

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. Beer Wine Distilled Spirits

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

CK104580

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

| | | | |
|-----------------|---------------------------------------|-------------|-------|
| NAME: | SMG FOOD & BEVERAGE LLC | | |
| ADDRESS: | 300 CONSHOHOCKEN STATE ROAD SUITE 450 | | |
| CITY: | WEST CONSHOHOCKEN | ZIP: | 19428 |

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

| | | | |
|-----------------------|-----------------------|-------------------------------|-----------|
| BUILDING NAME: | PINWOOD BOWL THEATER | | |
| ADDRESS: | 3201 SOUTH CODDINGTON | CITY: | LINCOLN |
| ZIP: | 68522 | 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 5.18.16 | Date 5.19.16 | Date 5.20.16 | Date | Date | Date |
| Hours From 6 am | Hours From 6 am To 2 am | Hours From 6 am To 2 am | Hours From | Hours From | Hours From |
| To 2 am | | | To | To | To |

a. Alternate date: N/A

b. Alternate location: N/A

(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: 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** 700 x 448

***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? 4,400

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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: N/A

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): 53/168/169

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: THOMAS E. LORENZ

Signature of Event Supervisor: _____

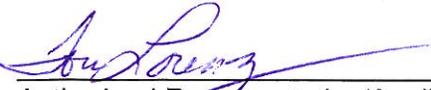
Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: tlorenz@smglincoln.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

GENERAL MANAGER

Title

4.5.2016

Date

THOMAS E. LORENZ

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: | Paul Simon | | |
| Applicant and Sponsoring Organization or Individual (if applicable): | | PINNACLE BANK ARENA | |
| Date(s) of Event: | May 19, 2016 | Hours: | 7:00 PM |
| Alternate Date(s): | N/A | Hours: | N/A |

Is the event open to the public? Yes No

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

BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served? Yes No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS

HAMBURGERS, CHICKEN SANDWHICHES, CHIPS

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

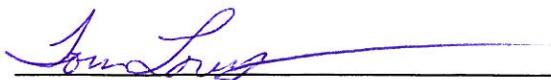
Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES

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

4.5.2016

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.

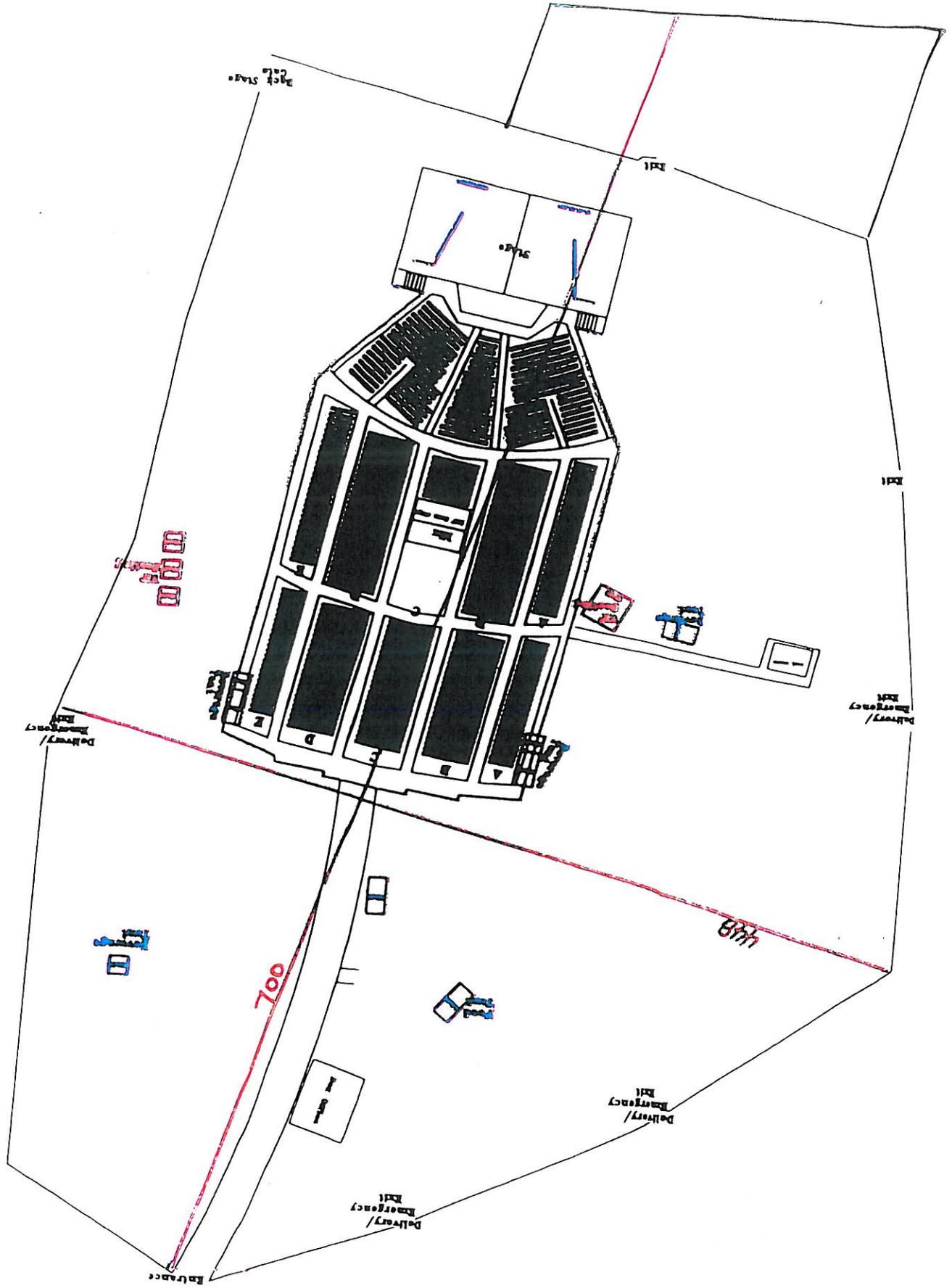
1. Number of Entry & Exit Points & Dimensions: (1 ENTRY ' x 1 EXIT SEE MAP ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (700 x 448)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

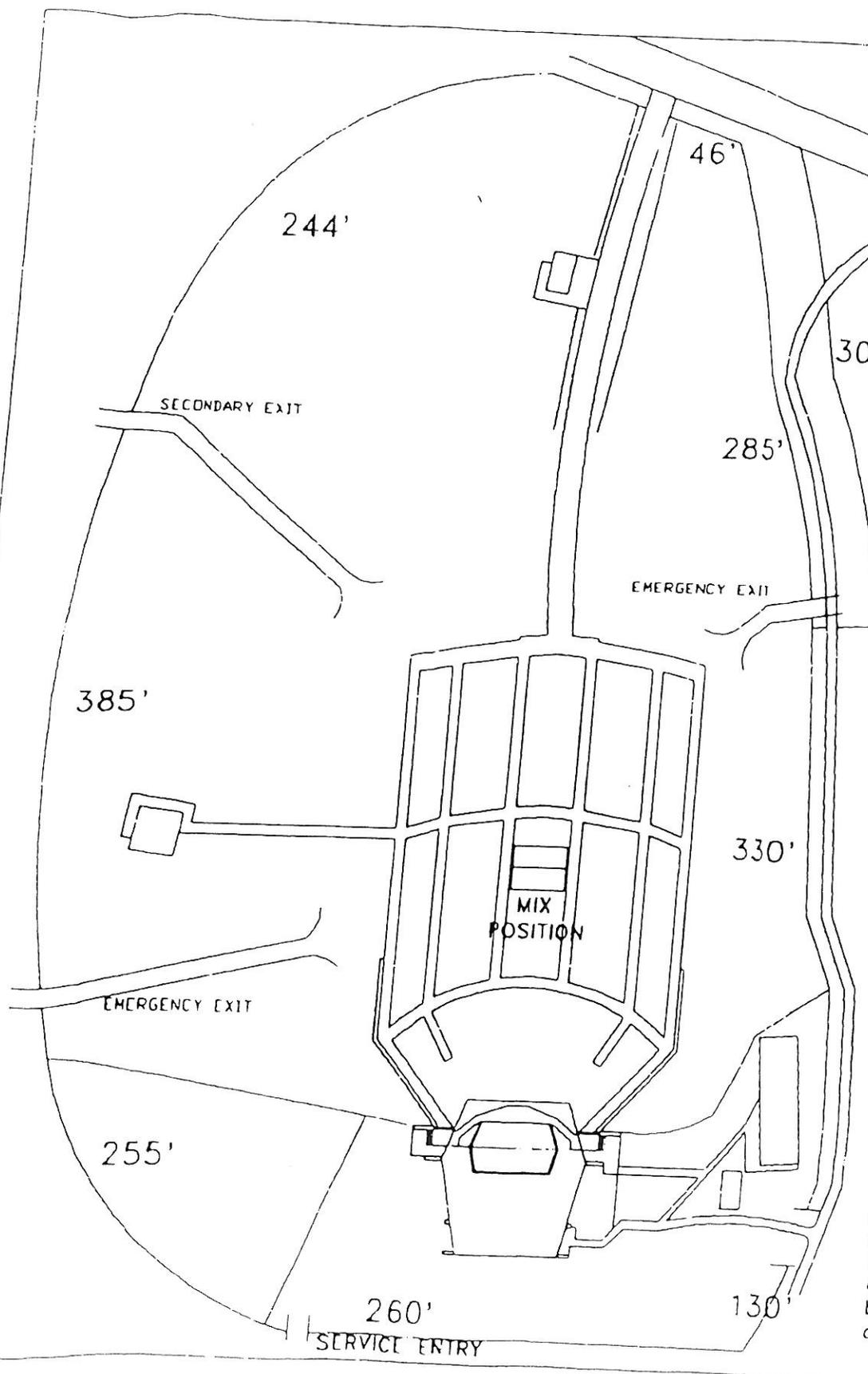
Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

NOTE: WE WILL BE USING 6' CHAIN LINK FENCE

PLEASE SEE THE FLLLOWING MAPS

ATTACH EXTRA PAGES IF NECESSARY





MIX POSITION:
 SET 125' FROM
 STAGE.
 EACH PAD
 30'W X 12'D
 BACK PAD 15"
 ABOVE FRONT PAD.

PERIMETER FENCE
 PERMANENT
 6' OR 8'
 PLASTIC-COATED
 FENCE
 STAGE SIDES:
 CONTINUE AS
 SNOW OR TEMP
 FENCING.

ALL EXITS WOULD
 USE A 12' GATE
 EXCEPT FOR TRUCK
 ENTRY WHERE A
 30' NON-GATED
 OPENING WOULD
 BE REQUIRED.

Would require
 approximately
 2,250 running ft.
 of fence.
 Preferably 8 ft.

Would need 4
 12 ft. gates for
 3 emergency
 exits and one
 backstage
 service entry.
 Additionally,
 one thirty ft.
 opening would
 be required
 of truck entry.

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| BUILDING NAME: | PINWOOD BOWL THEATER | | |
| ADDRESS: | 3201 SOUTH CODDINGTON | CITY: | LINCOLN |
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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)

| | | | | | |
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| Date 6.20.16 | Date 6.21.2016 | Date 6.22.2016 | Date | Date | Date |
| Hours From 6 am | Hours From 6 am | Hours From 6 am | Hours From | Hours From | Hours From |
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6. Indicate type of activity to be carried on during event:

- Dance
 Reception
 Fund Raiser
 Beer Garden
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 Other: CONCERT

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
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***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? 3500

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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: N/A

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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): 53/168/169

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: THOMAS E. LORENZ

Signature of Event Supervisor: _____

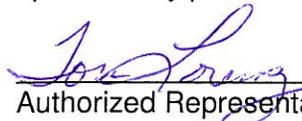
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sign
here


Authorized Representative/Applicant

GENERAL MANAGER
Title

4.5.2016
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**SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS**

(Including those for Non Profit Organizations)

| | | | |
|--|---------------------|--------|---------|
| Name of Event: | Bob Dylan | | |
| Applicant and Sponsoring Organization or Individual (if applicable): | PINNACLE BANK ARENA | | |
| Date(s) of Event: | June 21, 2016 | Hours: | 7:30 pm |
| Alternate Date(s): | N/A | Hours: | N/A |

Is the event open to the public? Yes No

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

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Will food be served? Yes No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS

