

SEPTEMBER 9, 2014

HENRY MAC LLC  
DBA HENRY'S ON SOUTH  
ATTN: ANDREW FULLER  
3225 S 30<sup>TH</sup> ST  
LINCOLN NE 68502

**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:

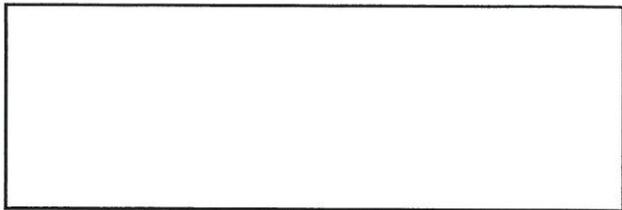
HENRY MAC LLC DBA HENRY'S ON SOUTH FOR AN OUTDOOR SDL FOR  
OKTOBERFEST 2014 AT 2110 WINTHROP ROAD  
ON FRIDAY, OCTOBER 10TH FROM 4P - 12A  
AND SATURDAY, OCTOBER 11TH FROM 12P TO 12A

**\*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

**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  
 SEP - 8 2014  
 CITY CLERK'S OFFICE

**COMPLETE ALL QUESTIONS**

- Beer  Wine  Distilled Spirits
- Liquor license number and class (i.e. C55441, CK55441) (If you're a nonprofit organization leave blank)

CK 100695

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

NAME:	Henry Mac LLC		
ADDRESS:	3225 S. 30th St <del>Lin</del>		
CITY:	Lincoln	ZIP:	68502

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

BUILDING NAME:	Henry's On South		
ADDRESS:	2110 Winthrop Rd	CITY:	Lincoln
ZIP:	68502	COUNTY & COUNTY:	Lancaster

- Is this location within the city/village limits? YES  NO
- Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES  NO
- 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>10/10/14</u>	Date <u>10/11/14</u>	Date	Date	Date	Date
Hours From <u>4 pm</u>	Hours From <u>12 pm</u>	Hours From	Hours From	Hours From	Hours From
To <u>12 AM</u>	To <u>12 AM</u>	To	To	To	To

- a. Alternate date: \_\_\_\_\_
- 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: \_\_\_\_\_

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** 300 ft x 120 ft  
 \***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

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? 1,500 per day

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)  
One entry point where ID will be shown and bracelets given to ~~2~~ 2) and over individuals. 1 security guard will roam the premises as well.

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: Andrew Fuller

Signature of Event Supervisor: *Andrew Fuller*

Event Supervisor phone: Before 402 937 3553 During 402 937 3553

Email address: afuller3@neb.rr.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

*Andrew Fuller*  
Authorized Representative/Applicant

Owner  
Title

9/5/14  
Date

Andrew Fuller  
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: <u>Oktoberfest 2014</u>			
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event: <u>10/10 &amp; 10/11</u>	Hours: <u>10/10 - 4pm - 12AM</u>		
Alternate Date(s):	Hours: <u>10/11 - 12pm - 12AM</u>		

Is the event open to the public?  Yes  No

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

bands will be provided to 21 and over customers  
Security guard will roam the grounds.

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

burgers, pretzels, strudell, potato salad  
Cole slaw

Will non-alcoholic beverages be served:  Yes  No  
If yes, please list non-alcoholic beverages to be served: ice tea, lemonade,  
soda

Who will serve the beverages containing alcohol? Henry's permitted servers  
**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: \_\_\_\_\_

