

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

COMPLETE ALL QUESTIONS

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

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

YK-56229

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license). If you are a nonprofit, name & address of the organization.

NAME:	McFarland Family Farms, LLC		
ADDRESS:	43315 Rd. 757		
CITY:	Lexington, NE	ZIP:	68850

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

BUILDING NAME:	Haymarket Farmers Market		
ADDRESS:	Canopy & Q St.	CITY:	Lincoln, NE
ZIP:	68508	COUNTY & COUNTY #:	Lancaster #2

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>05/14/16</u>	Date	Date	Date	Date	Date
Hours From <u>8am</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>12pm</u>	To	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: _____
OFF SALE - WINE ONLY

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** 10' x 10'
 ***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 _____ x tent
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8. How many attendees do you expect at event? 500

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 guests will be asked to provide ID and verified before any wine samples are served.

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

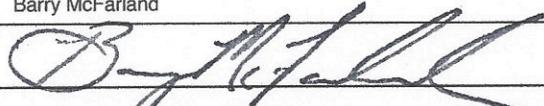
11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES NO
Non-Profit: Where will you be purchasing your alcohol?
Wholesaler _____ Retailer _____ Both _____ BYO _____
(includes wineries)

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

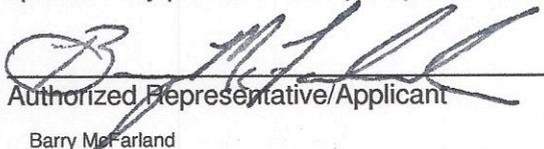
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13. Any other information or requests for exemptions (**must** be received by Commission 30 days prior to event, complete NLCC form 140): _____

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**

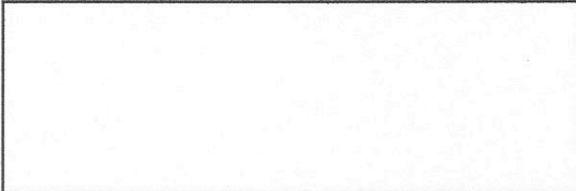
Print name of Event Supervisor: Barry McFarland
Signature of Event Supervisor: 
Event Supervisor phone: Before (308) 324-0440 During (308) 325-3667
Email address: barry@macscreekvineyards.com

15. Consent of Authorized Representative/Applicant
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 General Manager/CoOwner Date 04/07/16
Barry McFarland
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.
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Date 05/28/16	Date	Date	Date	Date	Date
Hours From 8am	Hours From	Hours From	Hours From	Hours From	Hours From
To 12pm	To	To	To	To	To

a. Alternate date: _____

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

- Dance
 Reception
 Fund Raiser
 Beer Garden
 Sampling/Tasting
 Other: _____
OFF SALE - WINE ONLY

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
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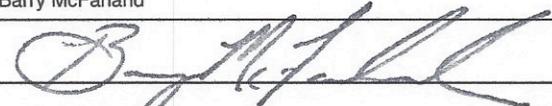
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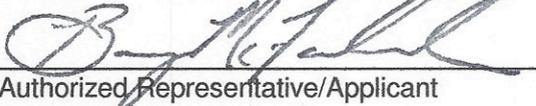
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Print name of Event Supervisor: Barry McFarland
Signature of Event Supervisor: 
Event Supervisor phone: Before (308) 324-0440 During (308) 325-3667
Email address: barry@macscreekvineyards.com

15. Consent of Authorized Representative/Applicant
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  General Manager/CoOwner 04/07/16
Authorized Representative/Applicant Title Date
Barry McFarland
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.