HAMBURGERS, CHICKEN SANDWHICHES, CHIPS

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES

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

4.5.2016

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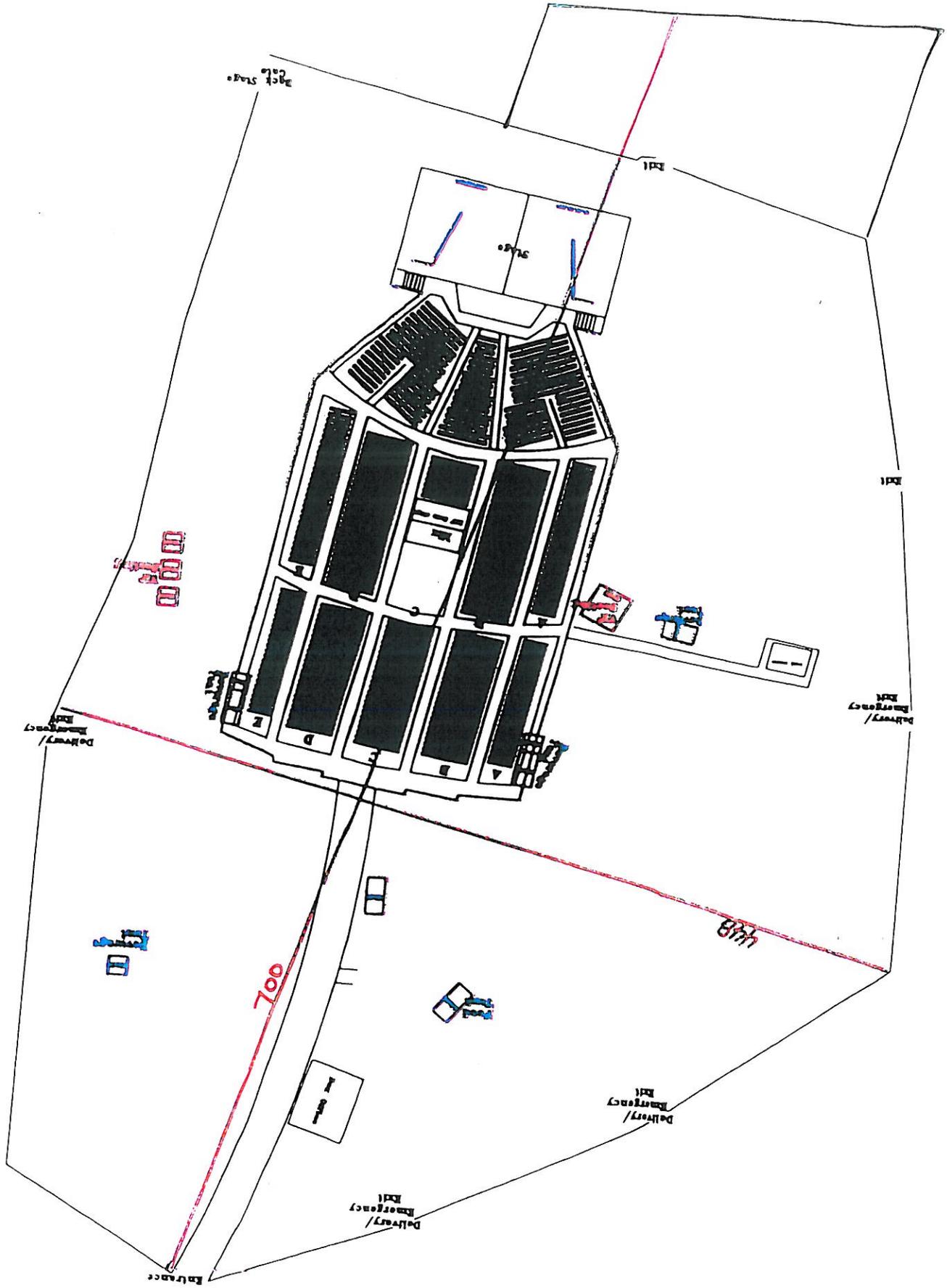
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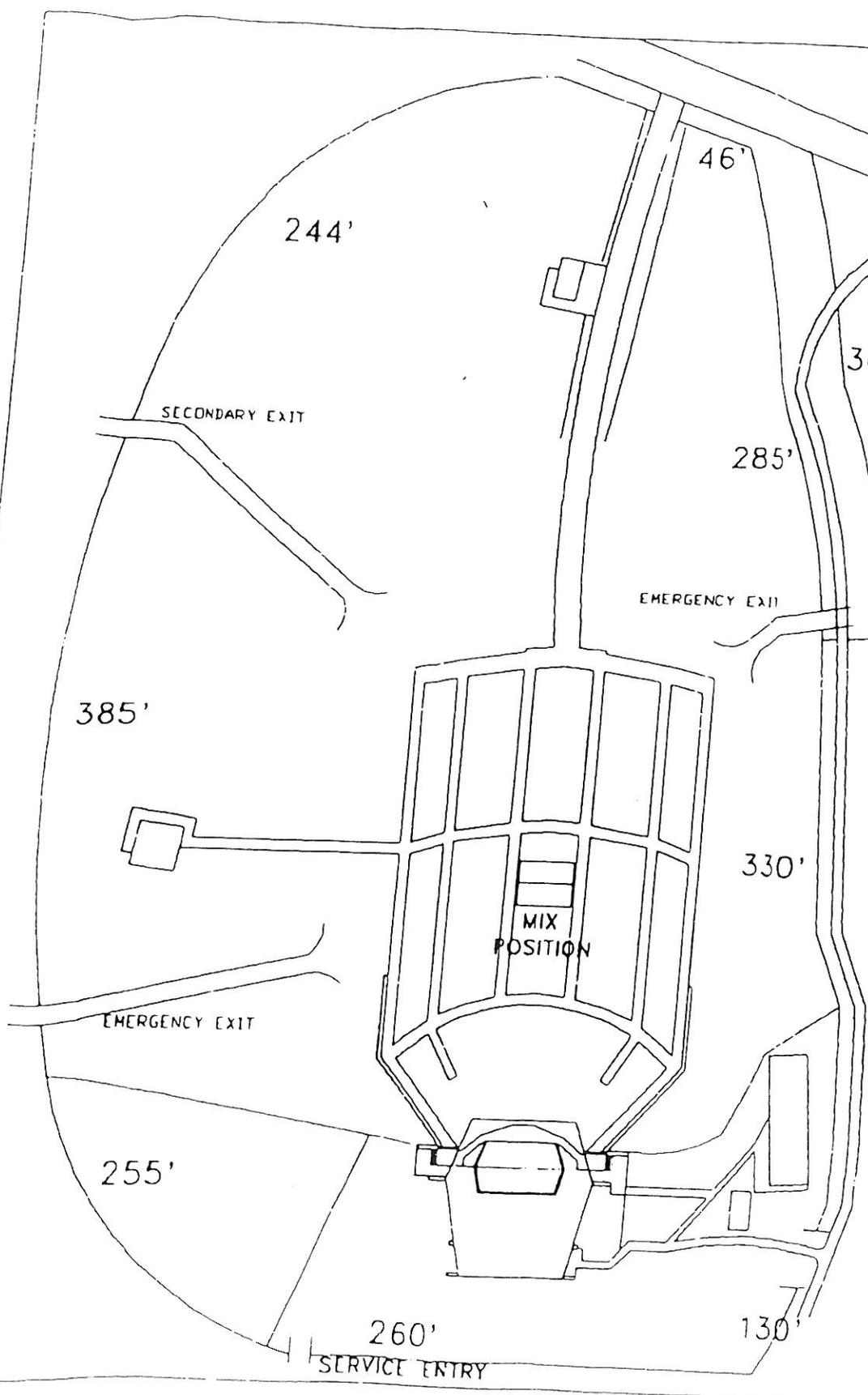
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 OPENING WOULD
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Would require
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 2,250 running ft.
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Would need 4
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5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

| | | | | | |
|------------------------------|------------------------------|------------------------------|----------------------|----------------------|----------------------|
| Date 6.24.2016 | Date 6.25.2016 | Date 6.26.2016 | Date | Date | Date |
| Hours From 6 am | Hours From 6 am | Hours From 6 am | Hours From | Hours From | Hours From |
| To 2 am | To 2 am | To 2 am | To | To | To |

a. Alternate date: N/A

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Signature of Event Supervisor: _____

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SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

| | | | |
|--|---------------------|--------|---------|
| Name of Event: | Ringo Starr | | |
| Applicant and Sponsoring Organization or Individual (if applicable): | PINNACLE BANK ARENA | | |
| Date(s) of Event: | June 25, 2016 | Hours: | 8:00 pm |
| Alternate Date(s): | N/A | Hours: | N/A |

Is the event open to the public? Yes No

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

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If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

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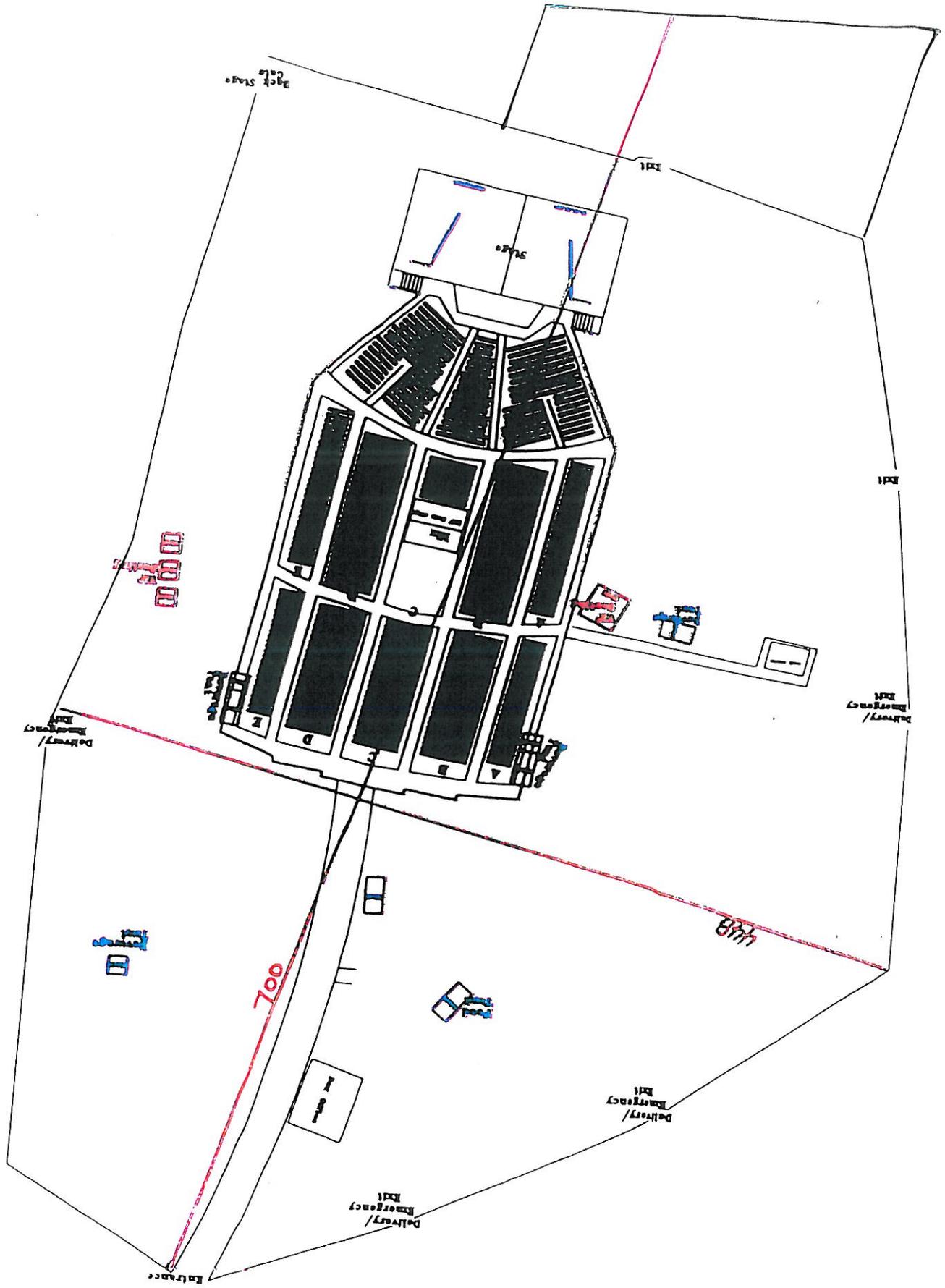
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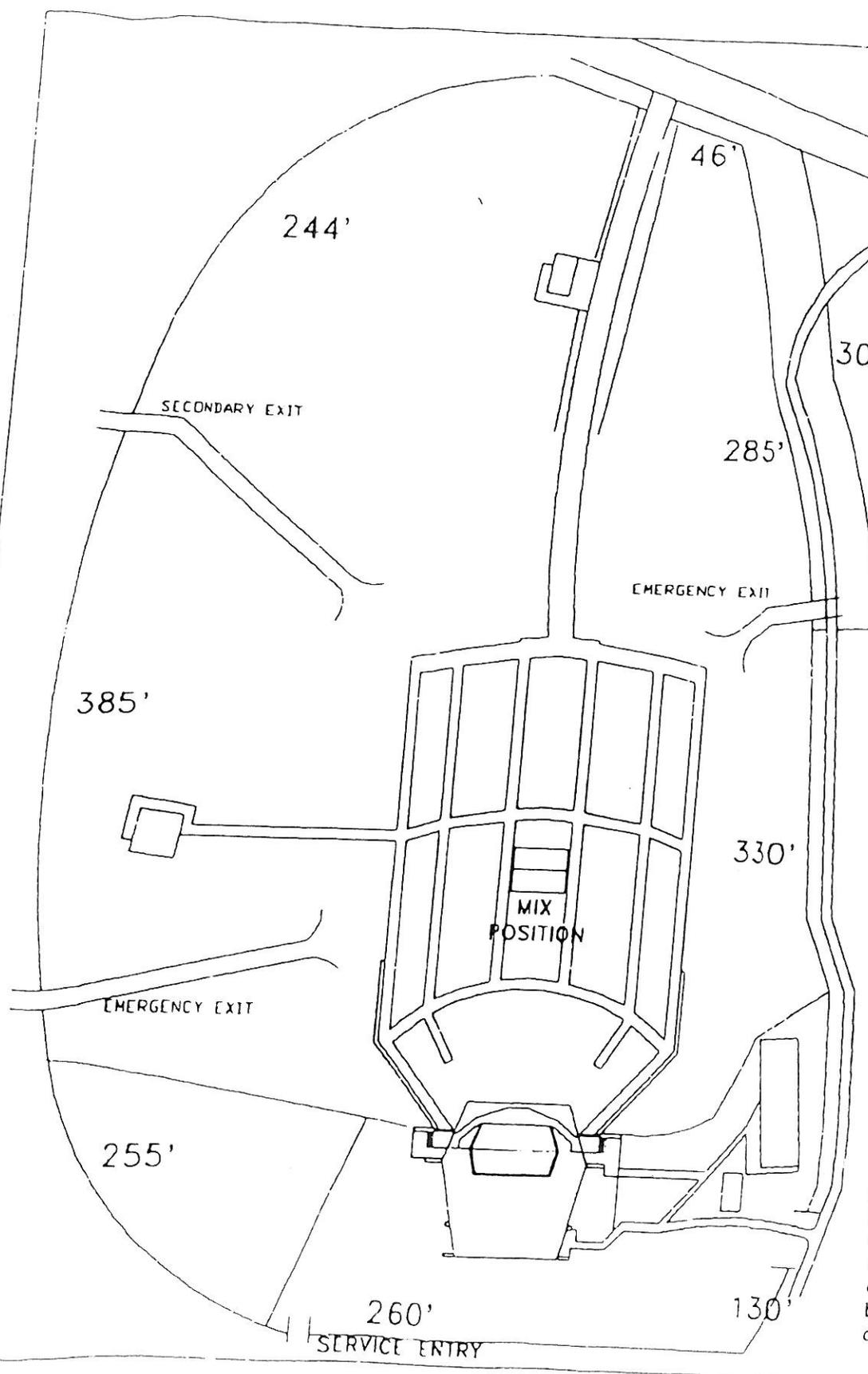
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 OPENING WOULD
 BE REQUIRED.

