

REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION

#

- Police
- City Attorney
- Bureau of Fire Prevention
- Health Department

DATE: 8/17/07
Return by: 8/29/07

CATERER:

NON-CATERER: X

APPLICANT NAME & ADDRESS: 55 DEGREES, INC. DBA BREAD & CUP, 440 N 8TH

DATE (S) & TIME(S) OF EVENT : SEPT 1, 15, 22, 29; OCTOBER 13, 20; AND NOVEMBER 10, 2007 -
OUTDOOR EVENT ON DOCK IMMEDIATELY ADJACENT TO APPROVED SIDEWALK
CAFÉ ADJACENT TO THEIR PROPERTY WHICH IS PART OF THEIR LIQUOR LICENSED
PREMISES

Alternate Dates: None

RECOMMENDATION OF APPROVAL OR DENIAL

X AP APPROVED

CONDITIONS MUST OBTAIN SPECIAL EVENT STATUS AND HAVE ALL
PROPER PAPERWORK FILED. MUST MEET ALL INSPECTIONS

_____ DENIED

REASON(S) FOR _____

[Signature] LPD # 843
Signature

8-20-07
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: AUGUST 27, 2007

(SDLRPT.JER)

*pre approved: Joan Ross City Clerk
subject to inspections of sidewalk cafe,
dock area & Council approval.*

**APPLICATION FOR SPECIAL DESIGNATED LICENSE
LICENSEE**

NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046
Lincoln NE 68509-5046

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

-
- All Applications must be received in the Commission Office 10 working days (excluding weekends and holidays) prior to the date of the event
 - Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission
 - A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day (no fees if caterer)
 - APPROVAL FROM CITY, VILLAGE OR COUNTY CLERK** must be included with this application
 - A Signed Statement from Local Police Chief or County Sheriff
-

1. Type of Beverage(s) to be served or consumed: Beer Wine Distilled Spirits

2. License number and class _____ Retailer Caterer
(i.e. L/K-12345)

3. **Name and Address** of Applicant (as listed on liquor license) (City, County, Zip Code)
55 Degrees, Inc 356 53rd St Lincoln, Lancaster, 68510

4. **Address or location** of premises to be covered by license, (street, city, county, zip code)
Bread&Cup 440 N 8th St. Suite 150, Lincoln, Lancaster, 68508

5. Address of where alcohol is to be stored if other than at location listed in question #4 above

6. Name, address, phone number/cell phone number of owner or lessee of premises for which the license is requested
Kevin Shinn 356 53rd st. Lincoln 68510 438-2255, cell 730-0225

7. **DATE(S) OF EVENT** (If Sunday, attach Sunday sales ordinance) no more then six (6) consecutive days per application
9/1/07, 9/15/07, 9/22/07, 9/29/07, 10/13/07, 10/20/07, 11/10/07
a) If alternate date is requested please list below: (must be approved at local level prior to event)
ALTERNATE DATE:
b) If alternate location is requested please list below: (must be approved at local level prior to event)
ALTERNATE LOCATION:

8. Time(s) of event (example 8:00 am to 1:00 am, this is considered one day)
FROM: 8am TO: 1am

9. Describe type of activity to be carried on during the time period for which the license is requested
Extend our restaurant service to the entire dock area of our building on Husker Football Saturdays

10. Provide an estimated number of attendees at this event 500 . If the number of attendees is over 150 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

11. Attach a signed statement from your local police chief or county sheriff, whichever is applicable, that local law enforcement has been informed in advance of this event, and if they are aware of any reason the event should not occur

12. Description of the premises: Inside Building Outdoor Area

Dimensions of area to be covered by license: 122 x 15. Please draw in the space provided below, the area where liquors will be sold and consumed. LENGTH WIDTH (In feet)

If outdoor area, how will premises be separated from areas open to the general public?

Fence, type of fence _____

Tent

Other (if other, please explain) The dock has a 42" railing surrounding the dock, which is 30"

from the sidewalk.

13. Is the premises to be covered by the license located within the city/village limits?..... YES NO

14. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?..... YES NO

15. Is the premises to be covered by the license within 300 feet of any university or college campus..... YES NO

16. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

We will use regular distributors

Check here if for consumption only (no purchases or sales, i.e. byob)

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

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

19. Other information or requests for exemptions, must be requested and approved prior to event:

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

NOTICE: 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.

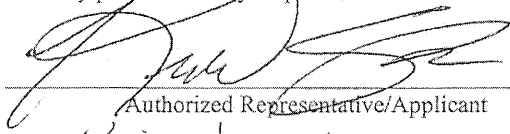
21. Name and telephone number/cell phone number of immediate supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 3.

Kevin Shinn, 730-0225, Karen Shinn 438-2255, Kerry Knight 770-4755

22. 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

Owner

Title

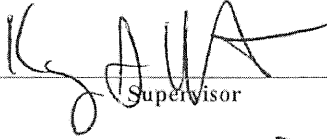
8/17/07

Date

Kevin W. Shinn

Print Name

sign here



Supervisor

Manager

Title

8/17/07

Date

Kerry S Knight

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.

