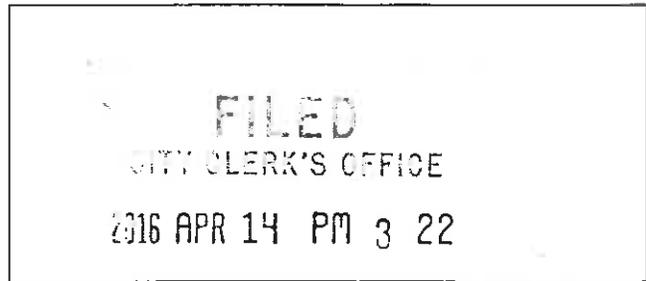


APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov
Email Applications: michelle.porter@nebraska.gov



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CITY OF LINCOLN
DO YOU NEED POSTERS? YES NO

NON PROFIT APPLICANTS
(Check one that best applies)

Municipal Political Fine Arts Fraternal Religious Charitable Public Service

LIQUOR LICENSE HOLDERS

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

C-105573

COMPLETE ALL QUESTIONS

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

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

NAME: Whole Foods Market Nebraska, LLC

ADDRESS: 550 Bowie Street

CITY Austin

ZIP 78703

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

BUILDING NAME Whole Foods Market Lincoln

ADDRESS: 6055 O Street

CITY Lincoln

ZIP 68510

COUNTY and COUNTY # Lancaster, County 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

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

Date May 21, 2016	Date	Date	Date	Date	Date
Hours From 10 a.m.	Hours From	Hours From	Hours From	Hours From	Hours From
To 4 p.m.	To	To	To	To	To

a. Alternate date: None

b. Alternate location: None
(Alternate date or location must be specified in local approval)

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

Dance ___ Reception ___ Fund Raiser ___ Beer Garden^x ___ Sampling/Tasting ___
 Other _____

6. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
 (not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** ¹⁰⁰ _____ x ¹⁰⁰ _____

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

If outdoor area, how will premises be enclosed?

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

7. How many attendees do you expect at event? 150

8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

All attendees will be ID'd and provided with a wristband to indicate that they are 21 years of age or older.

9. Will premises to be covered by license comply with all Nebraska sanitation laws? YES NO

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

10. Where will you be purchasing your alcohol?

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

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

If so, describe activity _____

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

12. Any other information or requests for exemptions: _____

13. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor Chad Taylor

Signature of Event Supervisor 

Event Supervisor phone: Before 402-547-9298 During 402-547-9298

Email address Chad.Taylor@wholefoods.com

Consent of Authorized Representative/Applicant

14. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign here 
Authorized Representative/Applicant

Assoc. Store. Team Leader

Title

Date

Sherry Moore

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.

PAYPORT

NEBRASKA.GOV

YOUR RECEIPT

Nebraska Liquor Control Commission

P.O. Box 95046
 Lincoln NE 68509-5046
 (402)471-2571
 mary.messman@nebraska.gov
 Transaction Id: 9453150

Customer Name: Cassandra A Zywiec
 Credit Card Number: **** * 7115

nebraska total amount charged \$41.00

Items	Location	Quantity	Order ID	Total Amount
Special Designated License (SDL)		1	20219346	\$40.00

Licensee Name: **Whole Foods Market Nebraska, LLC**

Date of Event: **05/21/2016**

Location: **6055 O Street, Lincoln, NE 68510**

Total remitted to the Nebraska Liquor Control Commission \$40.00

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

Name of Event:	Summer Seafood & Brews		
Applicant and Sponsoring Organization or Individual (if applicable):		Whole Foods Market	
Date(s) of Event:	May 21, 2016	Hours:	11 a.m. to 3 p.m.
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: _____
 Everyone will be ID'd prior to entering the beer garden; those 21 or older will get wristband

Will food be served? Yes No If yes, please list food to be served: _____
 Seafood boil: Corn, Lobster, Crab, Mussels, and Potatoes

Will non-alcoholic beverages be served: Yes No
 If yes, please list non-alcoholic beverages to be served: _____
 Attendees can choose bottled water or soda, as an alternative to beer if they choose

Who will serve the beverages containing alcohol? Whole Foods Market employees only
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

