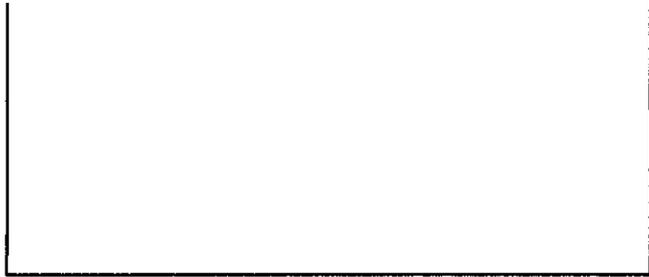


APPLICATION FOR SPECIAL DESIGNATED LICENSE

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.nebraska.gov/
Email Applications: michelle.porter@nebraska.gov



DO YOU NEED POSTERS? YES ___ NO

NON PROFIT APPLICANTS

(Check one that best applies)

Municipal ___ Political ___ Fine Arts ___ Fraternal ___ Religious ___ Charitable ___ Public Service ___

LIQUOR LICENSE HOLDERS

Liquor license number and class (i.e. C-55441)

YK-80900

COMPLETE ALL QUESTIONS

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

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

Murman, Michael, Glacial Till Vineyard & Winery, LLC

NAME: _____

344 S. 2nd Rd. (mailing: PO Box 283 Bennet NE 68317)

ADDRESS: _____

CITY Palmyra ZIP 68418

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

The Shoppes at Piedmont

BUILDING NAME _____

1265 S. Cotner Blvd

Lincoln

ADDRESS: _____ CITY _____

68510

Lancaster - 2

ZIP _____ COUNTY and COUNTY # _____

- 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

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

Date 6/4/2016	Date	Date	Date	Date	Date
Hours From 5pm	Hours From	Hours From	Hours From	Hours From	Hours From
To 11pm	To	To	To	To	To

- a. Alternate date: June 11, 2016
- b. Alternate location: same
 (Alternate date or location must be specified in local approval)

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

Dance ___ Reception ___ Fund Raiser ___ Beer Garden ___ Sampling/Tasting X
 Other bottles of wine for sale

6. 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 120 x 180

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

See attached sketch from Brian Wallingford.

If outdoor area, how will premises be enclosed?

___ Fence; X snow fence chain link cattle panel
X Tent other _____

7. How many attendees do you expect at event? 2,000

8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)
wristbands, snow fence, 3rd party checking ids, no minors allowed in,

9. 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. **Where will you be purchasing your alcohol?**

Wholesaler _____ Retailer X Both _____ BYO _____
(includes wineries)

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

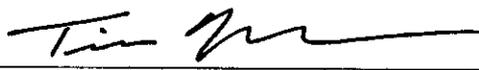
If so, describe activity _____

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.

12. Any other information or requests for exemptions: _____

13. 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**

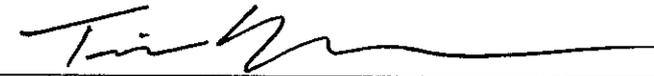
Print name of Event Supervisor Tim Murman

Signature of Event Supervisor 

Event Supervisor phone: Before 4022022887 During same
Email address tim@glaciattilivineyard.com

Consent of Authorized Representative/Applicant

14. 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></u>	Manager	4/13/2016
	Authorized Representative/Applicant	Title	Date

Tim Murman

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>Piedmont Uncorked Wine Festival</u>			
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event: <u>06/24/16</u>	Hours: <u>5pm - 11pm</u>		
Alternate Date(s): <u>06/11/16</u>	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: wristbands, snow fence, 3rd party carding, no minors allowed in.

Will food be served? Yes No If yes, please list food to be served: Pizza, BBQ, cheeses, meats, bread.

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: water, soda, possibly slushies

Who will serve the beverages containing alcohol? The wineries.
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: _____

Tim M
Applicant's Signature

4/13/2016
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: (1 _____' x _____') 2 entrances & 2 exits
2. Size & location of tent(s) (heights, width, depth) 60' x 90' x 25'
3. Size of area being used (_____ x _____) 120 x 180
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. 4' orange snow fence

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