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

Date 06/11/16	Date	Date	Date	Date	Date
Hours From 8am	Hours From	Hours From	Hours From	Hours From	Hours From
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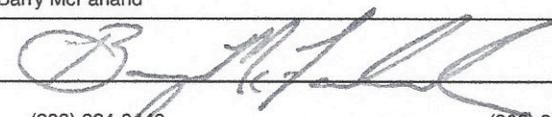
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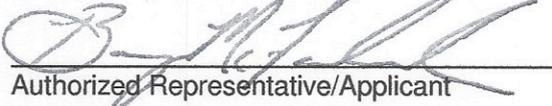
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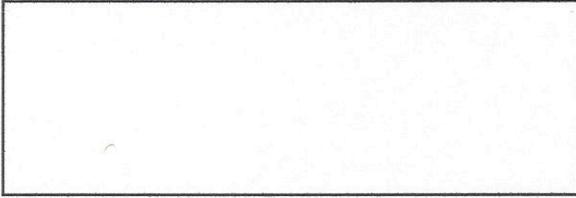
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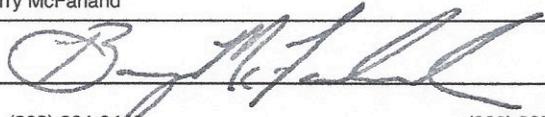
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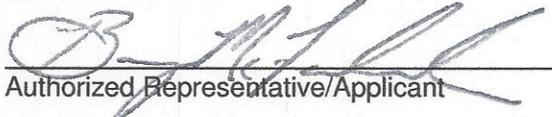
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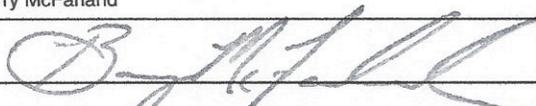
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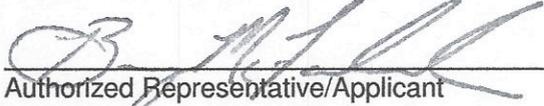
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I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all 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
Barry McFarland

General Manager/CoOwner
Title

04/07/16
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.

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

COMPLETE ALL QUESTIONS

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

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

YK-56229

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license). If you are a nonprofit, name & address of the organization.

NAME:	McFarland Family Farms, LLC		
ADDRESS:	43315 Rd. 757		
CITY:	Lexington, NE	ZIP:	68850

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

BUILDING NAME:	Haymarket Farmers Market		
ADDRESS:	Canopy & Q St.	CITY:	Lincoln, NE
ZIP:	68508	COUNTY & COUNTY #:	Lancaster #2

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 07/23/16	Date	Date	Date	Date	Date
Hours From 8am	Hours From	Hours From	Hours From	Hours From	Hours From
To 12pm	To	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: _____
OFF SALE - WINE ONLY

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** 10' x 10'
 ***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

If outdoor area, how will premises be enclosed?
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8. How many attendees do you expect at event? 500

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 guests will be asked to provide ID and verified before any wine samples are served.

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

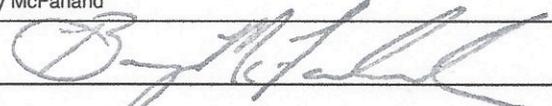
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If so, describe activity: _____

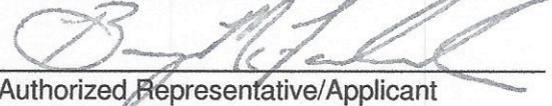
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13. Any other information or requests for exemptions (**must** be received by Commission 30 days prior to event, complete NLCC form 140): _____

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: Barry McFarland
Signature of Event Supervisor: 
Event Supervisor phone: Before (308) 324-0440 During (308) 325-3667
Email address: barry@macscreekvineyards.com

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Barry McFarland
Print Name

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ZIP:	68508	COUNTY & COUNTY #:	Lancaster #2

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

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

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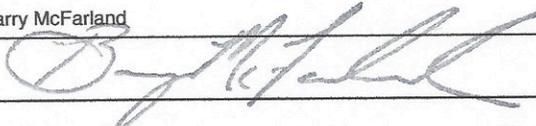
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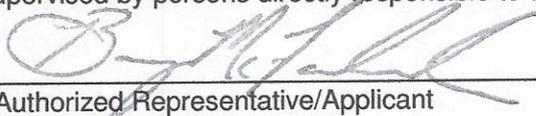
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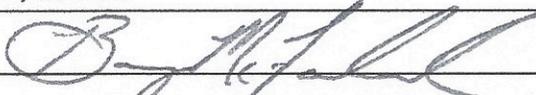
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Print Name