Would require
 approximately
 2,250 running ft.
 of fence.
 Preferably 8 ft.

Would need 4
 12 ft. gates for
 3 emergency
 exits and one
 backstage
 service entry.
 Additionally,
 one thirty ft.
 opening would
 be required
 of truck entry.

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. Beer Wine Distilled Spirits

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

CK104580

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

| | | | |
|-----------------|---------------------------------------|-------------|-------|
| NAME: | SMG FOOD & BEVERAGE LLC | | |
| ADDRESS: | 300 CONSHOHOCKEN STATE ROAD SUITE 450 | | |
| CITY: | WEST CONSHOHOCKEN | ZIP: | 19428 |

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

| | | | |
|-----------------------|-----------------------|-------------------------------|-----------|
| BUILDING NAME: | PINEWOOD BOWL THEATER | | |
| ADDRESS: | 3201 SOUTH CODDINGTON | CITY: | LINCOLN |
| ZIP: | 68522 | 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 7.27.2016 | Date 7.28.2016 | Date 7.29.2016 | Date | Date | Date |
| Hours From 6 am | Hours From 6 am | Hours From 6 am | Hours From | Hours From | Hours From |
| To 2 am | To 2 am | To 2 am | To | To | To |

a. Alternate date: N/A

b. Alternate location: N/A
(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: 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** 700 x 448

***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? 5,500

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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: N/A

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): 53/168/169

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**

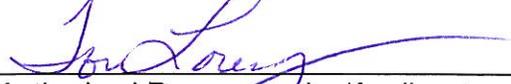
Print name of Event Supervisor: THOMAS E. LORENZ

Signature of Event Supervisor: _____

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: tlorenz@smglincoln.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 Date
THOMAS E. LORENZ GENERAL MANAGER 4.5.2016
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: | 21 Pilots | | |
| Applicant and Sponsoring Organization or Individual (if applicable): | PINNACLE BANK ARENA | | |
| Date(s) of Event: | July 28, 2016 | Hours: | 7:00 pm |
| Alternate Date(s): | N/A | Hours: | N/A |

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED PINNACLE BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served? Yes No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS HAMBURGERS, CHICKEN SANDWICHES, CHIPS

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES
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

4.5.2016
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.

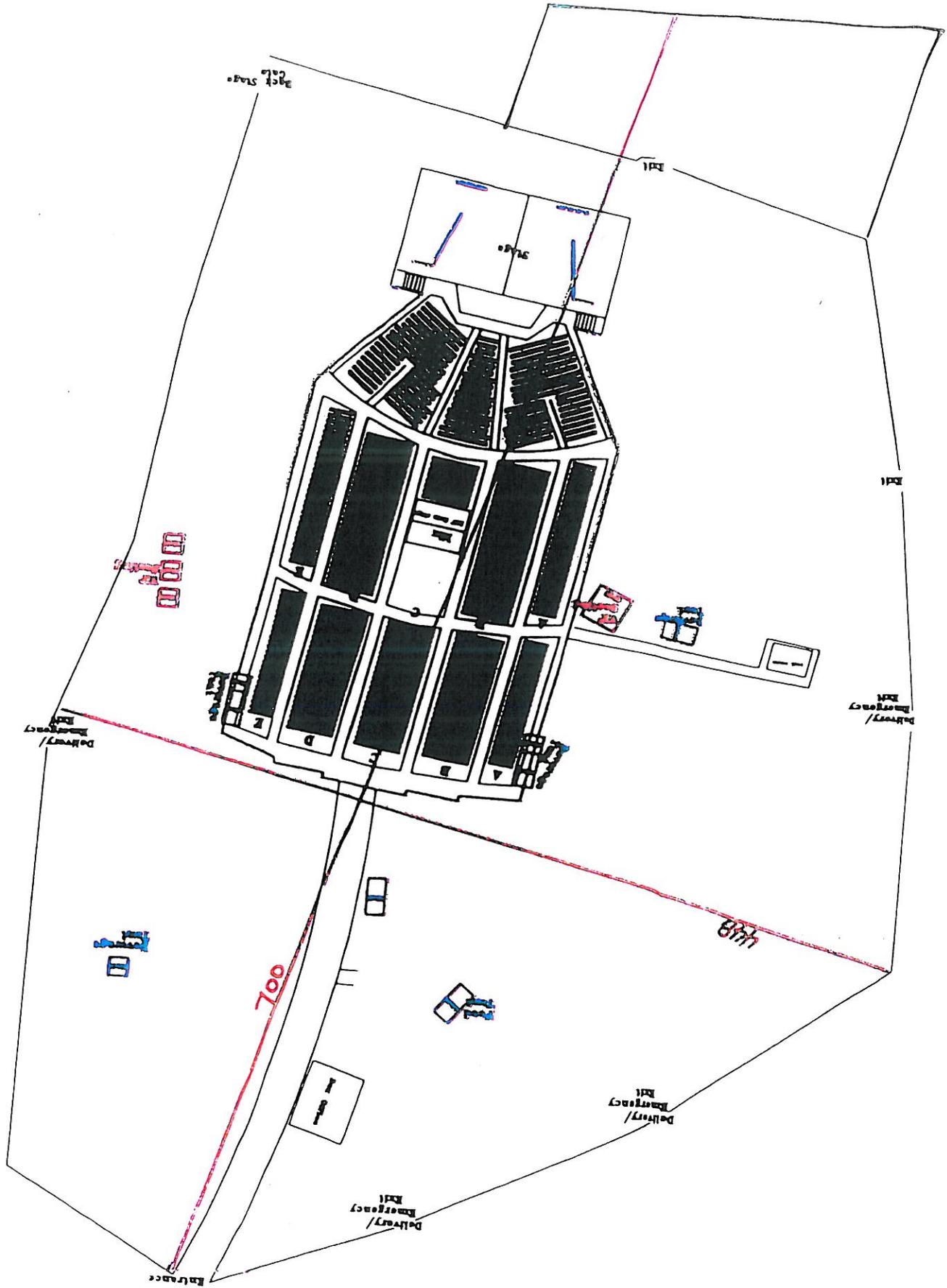
1. Number of Entry & Exit Points & Dimensions: (1 ENTRY ' x 1 EXIT SEE MAP ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (700 x 448)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

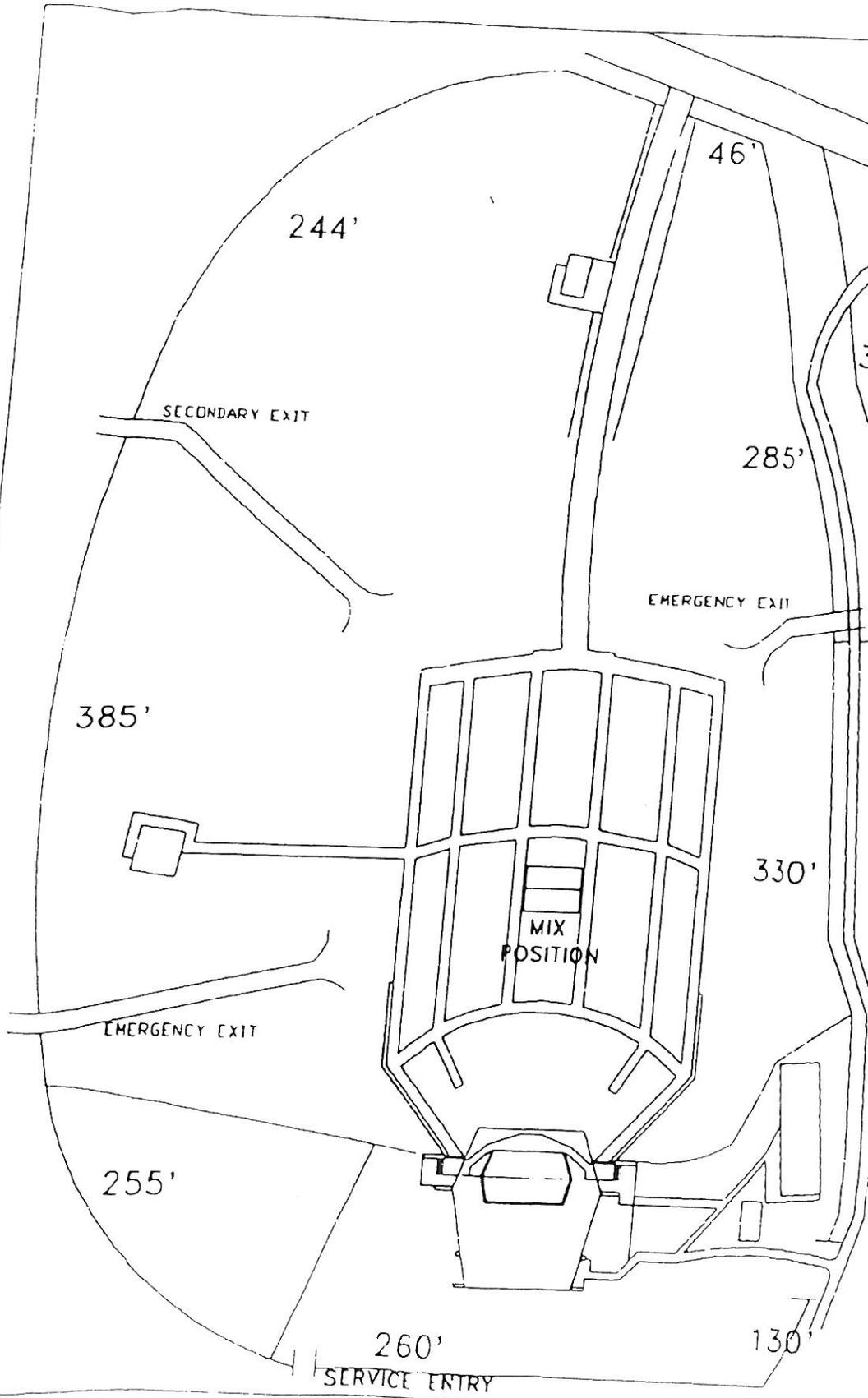
Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

NOTE: WE WILL BE USING 6' CHAIN LINK FENCE

PLEASE SEE THE FLLLOWING MAPS

ATTACH EXTRA PAGES IF NECESSARY





MIX POSITION:
 SET 125' FROM
 STAGE.
 EACH PAD
 30'W X 12'D
 BACK PAD 15"
 ABOVE FRONT PAD.

PERIMETER FENCE
 PERMANENT
 6' OR 8'
 PLASTIC-COATED
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 STAGE SIDES:
 CONTINUE AS
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ALL EXITS WOULD
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 EXCEPT FOR TRUCK
 ENTRY WHERE A
 30' NON-GATED
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Would require
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 Preferably 8 ft.

Would need 4
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APPLICATION FOR SPECIAL DESIGNATED LICENSE
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 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. Beer Wine Distilled Spirits

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

CK104580

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

| | | | |
|-----------------|---------------------------------------|-------------|-------|
| NAME: | SMG FOOD & BEVERAGE LLC | | |
| ADDRESS: | 300 CONSHOHOCKEN STATE ROAD SUITE 450 | | |
| CITY: | WEST CONSHOHOCKEN | ZIP: | 19428 |

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

| | | | |
|-----------------------|-----------------------|-------------------------------|-----------|
| BUILDING NAME: | PINWOOD BOWL THEATER | | |
| ADDRESS: | 3201 SOUTH CODDINGTON | CITY: | LINCOLN |
| ZIP: | 68522 | 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 8.3.2016 | Date 8.4.2016 | Date 8.5.2016 | Date | Date | Date |
| Hours From 6 am | Hours From 6 am To 2 am | Hours From 6 am | Hours From | Hours From | Hours From |
| To 2 am | | To 2 am | To | To | To |

a. Alternate date: N/A

b. Alternate location: N/A

(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: 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** 700 x 448

***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? 4,200

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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: N/A

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): 53/168/169

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: THOMAS E. LORENZ

Signature of Event Supervisor: _____

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: tlorenz@smglincoln.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  GENERAL MANAGER 4.5.2016
Authorized Representative/Applicant Title Date
THOMAS E. LORENZ
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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SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

| | | | |
|--|---------------------|--------|---------|
| Name of Event: | Alabama | | |
| Applicant and Sponsoring Organization or Individual (if applicable): | PINNACLE BANK ARENA | | |
| Date(s) of Event: | August 4, 2016 | Hours: | 8:00 pm |
| Alternate Date(s): | N/A | Hours: | N/A |

Is the event open to the public? Yes No

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

BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served? Yes No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS

HAMBURGERS, CHICKEN SANDWHICHES, CHIPS

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

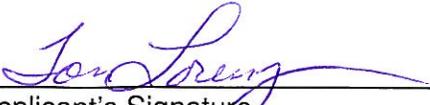
Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES

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

4.5.2016

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.

