

**INSTRUCTIONS – SPECIAL DESIGNATED LICENSE APPLICATION
FOR NON PROFIT ORGANIZATIONS OR NONPROFIT PURPOSE
ORIGINAL APPLICATION AND 2 COPIES MUST BE FILED WITH CITY CLERK.**

**SERVER TRAINING IS BEING REQUIRED FOR NONPROFIT ORGANIZATIONS & APPLICATIONS FOR
NONPROFIT PURPOSES. YOU MAY REGISTER ONLINE AT THE CITY OF LINCOLN'S WEBSITE
WWW.LINCOLN.NE.GOV. CLICK ON CITY DEPARTMENTS\CITY COUNCIL\RESPONSIBLE
HOSPITALITY COUNCIL.**

Return application to: City Clerk's Office, 555 South 10th Street, Lincoln, NE 68508

INDOOR EVENTS

- A. Approved by City Clerk
- B. **If applicant is the holder of a liquor caterer's license, the application MUST BE FILED IN THE CITY CLERK'S OFFICE 21 DAYS PRIOR TO THE EVENT.**

FEE SCHEDULE Payments by check authorize the City to make a one-time electronic fund transfer. Funds may be withdrawn immediately, and your check will not be returned. **If applicant does not have a liquor caterer's license, the fees are: \$40.00 per day payable to Nebraska Liquor Control Commission; \$80.00 per day payable to City of Lincoln. Two (2) separate checks required. MUST BE FILED 21 DAYS PRIOR TO THE EVENT.**

Applicant must provide day time phone number on application form.

OUTDOOR EVENTS/FOOTBALL SATURDAY EVENTS

- A. May require review by City Council - Applicant required to attend public hearing.
- B. Application **MUST BE FILED 21 DAYS PRIOR TO EVENT.** - Supplemental Form (provided by City Clerk) required.

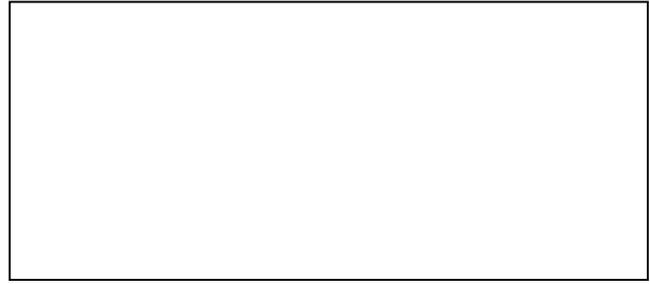
FEE SCHEDULE: Same as Indoor Events

Note: Section 5.04.062 of the LMC requires the 21 day time line. THIS IS THE LAW, NO EXCEPTIONS! The Nebraska Liquor Control Commission requires that all applications be filed in their office along with appropriate fees 10 working days prior to the event. The day of the event is not counted. In addition, weekends and holidays are not counted.

CONSECUTIVE DAYS UP TO 6 MAY BE REQUESTED ON ONE (1) APPLICATION FORM. IF NOT CONSECUTIVE DAYS, ADDITIONAL FORMS REQUIRED.

**APPLICATION FOR SPECIAL
DESIGNATED LICENSE
NON PROFIT APPLICANTS**

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.ne.gov/



BEFORE SUBMITTING APPLICATION TO THE LIQUOR CONTROL COMMISSION

- Include approval from the City, Village or County Clerk where the event is to be held
- A license fee \$40 (payable to Nebraska Liquor Control Commission) for each day/event to be licensed (i.e. if you have two separate areas at one event they both need to be licensed)
- Application **MUST** be received at the Liquor Control Commission Office no later than 10 working days prior to event (excluding weekends, Federal and State observed holidays)
- Letter from IRS declaring your organization exempt from payment of federal income taxes, or copy of federal tax return, as filed with the IRS, as well as affidavit signed by an officer of the organization declaring that the copy of the tax return is true and correct copy as filed with the IRS

COMPLETE ALL QUESTIONS

1. Type of alcohol to be served and/or consumed
 - Beer
 - Wine
 - Distilled Spirits
2. Status of applicant (check one)
 - Municipal
 - Political
 - Fine Arts
 - Fraternal
 - Religious
 - Charitable
 - Public Service
3. Licensee name (last, first, middle), Corporate name, Limited Liability Company (LLC)

NAME: _____

ADDRESS: _____ **COUNTY** _____

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

ADDRESS: _____ COUNTY _____

- a. Is this location within the city/village limits? YES NO
- b. Is this location within the 150' of church, school, hospital or home aged/indigent or for veterans their 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	Date	Date	Date	Date	Date
Hours From					
To	To	To	To	To	To

a. Alternate date: _____

b. Alternate location: _____
(alternate date or location must be approved by local and law enforcement)

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

- Dance Reception Fund Raiser Beer Garden Sampling/Tasting Other

7. Description of area to be licensed

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

Outdoor area dimensions of area to be covered **INFEET** _____ x _____
(not square feet or acres)

If outdoor area, how will premises be enclosed

- fence, type of fence _____
- tent _____
- other, explain _____

*If both inside and outdoor area to be licensed include **simple sketch**

8. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages.

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. 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.

11. Any other information or requests for exemptions:

12. 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.