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

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: Red & Cup (Gameday at Bread & Cup)

Applicant and Sponsoring Organization or Person (if applicable): SS degrees, Bread & Cup

Date of Event: 9/1/07, 9/15/07, 9/22/07
~~9/2/07, 10/13/07, 10/2/07~~
11/10/07 Time of Event: 8am to 1Am

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

Number of persons expected to attend: 500 Number of persons under 21 expected: 500
Is the event open to the public? Yes No

How will you ensure that minors will not be served or consume beverages containing alcohol:
check IDs at entrance, use wristband or other identifying (non-transferable) tag or stamp

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

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

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: _____

PLEASE USE REVERSE TO PROVIDE A DRAWING

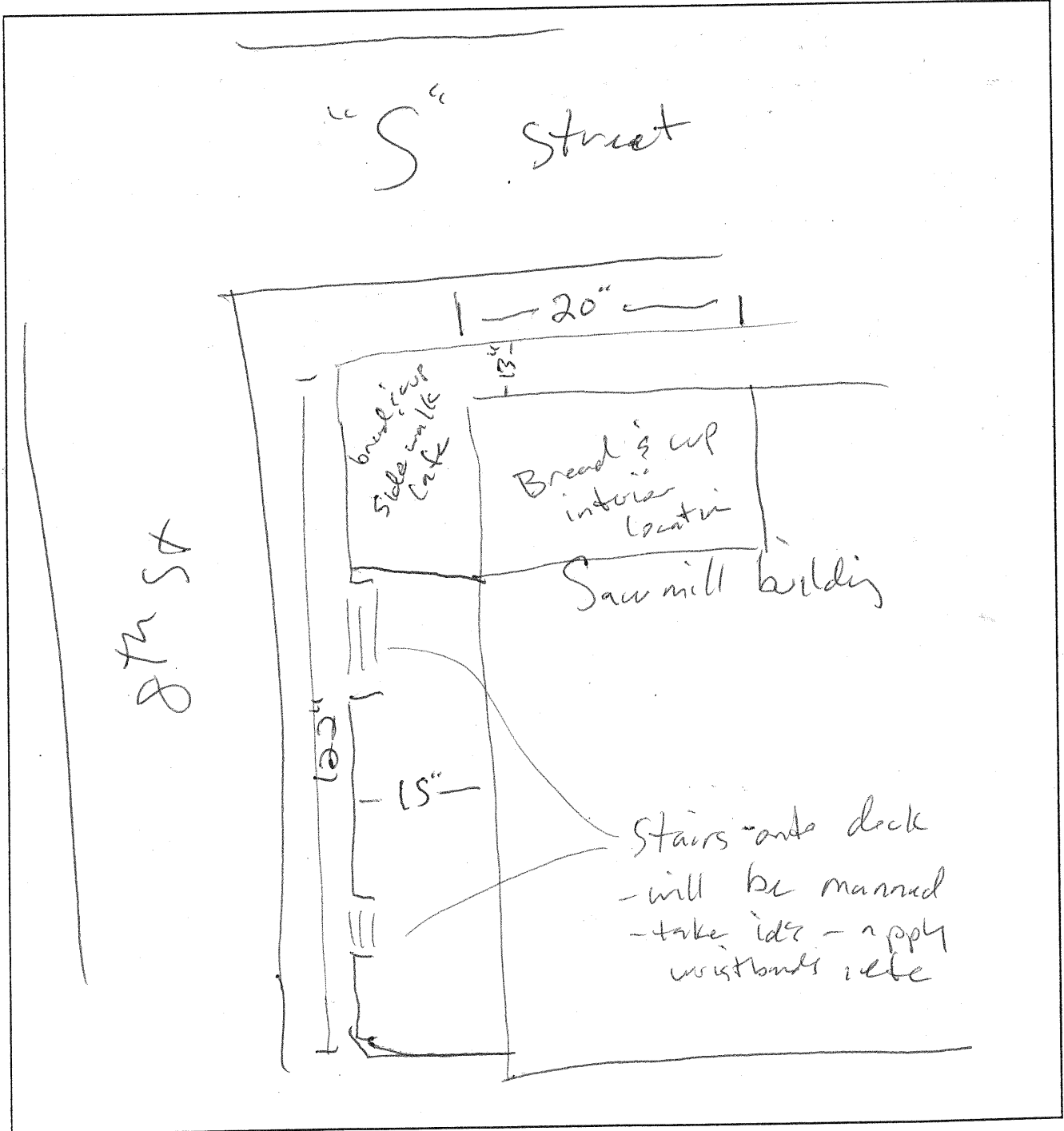
Ky & WA
Applicant's Signature

8/17/07
Date

TENT INFORMATION

Please provide a drawing showing the following:

1. Number of Exits & Size.
2. Size & location of tent(s)
3. Size of area being used (____ x ____)
4. Location of cooking equipment (if used)
5. Location of tables & chairs



USE THE ABOVE BOX FOR YOUR DRAWING