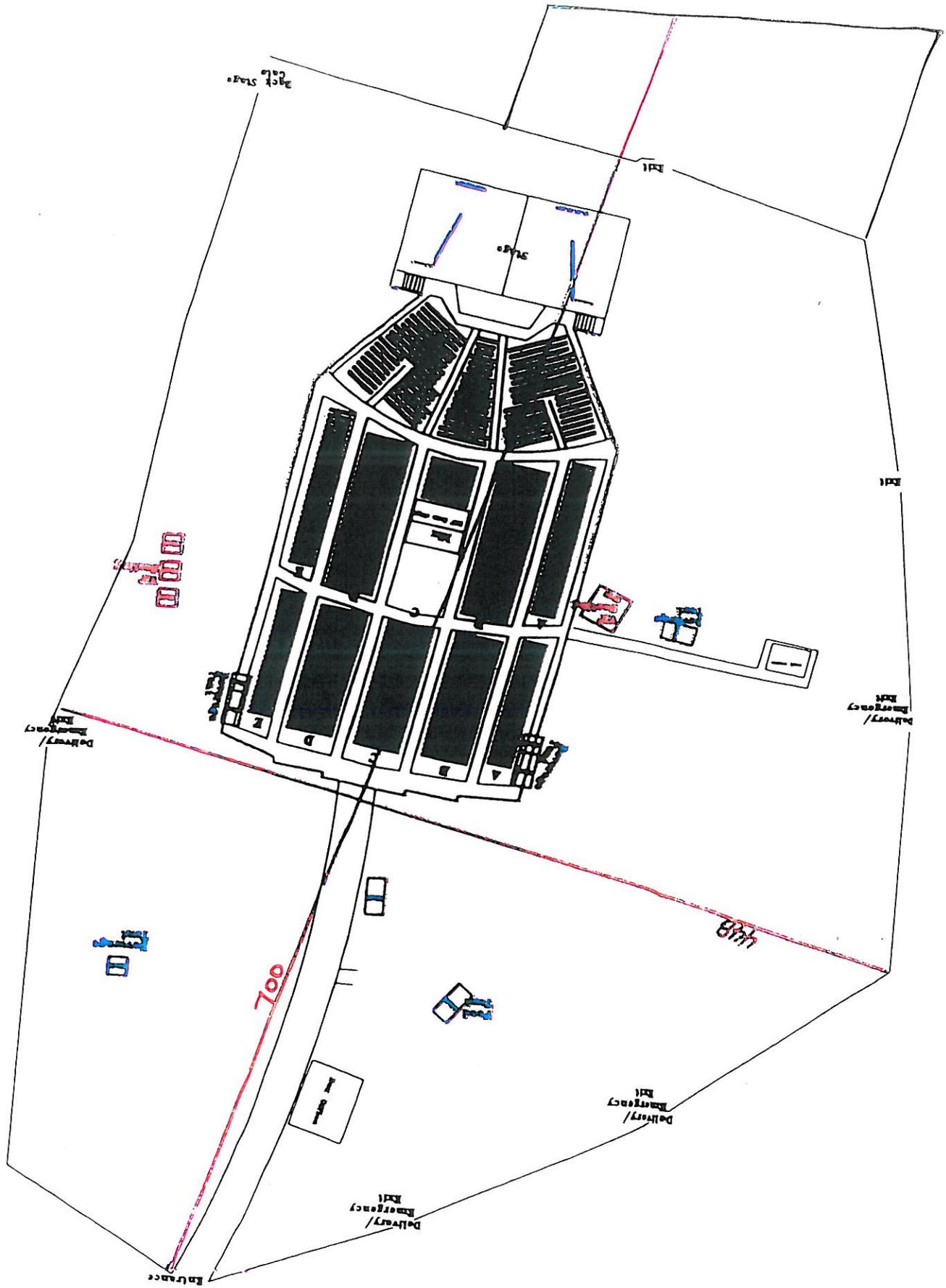
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6. Height & type of fencing to be used.

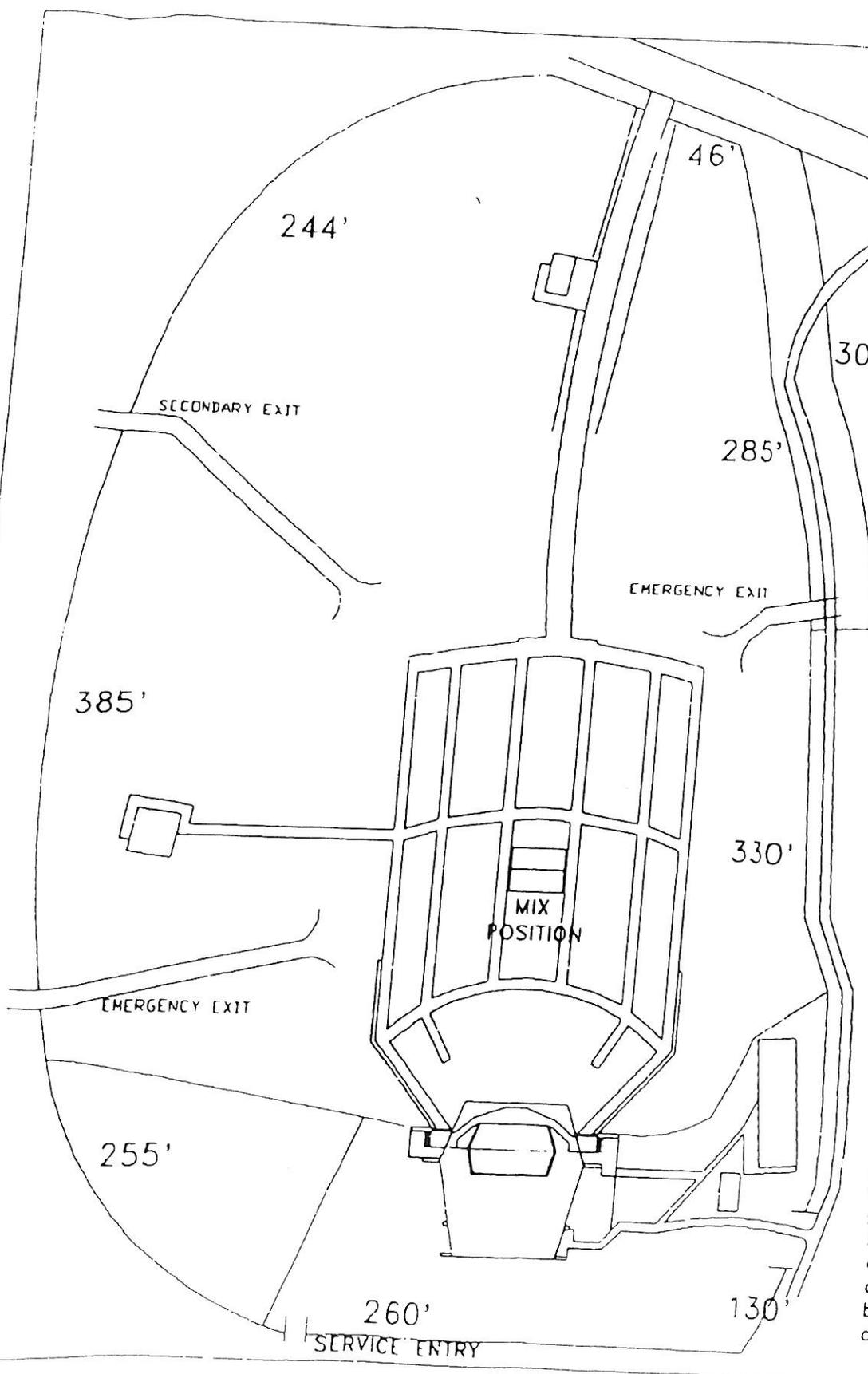
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PLEASE SEE THE FLLLOWING MAPS

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MIX POSITION:
 SET 125' FROM
 STAGE.
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 30'W X 12'D
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 STAGE SIDES:
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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. Beer Wine Distilled Spirits

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

CK104580

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

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

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| BUILDING NAME: | PINWOOD BOWL THEATER | | |
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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 8.9.2016 | Date 8.10.2016 | Date 8.11.2016 | Date | Date | Date |
| Hours From 6 am | Hours From 6 am | Hours From 6 am | Hours From | Hours From | Hours From |
| To 2 am | To 2 am | To 2 am | To | To | To |

a. Alternate date: N/A

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

- Dance
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 Fund Raiser
 Beer Garden
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***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

If outdoor area, how will premises be enclosed?

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 snow fence
 chain link
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 tent
 other: _____

8. How many attendees do you expect at event? 2,500

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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

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

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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): 53/168/169

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: THOMAS E. LORENZ

Signature of Event Supervisor: _____

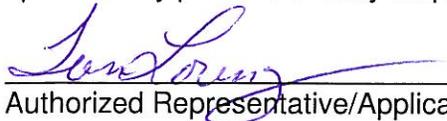
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sign
here


Authorized Representative/Applicant

GENERAL MANAGER
Title

4.5.2016
Date

THOMAS E. LORENZ
Print Name

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**SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS**

(Including those for Non Profit Organizations)

| | | | |
|--|---------------------|--------|---------|
| Name of Event: | Weird AI Yankovic | | |
| Applicant and Sponsoring Organization or Individual (if applicable): | PINNACLE BANK ARENA | | |
| Date(s) of Event: | August 10, 2016 | Hours: | 8:00 pm |
| Alternate Date(s): | N/A | Hours: | N/A |

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED PINNACLE BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served? Yes No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS HAMBURGERS, CHICKEN SANDWHICHES, CHIPS

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES
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

4.5.2016
Date

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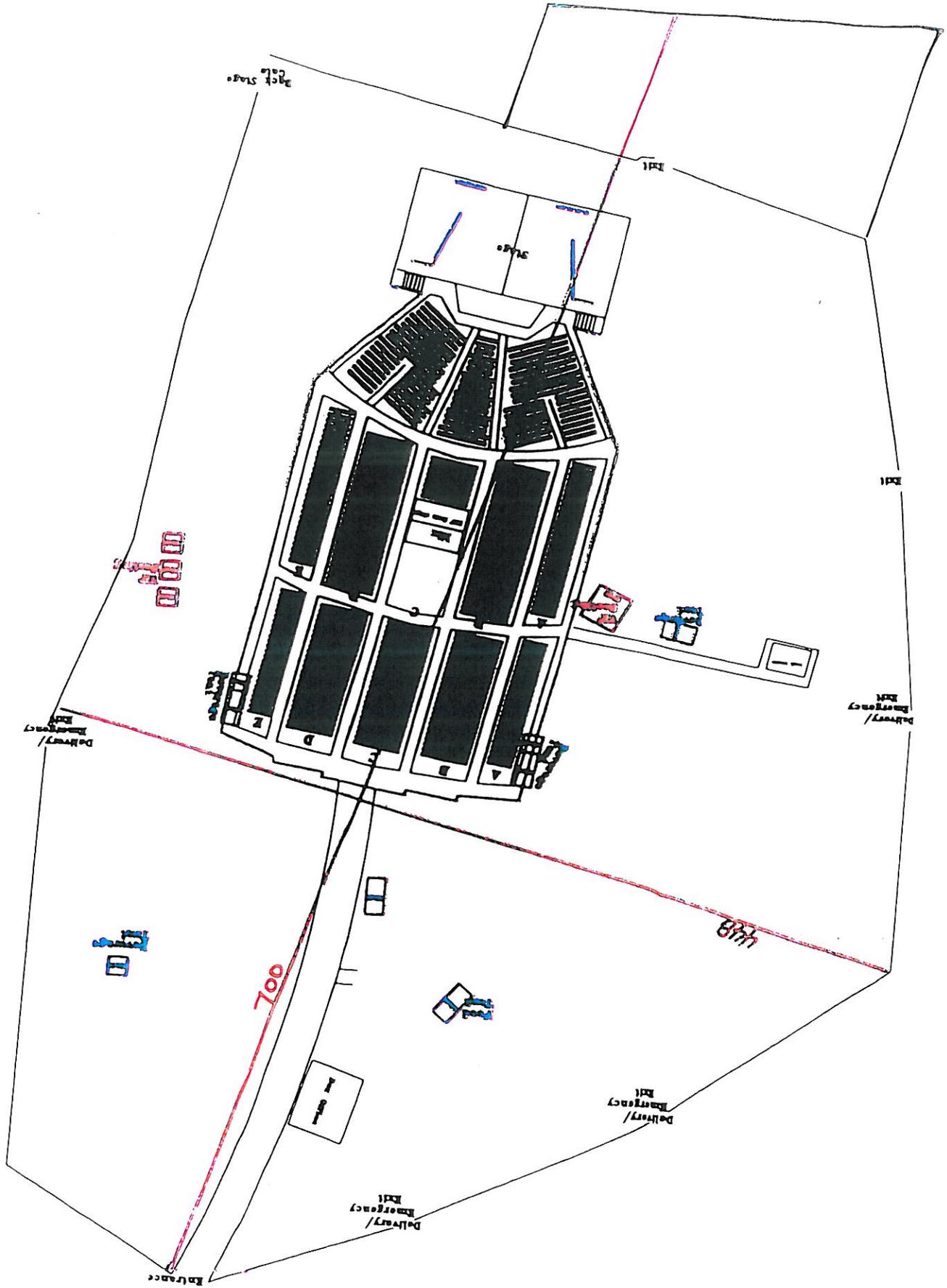
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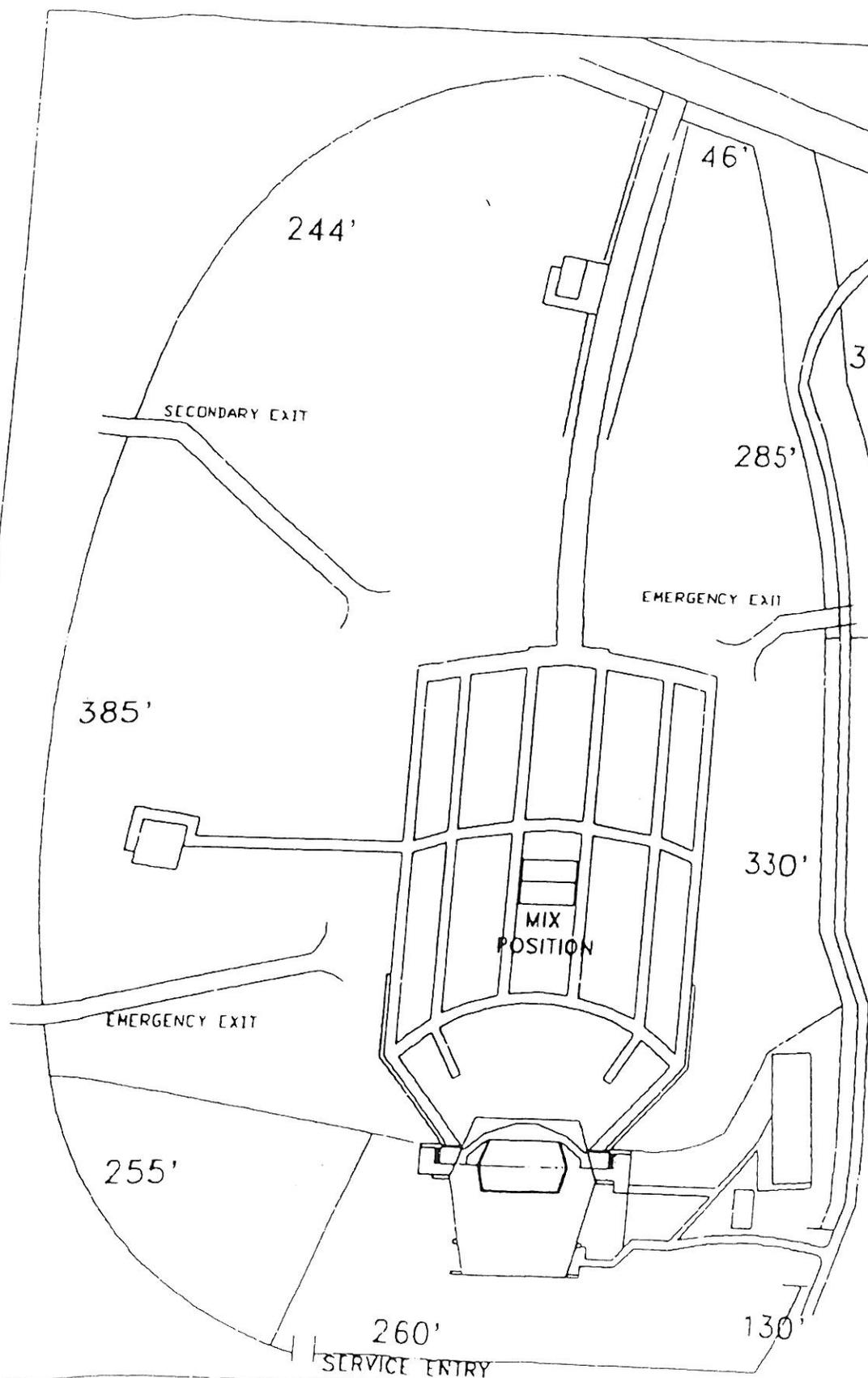
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MIX POSITION:
 SET 125' FROM
 STAGE.
 EACH PAD
 30'W X 12'D
 BACK PAD 15"
 ABOVE FRONT PAD.