_____ Phone: Before _____ During _____
Print name of Event Supervisor

Signature of Event Supervisor

Consent of Authorized Representative/Applicant

13. 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

Print Name

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

**Application for Special Designated License
Under Nebraska Liquor Control Act
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

NAME OF CORPORATION

FEDERAL ID NUMBER

SIGNATURE AND TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS _____ DAY OF

NOTARY PUBLIC SIGNATURE & SEAL

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS

**SPECIAL DESIGNATED LICENSE APPLICATION
SUPPLEMENTAL FORM**

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: _____

Applicant and Sponsoring Organization or Person (if applicable): _____

Date of Event: _____ Time of Event: _____

Has the applicant applied for and received liquor liability insurance? _____ Yes _____ No

Number of persons expected to attend: _____ Number of persons under 21
expected: _____ Is the event open to the public? _____ Yes _____ No

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

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

Will non-alcoholic beverages be served: _____ Yes _____ No If yes, please list non-
alcoholic beverages to be served: _____

Please identify the beverages containing alcohol that will be served: _____ Wine _____ Beer
_____ Distilled Spirits

Will this be a cash or complimentary bar? _____ Cash _____ Complimentary

Who will serve the beverages containing alcohol? _____

Have the designated servers received responsible beverage service 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:

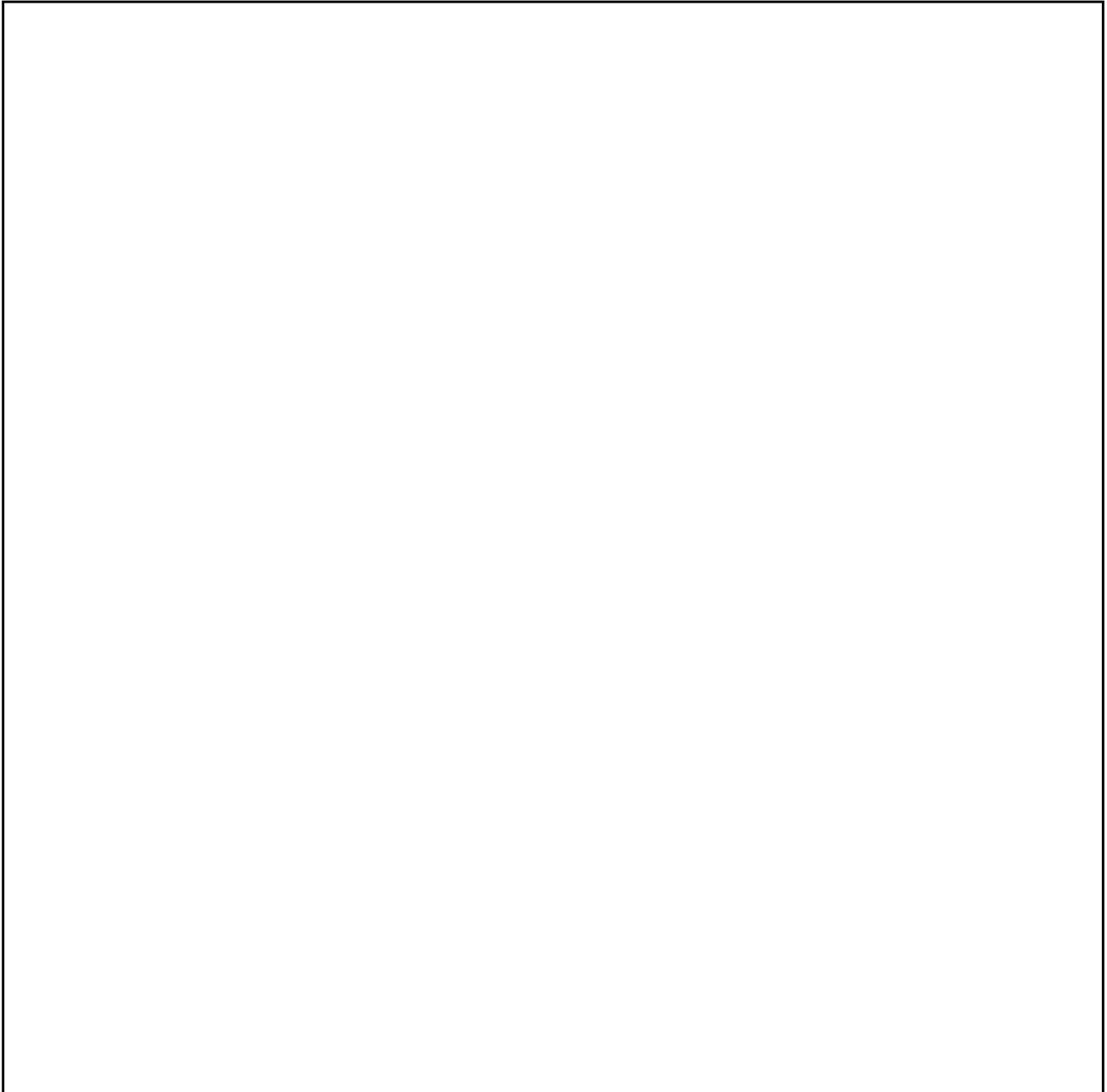
Applicant's Signature

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



USE ABOVE BOX FOR YOUR DRAWING/ATTACH EXTRA PAGES IF NECESSARY