Andrew Full  
Applicant's Signature

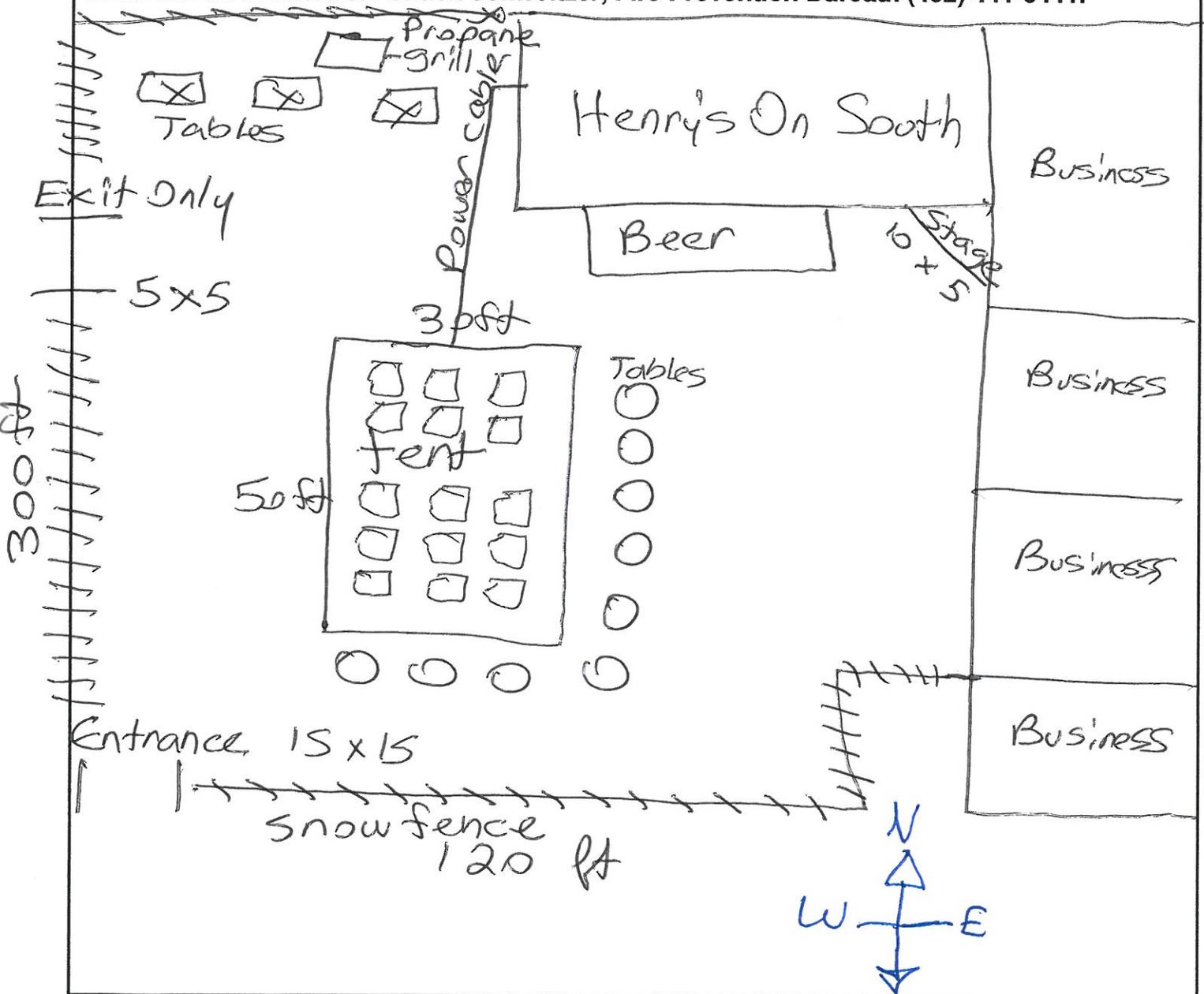
9/5/14  
Date

# 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: (15' x 15') 1 entry 2 Exits
2. Size & location of tent(s) (heights, width, depth) 25 H x 30 W x 50 L
3. Size of area being used (300 x 120)
4. Location & type of cooking equipment (if used) grill with propane
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. snow fence 4ft high

**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.**



ATTACH EXTRA PAGES IF NECESSARY