

RECEIVED

Lancaster County, Nebraska
AMUSEMENT LICENSE APPLICATION

JUL 20 2017

LANCASTER COUNTY
CLERK

Return completed form to:
Lancaster County Clerk- 555 S. 10th Street, Lincoln, NE 68508
Phone: 402-441-7484; Email: coclerk@lancaster.ne.gov

PERSONAL INFORMATION

Applicant's Name Kham Nang Telephone number 402-770-7256
Address/City/State/Zip 6501 Vine St. Apt. 112 Lincoln NE 68505
Business Name Karen Cultural Committee of Lincoln Telephone number 402-480-4534
Address/City/State/Zip 2519 B St. Lincoln NE 68502
Property Owner's Name (if different) Nebraska Theravada Buddhist Assoc. Telephone number 402-770-7256
Address/City/State/Zip 502 D St. Lincoln NE 68502
Email Address khamnoam@gmail.com

We hereby apply for an amusement license from Lancaster County to operate a

3rd Annual Karen National Don Dance Competition (the event name) for a period of 2 (number)
 hour(s) day(s) week(s) month(s) on the following dates August 12th and 13th
of 2017

from 9:00 a.m. p.m. to 6:00 a.m./p.m. at the following location 5600 W Adam St.
Lincoln, NE 68524

known as Nebraska Theravada Buddhist Association
(name of existing establishment or corporation, if any)

Application for a new license must be approved by the County Board of Commissioners after a public hearing. Notice of the public hearing must be published two successive weeks (14 actual days) prior to the hearing at the applicant's expense.

EVENT DETAILS

Number of people anticipated and basis on which this estimate is made: 600-800 people will be attending the event. This number is the usual attendees of the
Seating arrangements: Wooden benches will be installed. Similar event last year.

Location of electrical wiring: There is no electrical system installed, we will rent a portable power from a business.

Details of structure: 40' x 40' x 2' stage will be built. 20' x 10' tents will be used depending on the availability. currently 5 tents is expected.

Anticipate plans for compliance with guidelines: _____

Please attach a site map to this application and return all documents and the \$10.00 fee to the County Clerk's Office, County-City Building, 555 South 10th Street, Lincoln, NE 68508, at least thirty (30) days prior to the expiration of your current license. Questions can be directed to the County Clerk's Office at 402-441-7484 or coclerk@lancaster.ne.gov.

In consideration of your granting us a license, we hereby agree to abide by all the lawful rules and regulations established by Nebraska State Statutes and the Lancaster County Board of Commissioners.

We further agree to abide by any additional conditions as set forth by the Commissioners pursuant to the recommendation of the Health Department, local law enforcement agencies or other agencies.

Khamloam
Applicant's Signature

07/20/2017
Date

Additional Applicant (if applicable)

Additional Applicant (if applicable)
Khamloam
Property Owner's Signature

07/20/2017
Date

(On Behalf of Nebraska Theravada Buddhist Association).

For office use only:	Application rec'd _____	Application app'd/denied _____
	Public Hearing held on _____	Publication fee _____
Conditions recommended by the Board of Commissioners (if any):		
<input type="checkbox"/> Sheriff _____	<input type="checkbox"/> Health Department _____	
<input type="checkbox"/> Planning _____	<input type="checkbox"/> County Engineer _____	
<input type="checkbox"/> NDOR _____	<input type="checkbox"/> Building & Safety _____	

HOLD HARMLESS AGREEMENT

Applicant(s): Kham Nang
Date(s) of Event: 12 Aug 2017 and 13 Aug. 2017

The applicant will indemnify and hold harmless, to the fullest extent allowed by law, Lancaster County, Nebraska (the "County"), and its agents, employees, and representatives from all claims, demands, suits, actions, payments, liabilities, judgments, (including court-ordered attorneys fees), arising out of or resulting from the issuance of an amusement license and event listed above that results in bodily injury, sickness, disease, death, civil rights liability, or damage to or destruction of tangible property including loss of use resulting therefrom, and that is caused in whole or in part by the acts or omissions of the applicant or anyone directly or indirectly employed by applicant, anyone for whose acts or omissions they may be liable, or anyone attending any event held pursuant to an amusement license held by the applicant, regardless of whether or not such claim, damage, loss or expense is caused in part by a partly indemnified hereunder. Applicant shall maintain a policy or policies of insurance (or a self-insurance program) sufficient in coverage and amount to pay any judgments or related expenses from or in conjunction with any such claims.