PERIMETER FENCE
 PERMANENT
 6' OR 8'
 PLASTIC-COATED
 FENCE
 STAGE SIDES:
 CONTINUE AS
 SNOW OR TEMP
 FENCING.

ALL EXITS WOULD
 USE A 12' GATE
 EXCEPT FOR TRUCK
 ENTRY WHERE A
 30' NON-GATED
 OPENING WOULD
 BE REQUIRED.

Would require
 approximately
 2,250 running ft.
 of fence.
 Preferably 8 ft.

Would need 4
 12 ft. gates for
 3 emergency
 exits and one
 backstage
 service entry.
 Additionally,
 one thirty ft.
 opening would
 be required
 of truck entry.

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. Beer Wine Distilled Spirits

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

CK104580

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

| | | | |
|-----------------|---------------------------------------|-------------|-------|
| NAME: | SMG FOOD & BEVERAGE LLC | | |
| ADDRESS: | 300 CONSHOHOCKEN STATE ROAD SUITE 450 | | |
| CITY: | WEST CONSHOHOCKEN | ZIP: | 19428 |

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

| | | | |
|-----------------------|-----------------------|-------------------------------|-----------|
| BUILDING NAME: | PINWOOD BOWL THEATER | | |
| ADDRESS: | 3201 SOUTH CODDINGTON | CITY: | LINCOLN |
| ZIP: | 68522 | 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 8.8.2016 | Date 8.9.2016 | Date 8.10.2016 | Date | Date | Date |
| Hours From 6 am | Hours From 6 am To 2 am | Hours From 6 am To 2 am | Hours From | Hours From | Hours From |
| To 2 am | | | To | To | To |

a. Alternate date: N/A

b. Alternate location: N/A

(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: 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** 700 x 448

***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? 3,800

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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: N/A

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): 53/168/169

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: THOMAS E. LORENZ

Signature of Event Supervisor: _____

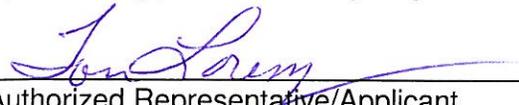
Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: tlorenz@smglincoln.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

GENERAL MANAGER
Title

4.5.2016
Date

THOMAS E. LORENZ
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: | Chicago | | |
| Applicant and Sponsoring Organization or Individual (if applicable): | | PINNACLE BANK ARENA | |
| Date(s) of Event: | August 9, 2016 | Hours: | 8:00 pm |
| Alternate Date(s): | N/A | Hours: | N/A |

Is the event open to the public? Yes No

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

BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served? Yes No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS

HAMBURGERS, CHICKEN SANDWHICHES, CHIPS

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

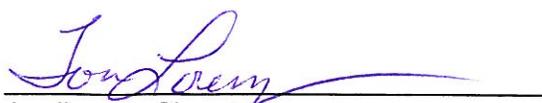
Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES

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

4.5.2016

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.

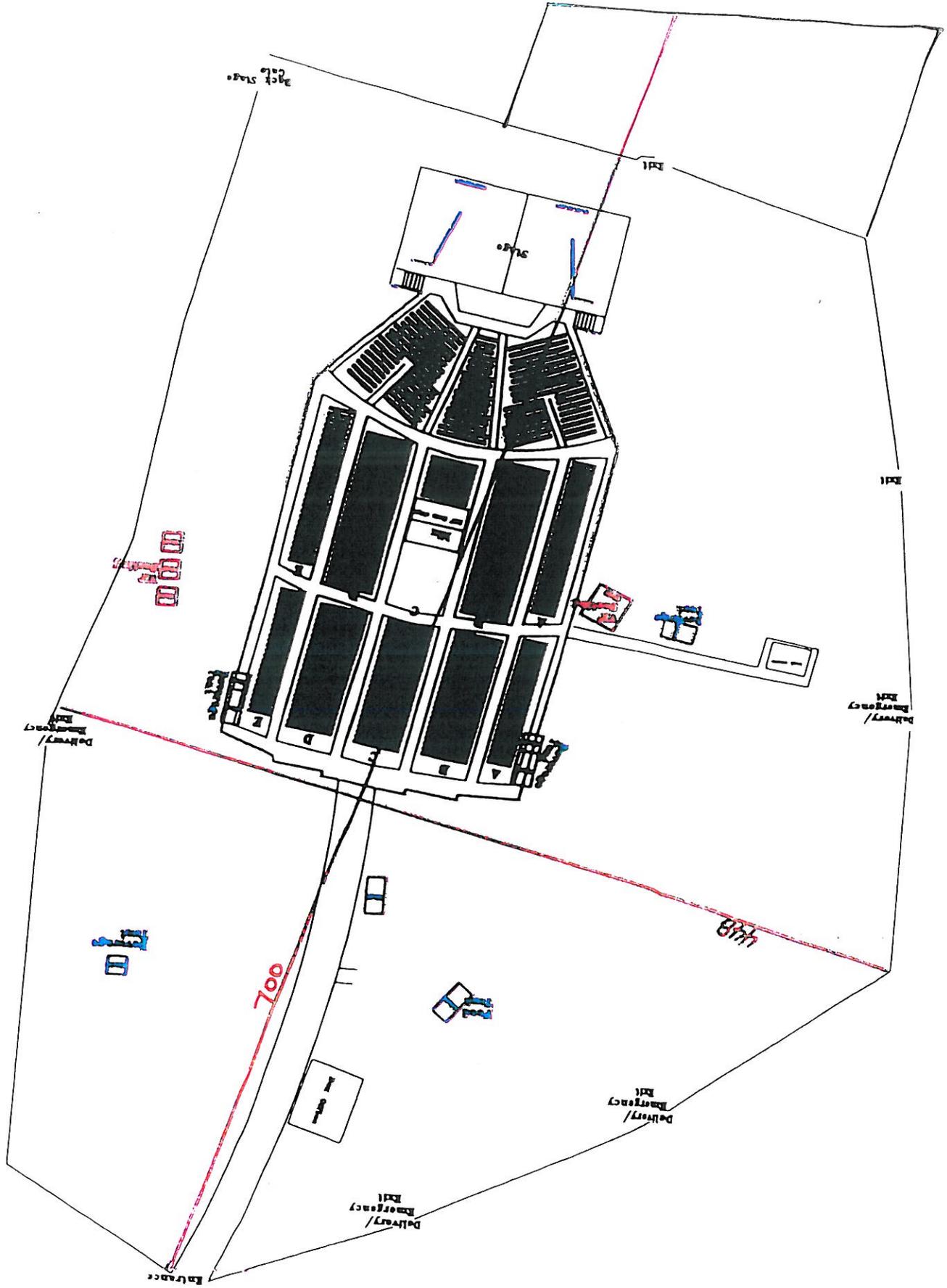
1. Number of Entry & Exit Points & Dimensions: (1 ENTRY ' x 1 EXIT SEE MAP ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (700 x 448)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

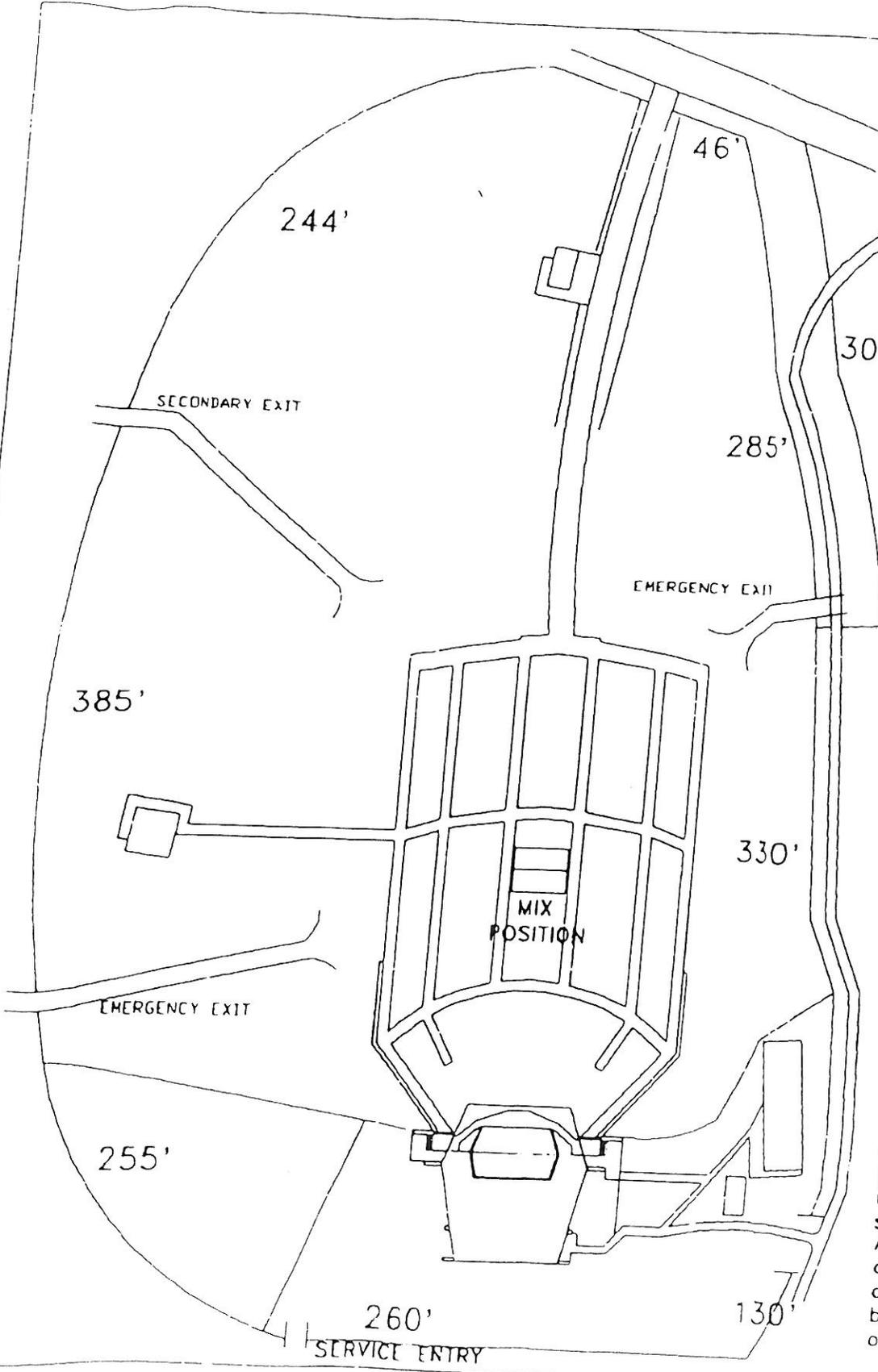
Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

NOTE: WE WILL BE USING 6' CHAIN LINK FENCE

PLEASE SEE THE FLLLOWING MAPS

ATTACH EXTRA PAGES IF NECESSARY





MIX POSITION:
 SET 125' FROM
 STAGE.
 EACH PAD
 30'W X 12'D
 BACK PAD 15"
 ABOVE FRONT PAD.

