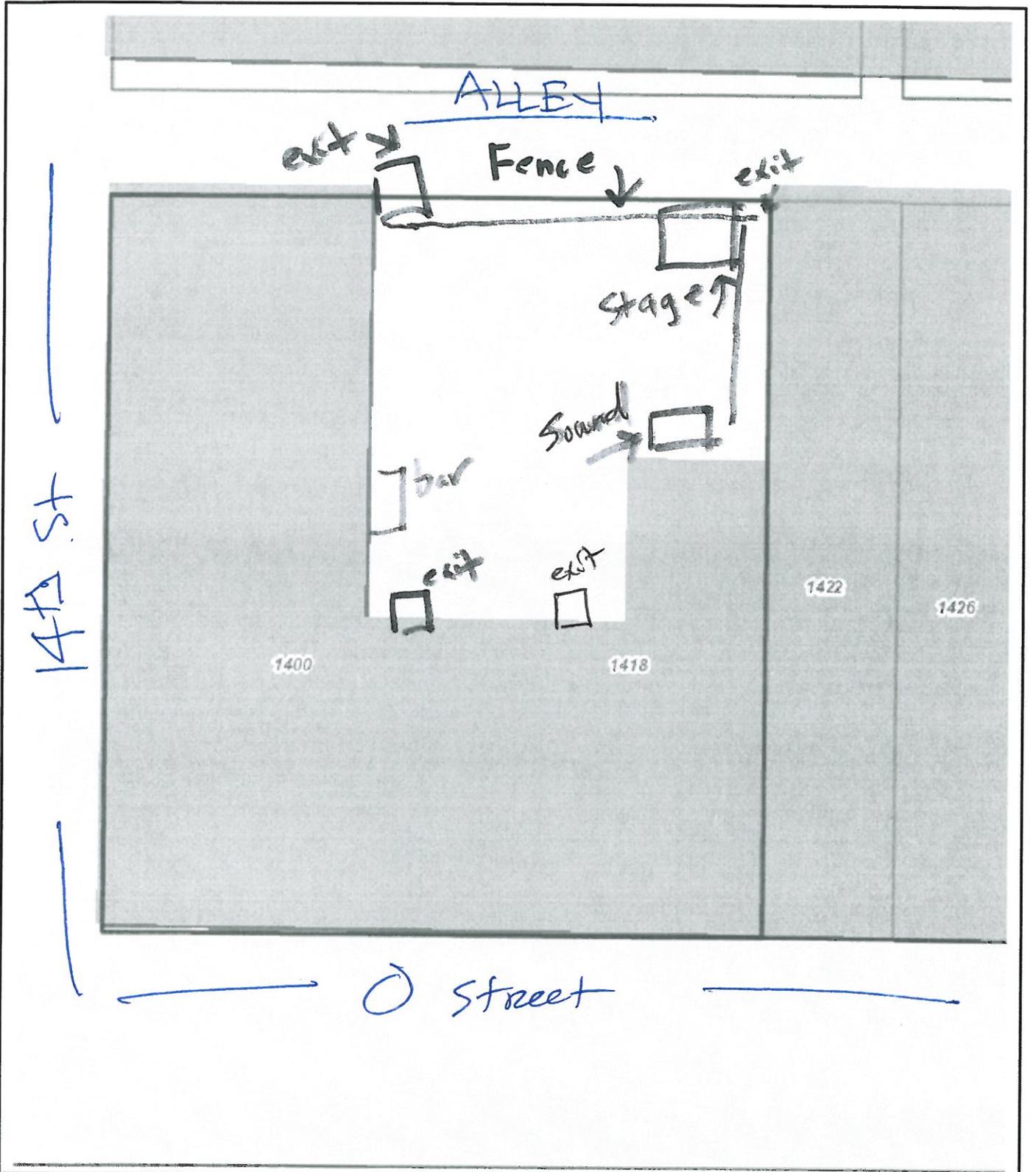
Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: ( \_\_\_\_\_ ' x \_\_\_\_\_ ' )
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*

**ATTACH EXTRA PAGES IF NECESSARY**



**Lancaster County/City of Lincoln GIS Map**



Printed: Sep 05, 2014

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email [ags@lincoln.ne.gov](mailto:ags@lincoln.ne.gov) and you will be directed to the appropriate department.