General Manager/CoOwner
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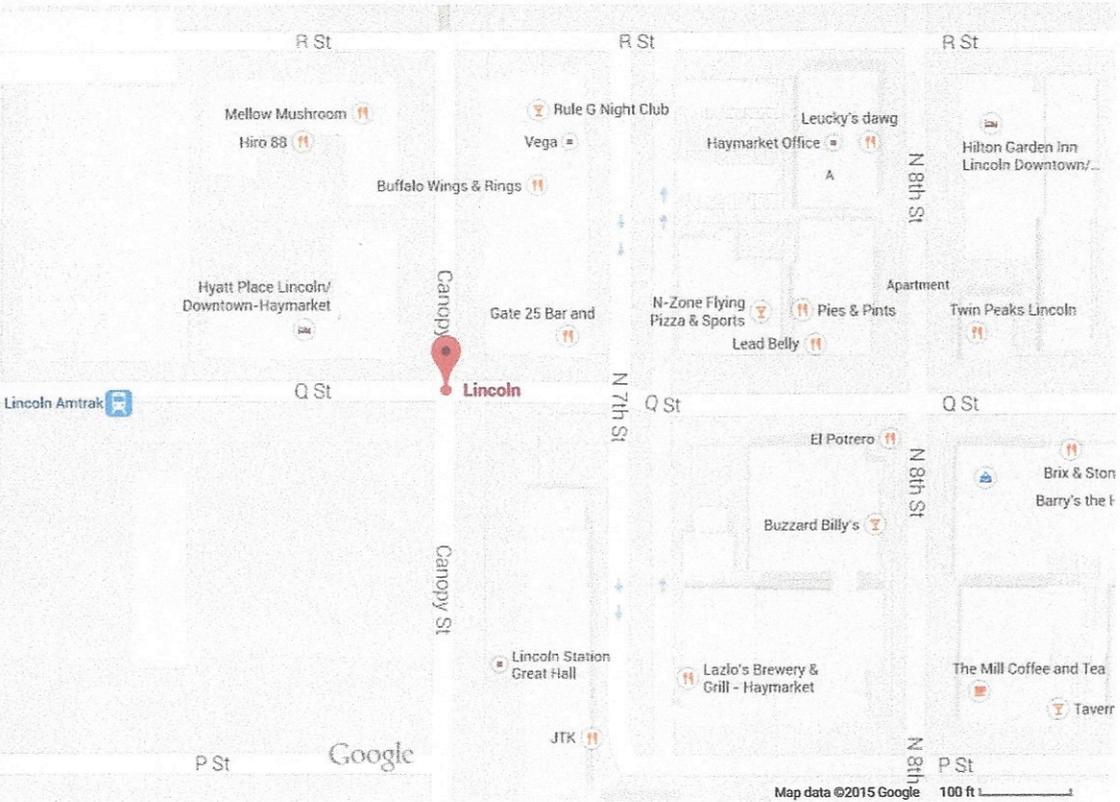
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Q St & Canopy St, Lincoln, NE 68501

Street View - Search nearby

Canopy St
Pinnacle Arena Dr
Pinnacle Arena Dr
Pinnacle Arena Dr



Map data ©2015 Google 100 ft

**SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS**
(Including those for Non Profit Organizations)

Name of Event:	Haymarket Farmers Market - Wine Sampling & Off Sale		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	May 14/28; June 11/25; July 9/23; Aug. 13/27	Hours:	8:00am - 12:00pm
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: _____

All guests will be required to provide ID before samples are served

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: _____

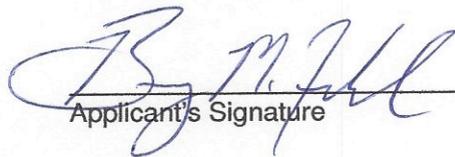
Who will serve the beverages containing alcohol? Mac's Creek Winery Staff

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

04/07/16
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: (10 ' x 7 ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (10 x 10)
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.

ATTACH EXTRA PAGES IF NECESSARY