PERIMETER FENCE
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Would require
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 Preferably 8 ft.

Would need 4
 12 ft. gates for
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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. Beer Wine Distilled Spirits

2. Liquor license number and class (i.e. C55441, CK55441) (If you're a nonprofit organization leave blank) CK104580

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

| | | | |
|-----------------|---------------------------------------|-------------|-------|
| NAME: | SMG FOOD & BEVERAGE LLC | | |
| ADDRESS: | 300 CONSHOHOCKEN STATE ROAD SUITE 450 | | |
| CITY: | WEST CONSHOHOCKEN | ZIP: | 19428 |

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

| | | | |
|-----------------------|-----------------------|-------------------------------|-----------|
| BUILDING NAME: | PINWOOD BOWL THEATER | | |
| ADDRESS: | 3201 SOUTH CODDINGTON | CITY: | LINCOLN |
| ZIP: | 68522 | 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 8.11.2016 | Date 8.12.2016 | Date 8.13.2016 | Date | Date | Date |
| Hours From 6 am | Hours From 6 am | Hours From 6 am | Hours From | Hours From | Hours From |
| To 2 am | To 2 am | To 2 am | To | To | To |

a. Alternate date: N/A

b. Alternate location: N/A

(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: 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** 700 x 448

***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? 2,000

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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: N/A

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): 53/168/169

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**

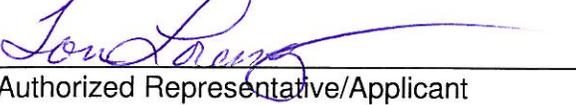
Print name of Event Supervisor: THOMAS E. LORENZ

Signature of Event Supervisor: _____

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: tlorenz@smglincoln.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

THOMAS E. LORENZ

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: | Walk The Moon | | |
| Applicant and Sponsoring Organization or Individual (if applicable): | PINNACLE BANK ARENA | | |
| Date(s) of Event: | August 12, 2016 | Hours: | 7:30 pm |
| Alternate Date(s): | N/A | Hours: | N/A |

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED PINNACLE BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served? Yes No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS
HAMBURGERS, CHICKEN SANDWHICHES, CHIPS

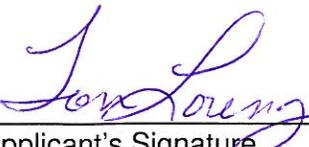
Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES
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

4.5.2016
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.

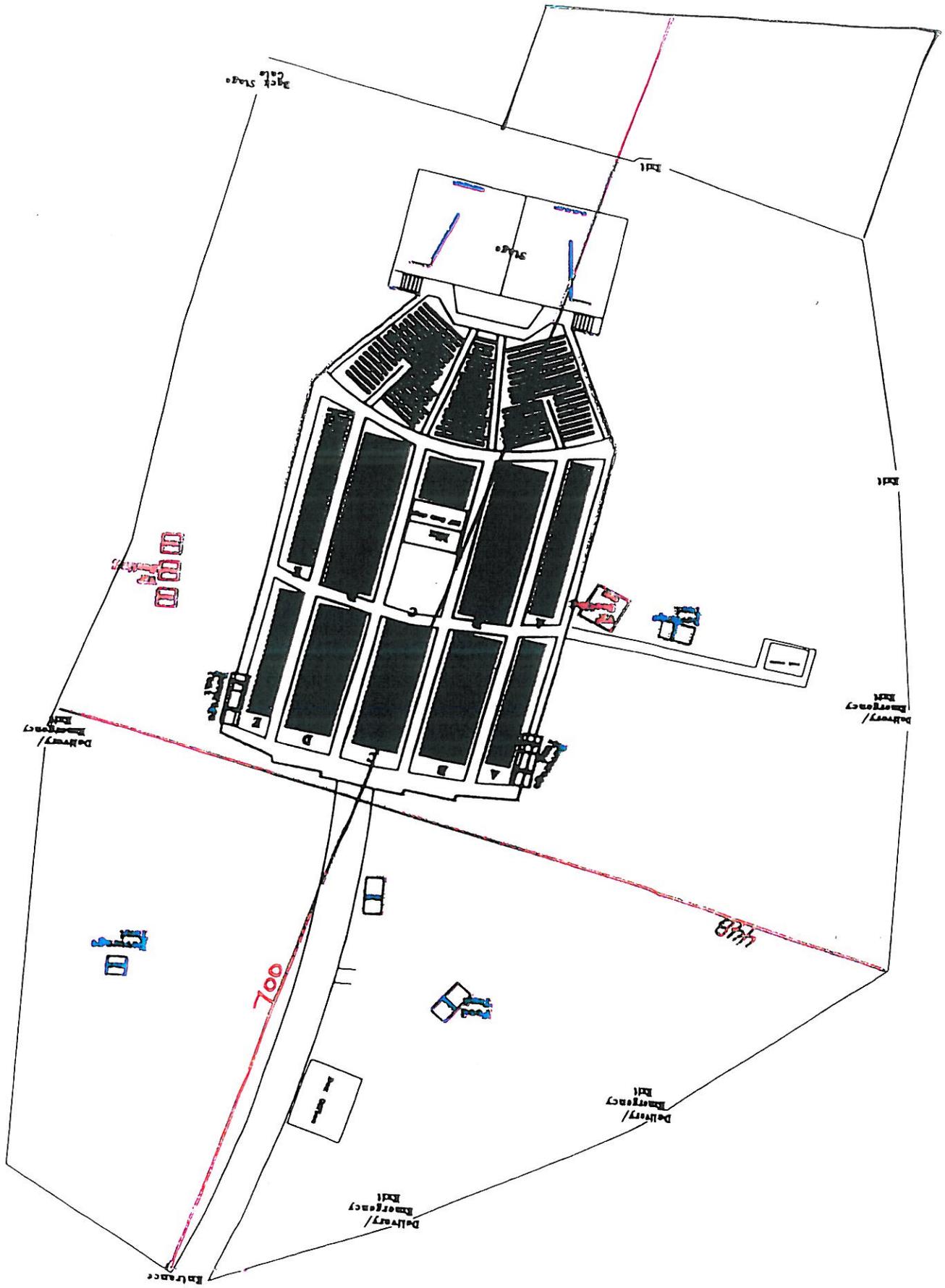
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2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (700 x 448)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

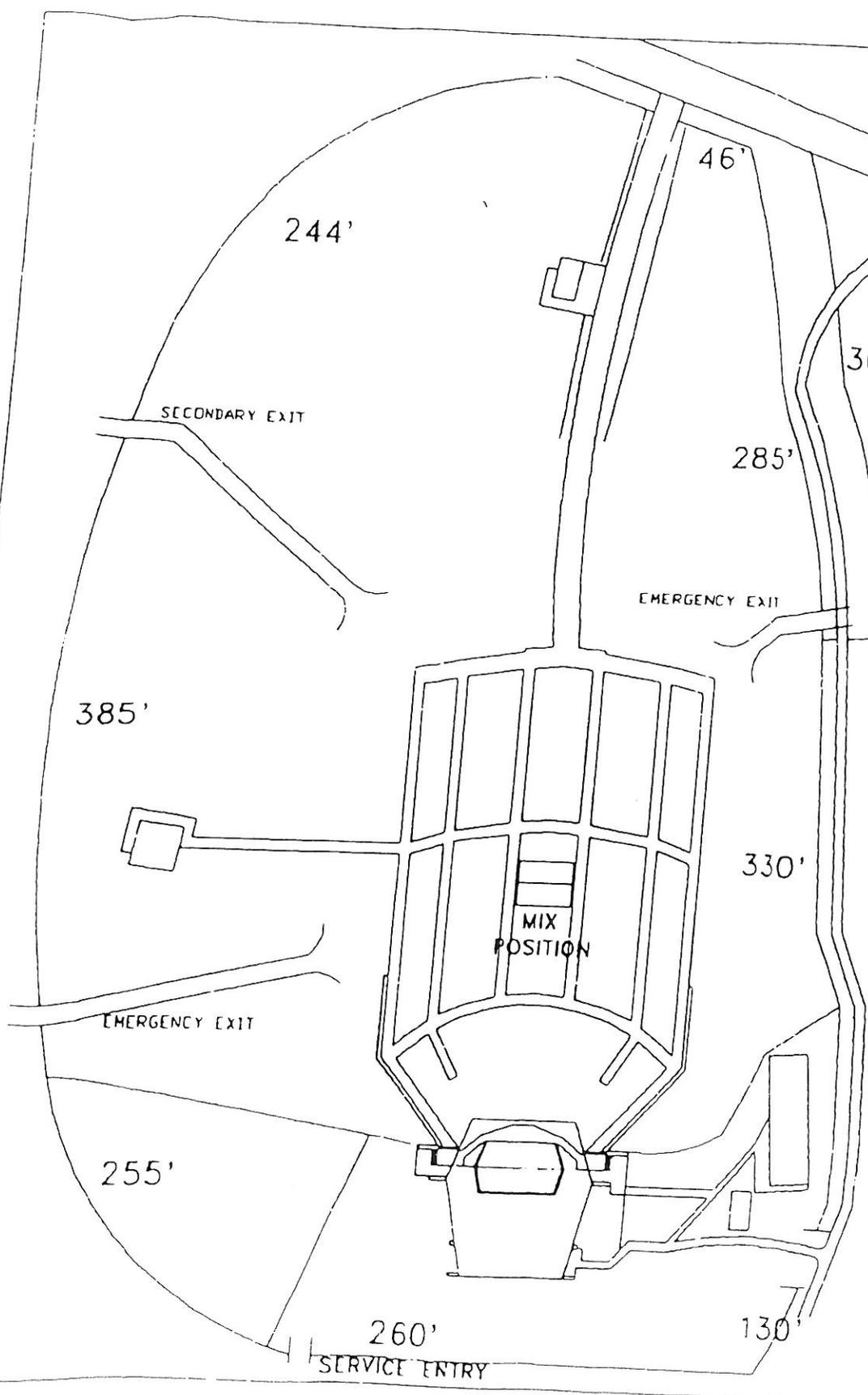
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NOTE: WE WILL BE USING 6' CHAIN LINK FENCE

PLEASE SEE THE FLLLOWING MAPS

ATTACH EXTRA PAGES IF NECESSARY





MIX POSITION:
 SET 125' FROM
 STAGE.
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 BACK PAD 15"
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PERIMETER FENCE
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DO YOU NEED POSTERS? YES NO

RETAIL LICENSE HOLDER

NON PROFIT APPLICANT

Non Profit Status (check **one** that best applies):

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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)

CK104580

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

| | | | |
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| NAME: | SMG FOOD & BEVERAGE LLC | | |
| ADDRESS: | 300 CONSHOHOCKEN STATE ROAD SUITE 450 | | |
| CITY: | WEST CONSHOHOCKEN | ZIP: | 19428 |

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

| | | | |
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| BUILDING NAME: | PINWOOD BOWL THEATER | | |
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a. Is this location within the city/village limits? YES NO

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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 8.10.2016 | Date 8.11.2016 | Date 8.12.2016 | Date | Date | Date |
| Hours From 6 am | Hours From 6 am | Hours From 6 am | Hours From | Hours From | Hours From |
| To 2 am | To 2 am | To 2 am | To | To | To |

a. Alternate date: N/A

b. Alternate location: N/A

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

- Dance
 Reception
 Fund Raiser
 Beer Garden
 Sampling/Tasting
 Other: CONCERT

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
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***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? 4,200

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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
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If so, describe activity: N/A

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Print name of Event Supervisor: THOMAS E. LORENZ

Signature of Event Supervisor: _____

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: tlorenz@smglincoln.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
Tom Lorenz GENERAL MANAGER 4.5.2016
Authorized Representative/Applicant Title Date
THOMAS E. LORENZ
Print Name

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**SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS**

(Including those for Non Profit Organizations)

| | | | |
|--|---------------------|--------|---------|
| Name of Event: | Beach Boys | | |
| Applicant and Sponsoring Organization or Individual (if applicable): | PINNACLE BANK ARENA | | |
| Date(s) of Event: | August 11, 2016 | Hours: | 8:00 pm |
| Alternate Date(s): | N/A | Hours: | N/A |

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED PINNACLE BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served? Yes No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS HAMBURGERS, CHICKEN SANDWICHES, CHIPS

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES
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

4.5.2016
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.

