

APPLICATION FOR SPECIAL DESIGNATED LICENSE

APPLICATIONS MUST BE LEGIBLE & ALL QUESTIONS ANSWERED!

Once an application has been submitted, **no further changes may be made.** Proofread your application & double check the dates & times **BEFORE** submitting it!

1. Identify applicant type: Liquor License Holder Class K Non Profit
2. Type of alcohol to be served and/or consumed: Beer Wine Distilled Spirits

3.

LICENSEE'S NAME & ADDRESS <i>(as it appears on License)</i> OR APPLICANT'S NAME & ADDRESS IF NOT A LIQUOR LICENSE HOLDER			
NAME:	Rhinodynamics, Inc. dba Duffy's Tavern		
ADDRESS:	1412 O St.		
CITY:	Lincoln	ZIP:	68508
License # (CK 10070):	CK 013854		

4.

LOCATION OF EVENT			
BUILDING NAME:	The Parrish Project		
ADDRESS:	1412 O Street	ZIP:	68508

- a. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? Yes No
- b. Is this location within 300' of any university or college campus? Yes No
- c. Any statute or Liquor Commission waivers requested? Yes No
- d. Is event on City streets or property? If so, a Special Event Permit is required. Yes No

5.

DATE(S) AND TIME(S) OF EVENT (Limit of six days on one application)						
Date:	5.26.17					
From:	4PM					
To:	2AM					

- a. Alternate date: NONE Time: NONE
- b. Alternate location: NONE

6. Type of activity to be carried on during event: Dance ___ Reception ___ Fundraiser ___
 Beer Garden ___ Sampling/Tasting ___ Other CONCERT
 (For example: bottle sales, etc.)

7. Indoor Event: Dimensions of area to be covered **IN FEET**: Length: _____ x width: _____

8. Outdoor Event: Dimensions of area to be covered **IN FEET**: length: 65 x width: 55
***Complete Supplemental Form & Site Plan**

9. How many attendees do you expect at event? 400
 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 AND CERTIFIED SERVERS AND TRAINED AND CERTIFIED SECURITY

10. Where will you be purchasing your alcohol? Wholesaler x Retailer _____ (Includes wineries)
 Both _____ BYO _____

11. Will there be any games of chance operating during the event? YES ___ NO x
 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 Name of Event Supervisor: SCOTT HATFIELD Phone: 402.480.1769
 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.

Consent of Authorized Representative Of License / Nonprofit Representative

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.

sign here



Authorized Representative/Applicant

PRESIDENT

Title

4.25.2017

Date

SCOTT HATFIELD

Print Name

SCOTTSALEMHATFIELD@GMAIL.COM

email (be sure to check email for Rec. Sheet)

402.480.1769

Phone

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

Name of Event:	DUFFY'S TAVERN PRESENTS: RED SUN RISING WITH FREAKABOUT AND LAUGHING FALCON		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	5.26.2017	Hours:	4PM-2AM
Alternate Date(s):	NONE	Hours:	NONE

Public Event Private Event
 Minors Prohibited Minors Allowed

If minors are allowed, how will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED AND CERTIFIED SECURITY AND SERVERS

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: WATER, SODA, VARIOUS JUICES, COFFEE

Who will serve the beverages containing alcohol? TRAINED AND CERTIFIED SERVERS

Must complete Server/Seller Applicant Information Sheet.

Will there be a charge for admission? Yes No

Liquor violations in the last year? Yes No If so, explain: _____



 Applicant's Signature

4.25.2017

 Date

SITE PLAN - REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a DETAILED drawing to ensure your application is not denied Include the following:

- Number of Entry & Exit Points & Dimensions: (65 ' x 55 ') Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building.
- Size & location of tent(s) (heights, width, depth) (If larger than 400 sq. ft., you must have a Tent Permit. Contact the Building and Safety Department at (402) 441-7521.
- Size of area being used (65 Length x 55 Width)
- If in a parking lot:
 - must show exactly where the event will be held in the parking lot
 - show how many parking spots will be used for the event
 - show how many parking spots will be left for parking
 - Any businesses that use that parking lot must still have the minimum required parking stalls for their business.
 - If the businesses are CLOSED during your proposed event, you must have a letter from each business stating they will be closed.
 - Per the Zoning Ordinance, if they are NOT closed, those businesses still must have the minimum required parking available. You may have to find another location for your event.
- Location & type of cooking equipment (if used) None
- Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.

Note: Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

DOCUMENTATION ATTACHED

ATTACH EXTRA PAGES IF NECESSARY

** SDL Boundary