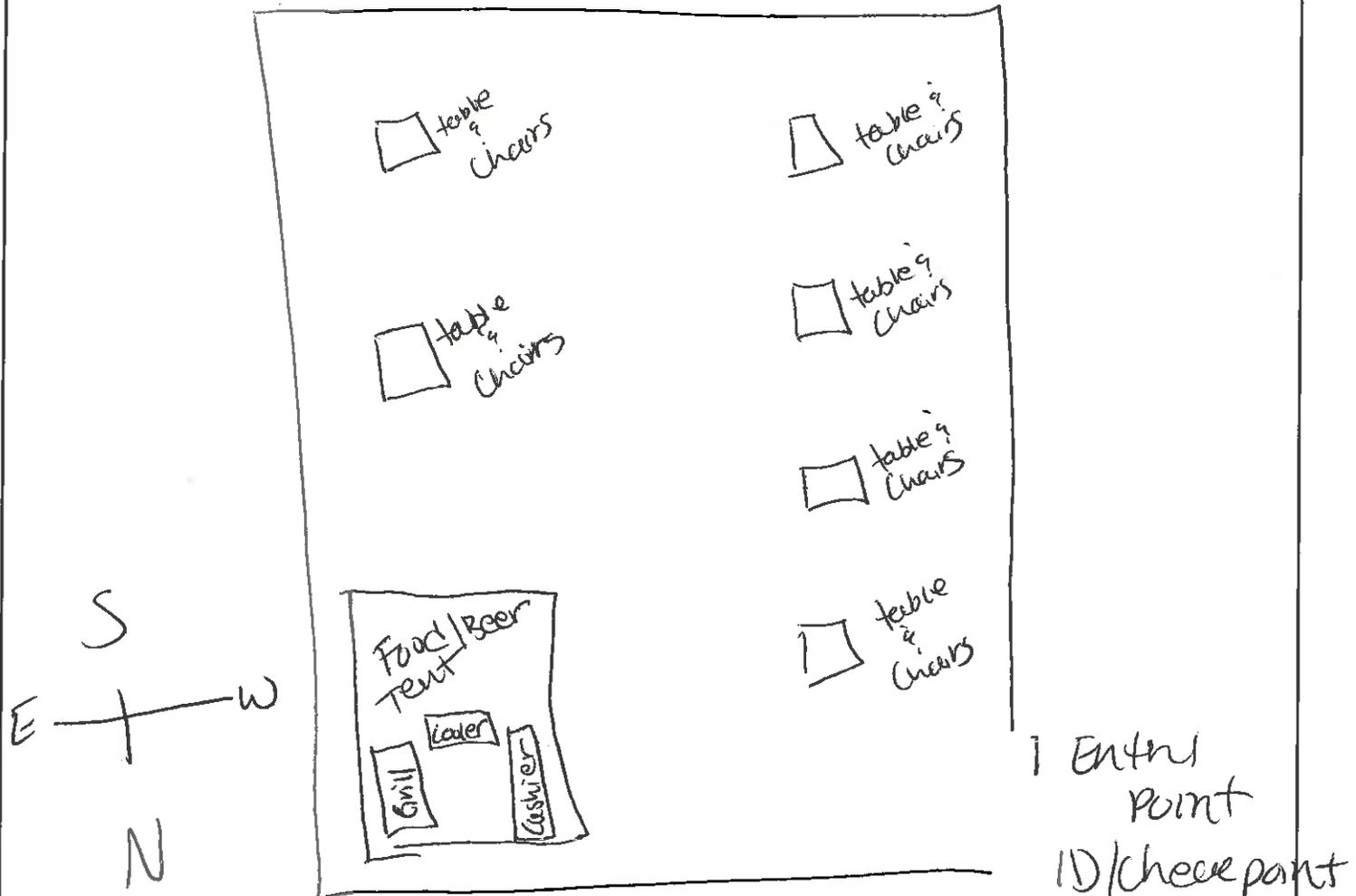
4-1-16
 Date

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

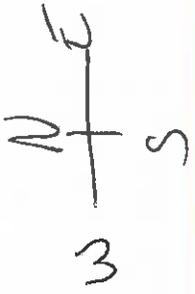
Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (3 'x _____')
2. Size & location of tent(s) (heights, width, depth) | 10' x 10' tent to house Food & drinks
3. Size of area being used (100 x 100)
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. 3' Construction Fencing

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



Lyncrest Dr

Lyncrest Dr

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Chipotle Mexican Grill

Whole Foods Market

Lincoln Public Schools District Office



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