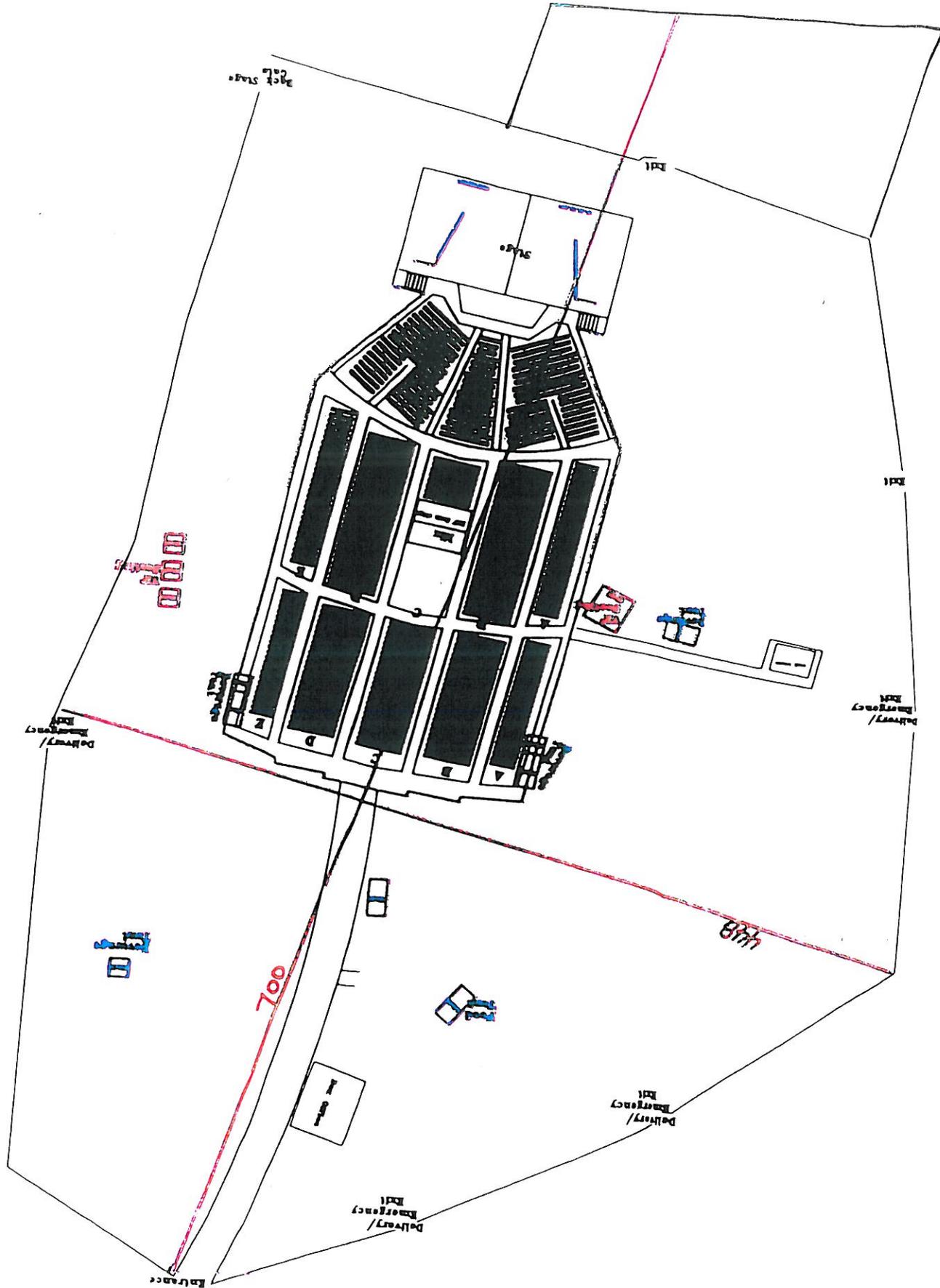
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6. Height & type of fencing to be used.

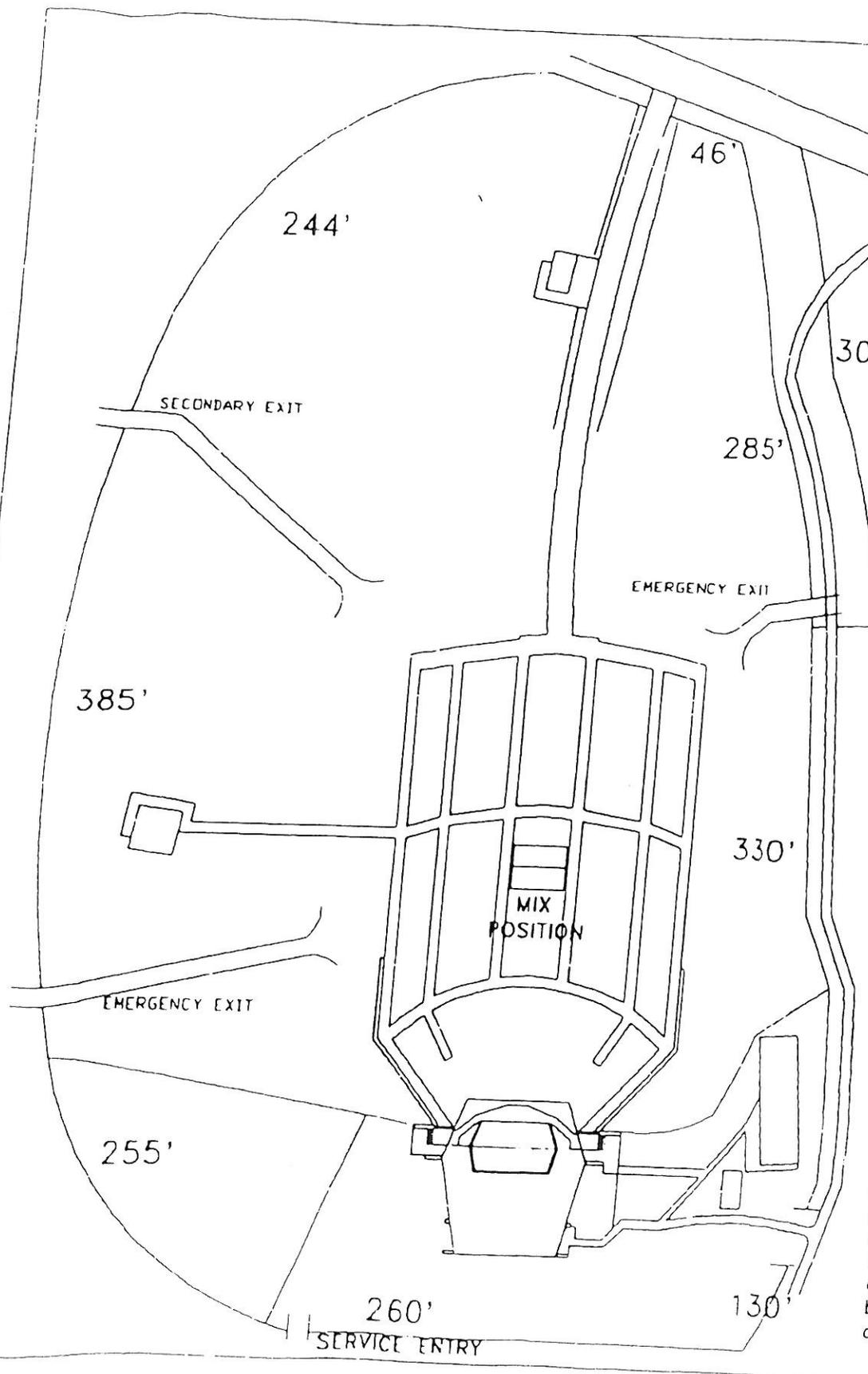
Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

NOTE: WE WILL BE USING 6' CHAIN LINK FENCE

PLEASE SEE THE FLLLOWING MAPS

ATTACH EXTRA PAGES IF NECESSARY





MIX POSITION:
 SET 125' FROM
 STAGE.
 EACH PAD
 30'W X 12'D
 BACK PAD 15"
 ABOVE FRONT PAD.

PERIMETER FENCE
 PERMANENT
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 STAGE SIDES:
 CONTINUE AS
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ALL EXITS WOULD
 USE A 12' GATE
 EXCEPT FOR TRUCK
 ENTRY WHERE A
 30' NON-GATED
 OPENING WOULD
 BE REQUIRED.

Would require
 approximately
 2,250 running ft.
 of fence.
 Preferably 8 ft.

Would need 4
 12 ft. gates for
 3 emergency
 exits and one
 backslage
 service entry.
 Additionally,
 one thirty ft.
 opening would
 be required
 of truck entry.

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. Beer Wine Distilled Spirits

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

CK104580

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

| | | | |
|-----------------|---------------------------------------|-------------|-------|
| NAME: | SMG FOOD & BEVERAGE LLC | | |
| ADDRESS: | 300 CONSHOHOCKEN STATE ROAD SUITE 450 | | |
| CITY: | WEST CONSHOHOCKEN | ZIP: | 19428 |

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

| | | | |
|-----------------------|-----------------------|-------------------------------|-----------|
| BUILDING NAME: | PINWOOD BOWL THEATER | | |
| ADDRESS: | 3201 SOUTH CODDINGTON | CITY: | LINCOLN |
| ZIP: | 68522 | 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 9.5.2016 | Date 9.6.2016 | Date 9.7.2016 | Date | Date | Date |
| Hours From 6 am | Hours From 6 am | Hours From 6 am | Hours From | Hours From | Hours From |
| To 2 am | To 2 am | To 2 am | To | To | To |

a. Alternate date: N/A

b. Alternate location: N/A

(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: 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** 700 x 448

***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? 3,000

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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: N/A

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): 53/168/169

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: THOMAS E. LORENZ

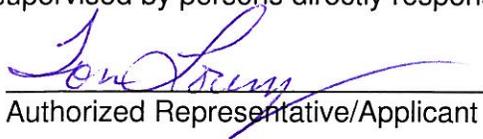
Signature of Event Supervisor: _____

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: tlorenz@smglincoln.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

GENERAL MANAGER
Title

4.5.2016
Date

THOMAS E. LORENZ

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: | Bonnie Rait | | |
| Applicant and Sponsoring Organization or Individual (if applicable): | PINNACLE BANK ARENA | | |
| Date(s) of Event: | September 6, 2016 | Hours: | 8:00 pm |
| Alternate Date(s): | N/A | Hours: | N/A |

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED PINNACLE BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served? Yes No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS HAMBURGERS, CHICKEN SANDWHICHES, CHIPS

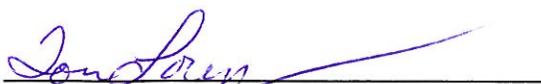
Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES
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

4.5.2016
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.

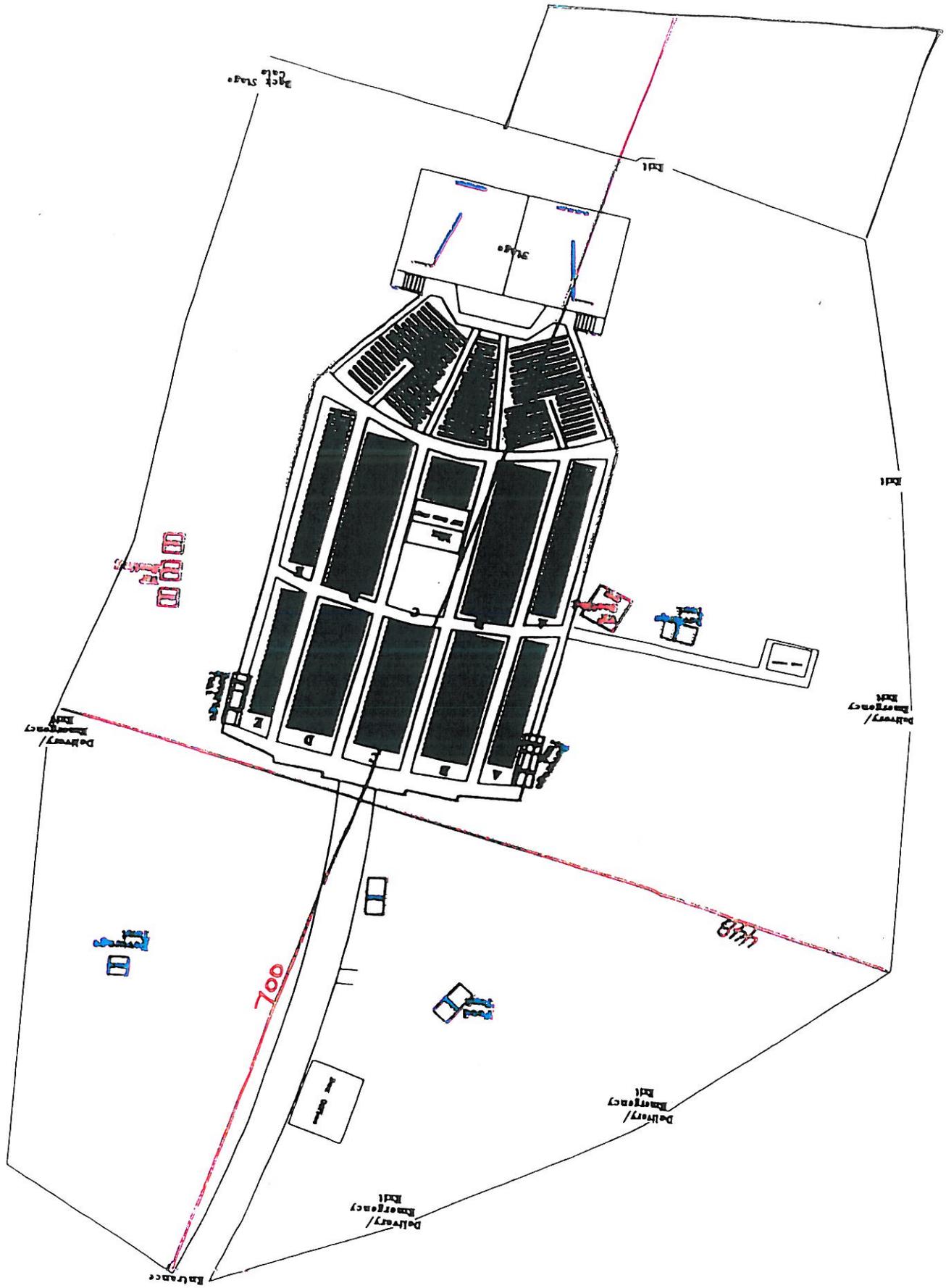
1. Number of Entry & Exit Points & Dimensions: (1 ENTRY ' X 1 EXIT SEE MAP ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (700 X 448)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