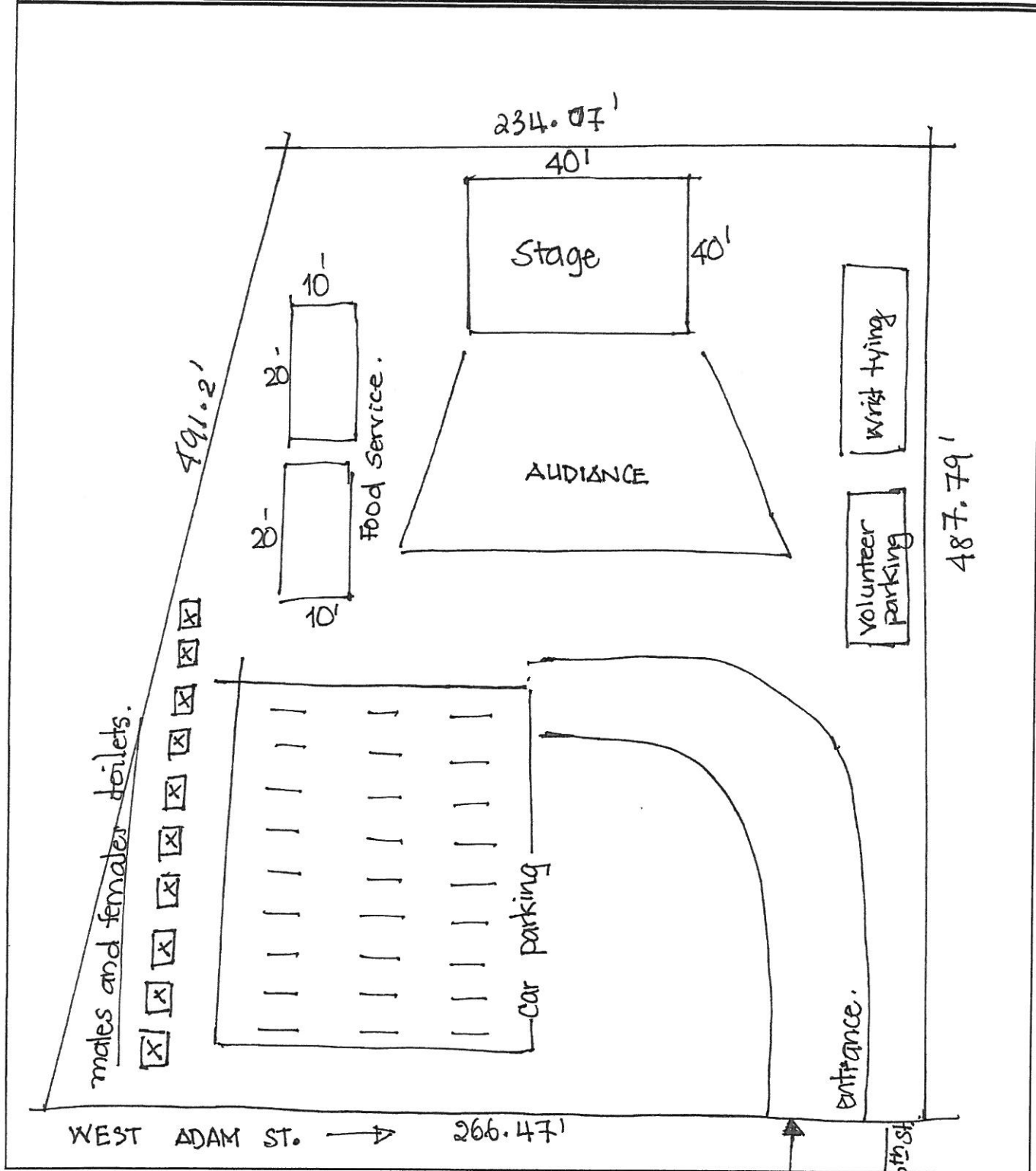
In claims against any person or entity indemnified under this agreement by an employee or the applicant or anyone directly or indirectly employed by the applicant or anyone for whose acts they may be liable, the indemnification obligation under this agreement shall not be limited by a limitation on amount or type of damages, compensation or benefits payable by or for the applicant under workers' or workmen's compensation acts, disability benefit acts or other employee benefit acts.

Dated this ~~27~~²¹ day of July, 2017
Applicant: KHAM NANG
By: Kham Nang
Title or Legal Capacity: Event Coordinator
Witness: Kelly Gunderson

SITE PLAN

NAME OF EVENT: 3rd Annual Karen National Don Dance Competition.

Draw a detailed site map placing all tents, activities, portable toilets, gates, cooking equipment & fences, including the approximate sq. ft. area to be used.