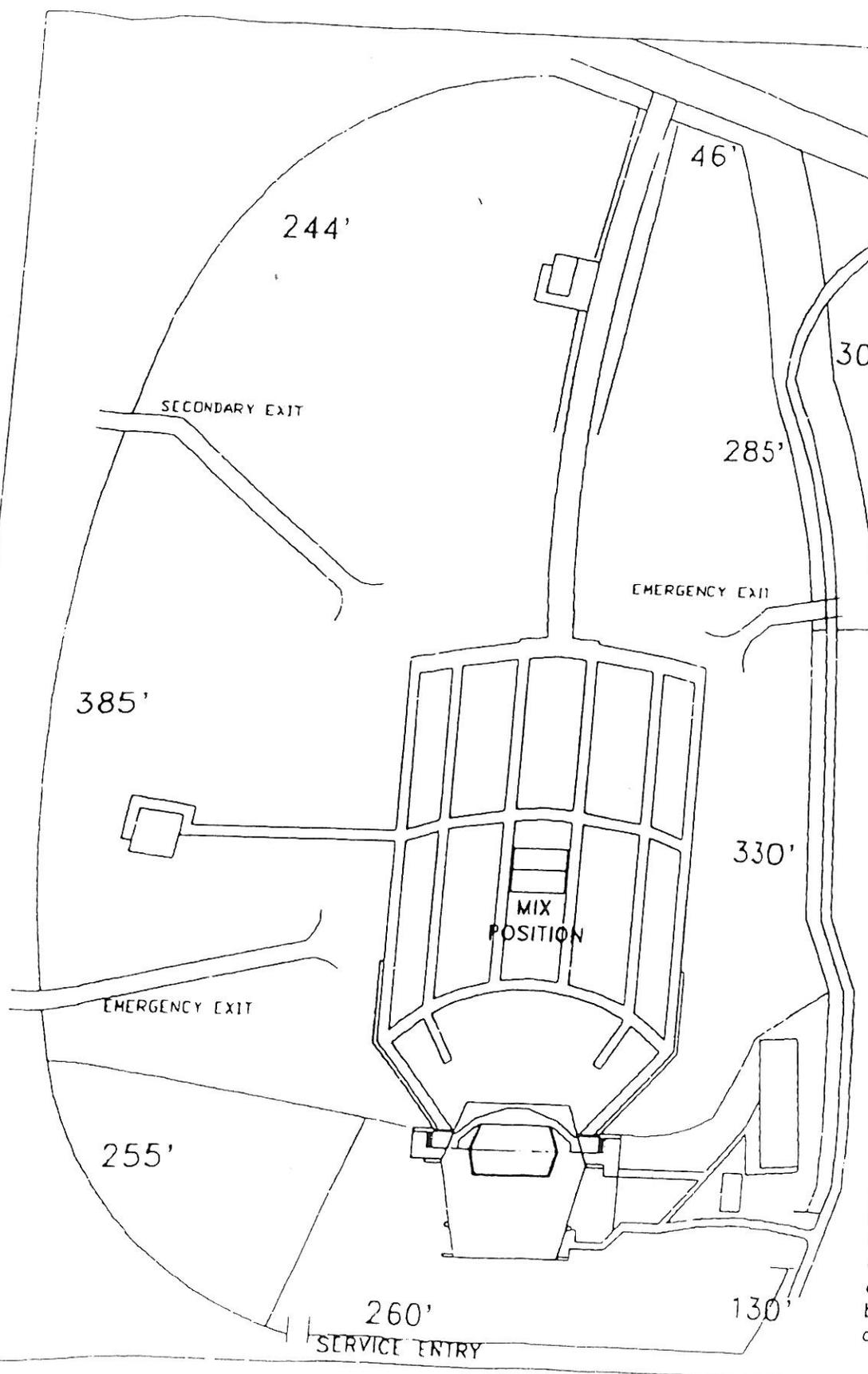
Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

NOTE: WE WILL BE USING 6' CHAIN LINK FENCE

PLEASE SEE THE FLLLOWING MAPS

ATTACH EXTRA PAGES IF NECESSARY





MIX POSITION:
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Would require
 approximately
 2,250 running ft.
 of fence.
 Preferably 8 ft.

Would need 4
 12 ft. gates for
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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. Beer Wine Distilled Spirits

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

CK104580

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

| | | | |
|-----------------|---------------------------------------|-------------|-------|
| NAME: | SMG FOOD & BEVERAGE LLC | | |
| ADDRESS: | 300 CONSHOHOCKEN STATE ROAD SUITE 450 | | |
| CITY: | WEST CONSHOHOCKEN | ZIP: | 19428 |

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

| | | | |
|-----------------------|-----------------------|-------------------------------|-----------|
| BUILDING NAME: | PINWOOD BOWL THEATER | | |
| ADDRESS: | 3201 SOUTH CODDINGTON | CITY: | LINCOLN |
| ZIP: | 68522 | 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 9.24.2016 | Date 9.25.2016 | Date 9.26.2016 | Date | Date | Date |
| Hours From 6 am | Hours From 6 am | Hours From 6 am | Hours From | Hours From | Hours From |
| To 2 am | To 2 am | To 2 am | To | To | To |

a. Alternate date: N/A

b. Alternate location: N/A
(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: 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** 700 x 448

***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? 4,200

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)

TRAINED PINNACLE BANK ARENA EMPLOYEES WILL CHECK ID'S AND WRISTBAND

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

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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**

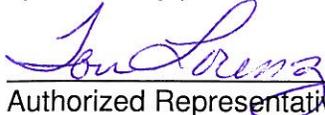
Print name of Event Supervisor: THOMAS E. LORENZ

Signature of Event Supervisor: _____

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: llorenz@smglincoln.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 4.5.2016
Authorized Representative/Applicant Title Date

THOMAS E. LORENZ

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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SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

| | | | |
|--|-----------------------------|---------------------|---------|
| Name of Event: | Steve Martin & Martin Short | | |
| Applicant and Sponsoring Organization or Individual (if applicable): | | PINNACLE BANK ARENA | |
| Date(s) of Event: | September 25, 2016 | Hours: | 8:00 pm |
| Alternate Date(s): | N/A | Hours: | N/A |

Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED PINNACLE BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served? Yes No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS
HAMBURGERS, CHICKEN SANDWICHES, CHIPS

Will non-alcoholic beverages be served: Yes No
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES
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

4.5.2016
Date

SITE PLAN INFORMATION REQUIRED FOR **ALL** OUTDOOR EVENTS

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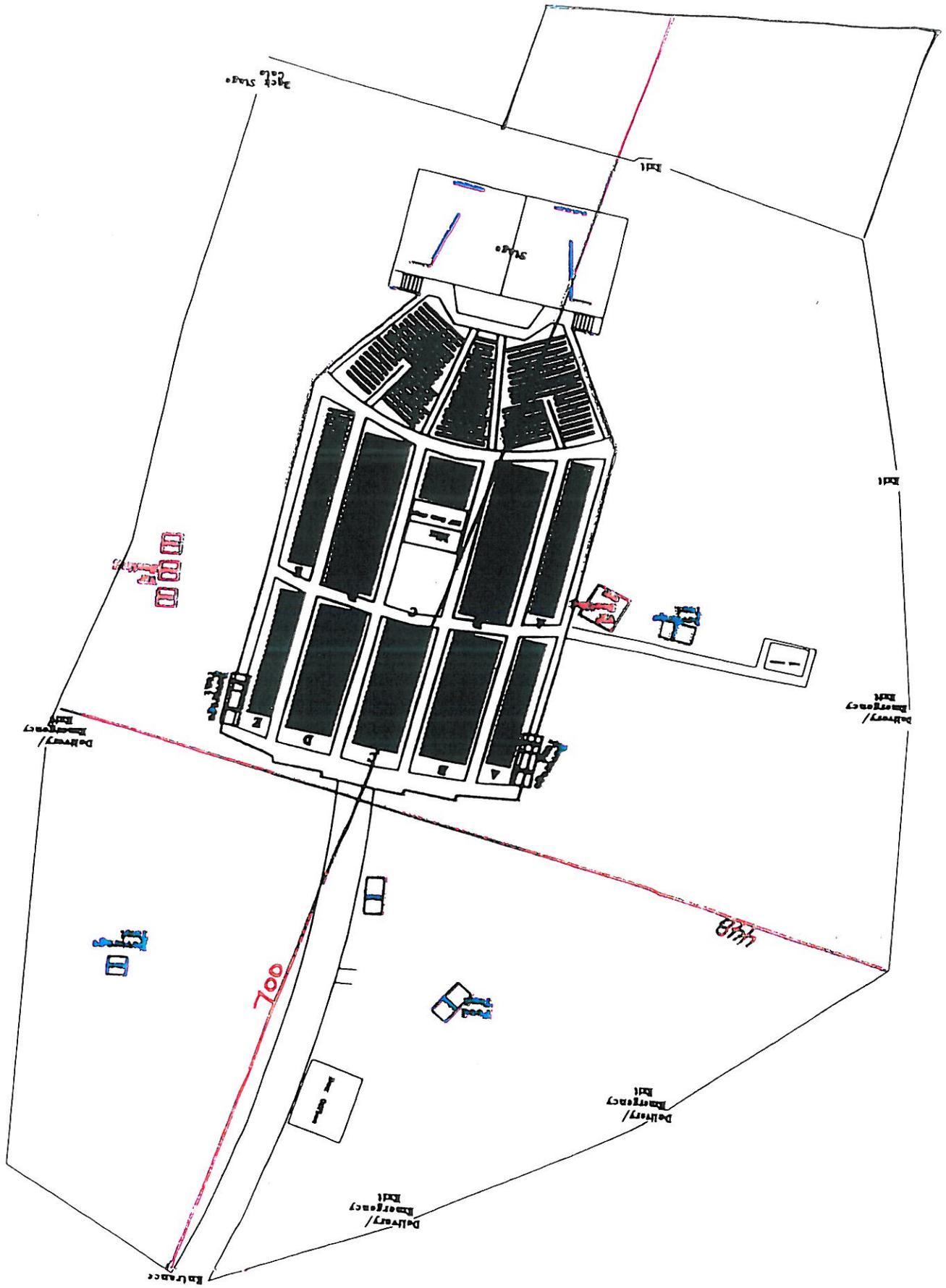
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6. Height & type of fencing to be used.

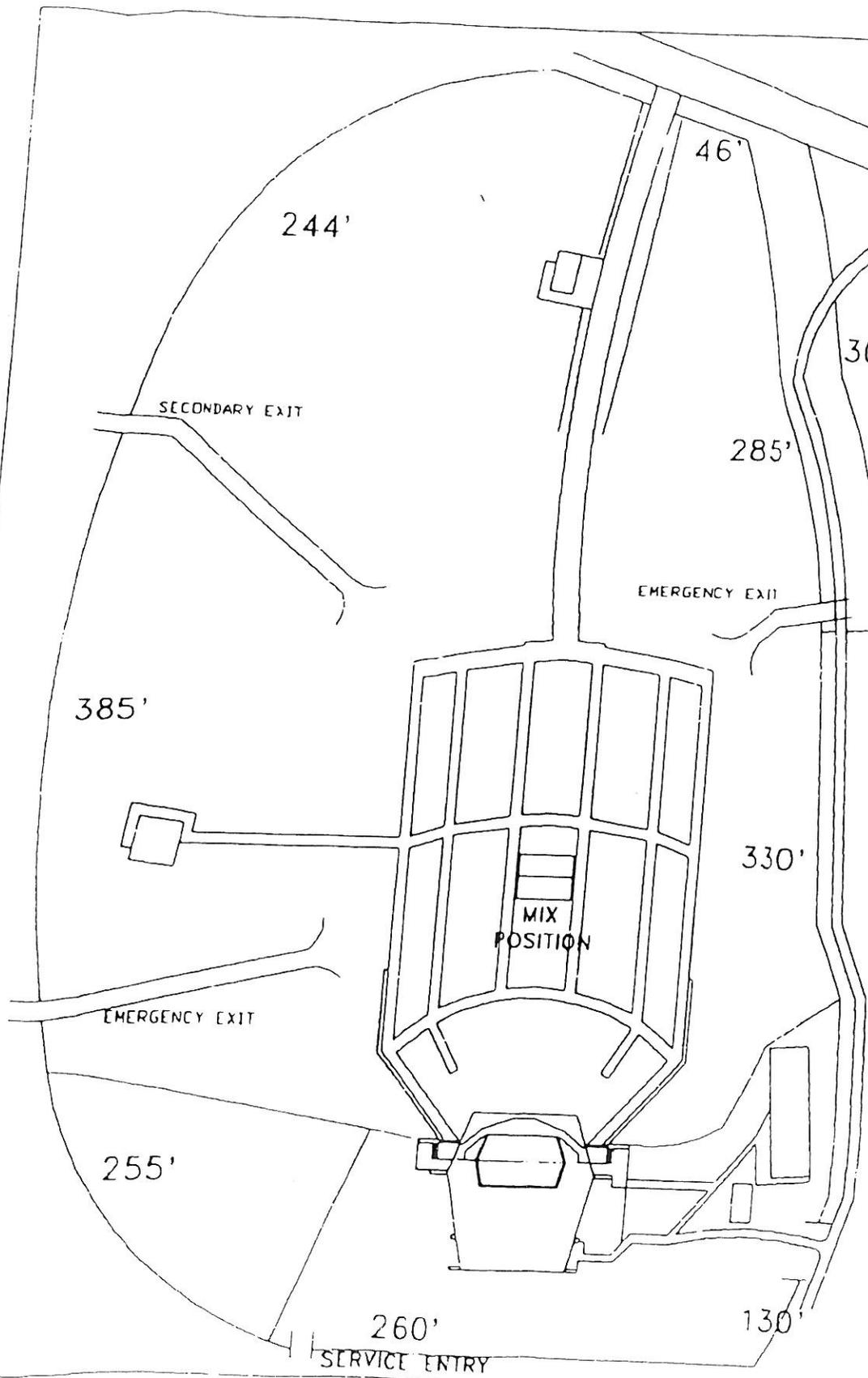
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