Not scale - ~~not~~



Lincoln-Lancaster County Health Department
Environmental Public Health Division
Air Quality Program
3140 N Street
Lincoln, Nebraska 68510
Phone: (402) 441-8040 Fax: (402) 441-3890

Judith A. Halstead, MS
Health Director
Scott E. Holmes, REHS,
MS
Environmental Public Health
Division Manager
Chris Schroeder, MCRP
Air Quality Program
Supervisor

STATEMENT INVOICE

4158

KEEP THIS COPY FOR YOUR RECORDS

BILLING DATE:

7-7-17

BILL TO:

NAME:

Kham Nang

ADDRESS:

6501 Vine St Apt. 112
Lincoln NE 68505

PROJECT:

Noise Variance 8-11 to 8-13-17

PAYMENT AMOUNT

\$130.00

PAYMENT INFORMATION

Check
Number:

1178

Amount:

130.00

Date:

7-7-17

W. COOK.



NOISE VARIANCE APPLICATION FORM

Lincoln-Lancaster County Health Department
 Environmental Public Health Division – Air Quality Program
 3140 N Street, Lincoln, NE 68510 ph: (402) 441-8040
www.lincoln.ne.gov/city/health/environ/Air/index.htm

LLCHD Office Use Only

Variance Number

Applicant name: Kham Nang Phone #: 402.770.7256

Company, institution, organization, or government entity name: (if applicable)

Applicant address: 6501 Vine St. Apt. 112 Lincoln NE 68505
Street Address City State ZIP Code

Address/Location of noise activity: 5600 W. Adam St. Lincoln NE 68524
Street Address, OR City State ZIP Code
Distance & Direction from Nearest Intersection (include Intersection)

Location of noise activity on the property: Describe the location of the noise emitting activity/activities
Karen Don Dance and Kaven music for wrist tying ceremon

Date and time range in which variance is sought: 3:00 PM Thru 6:00 PM
TIME AM/PM TIME AM/PM
08 - 11 - 2017 Thru 08 - 13 - 2017
MM-DD-YYYY MM-DD-YYYY
 Initial variance cannot exceed 15 days.

Indicate why complying with LMC 8.24 would create an unreasonable hardship to you, the community, or other persons. Attach additional documentation as necessary.

This is for the 3rd Annual Karen National Don Dance Competition and wrist tying ceremony.

I certify that all statements and information contained in this application are true, and agree to abide by all conditions established by the Health Director.

Applicant Signature: Khamboan
 Date: 07/07/2017

Include payment of \$130.00 fee with this application.

<<<<<<BOXES BELOW ARE FOR LLCHD & LAW ENFORCEMENT AGENCY USE ONLY>>>>>>

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Officer: _____ <small>Signature</small> Officer: _____ <small>Print Name</small> Police Dept.: _____ Date: _____ <small>MM-DD-YYYY</small>	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED LLCHD Staff: _____ <small>Signature</small> LLCHD Staff: _____ <small>Print Name</small> Date: _____ <small>MM-DD-YYYY</small> Conditions of approved variance, or reasons for variance denial, shall be attached upon permit approval/denial.
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Electronic Funds Transfer Notification

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/21/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

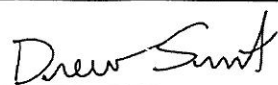
PRODUCER American Specialty Insurance & Risk Services, Inc. 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		CONTACT NAME: PHONE (A/C, No, Ext): 260-969-5203 FAX (A/C, No): 260-969-4729 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Arch Insurance Company NAIC # 11150	
INSURED Karen Cultural Committee of Lincoln 2518 B Stret Lincoln NE 68502		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES CERTIFICATE NUMBER: 1001474083 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		Y	SNCGLO273600	08/07/2017	08/19/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
- The Certificate Holder is only an Additional Insured with respect to liability caused by the negligence of the Named Insured as per Form 00 SGL0026 00 Additional Insured - Certificate Holders, but only with respect to THIRD ANNUAL KAREN NATIONAL DON DANCE COMPETITION from August 12, 2017 through August 13, 2017.

CERTIFICATE HOLDER Lancaster County 555 S 10th St Lincoln NE 68508	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Kelly S. Lundgren

From: Steve S. Henrichsen
Sent: Friday, July 21, 2017 2:19 PM
To: Kelly S. Lundgren; Angela S. Keim; Barbi M. Loschen; David A. Derbin; David R. Cary; Greg R. Topil; Jeremy J. Schwarz; Josh D. Clark; Justin L. Daniel; Ken D. Schroeder; Robert K. Simmering; Terry A. Kathe; Tom J. Cajka
Subject: RE: Amusement License

The Planning Department does not have any objections to this application.

From: Kelly S. Lundgren
Sent: Friday, July 21, 2017 1:54 PM
To: Angela S. Keim <AKeim@lincoln.ne.gov>; Barbi M. Loschen <bloschen@lancaster.ne.gov>; David A. Derbin <DDerbin@lancaster.ne.gov>; David R. Cary <dcary@lincoln.ne.gov>; Greg R. Topil <gtopil@lincoln.ne.gov>; Jeremy J. Schwarz <JSchwarz@lancaster.ne.gov>; Josh D. Clark <JClark@lancaster.ne.gov>; Justin L. Daniel <jdaniel@lincoln.ne.gov>; Ken D. Schroeder <kschroeder@lancaster.ne.gov>; Robert K. Simmering <RSimmering@lincoln.ne.gov>; Steve S. Henrichsen <shenrichsen@lincoln.ne.gov>; Terry A. Kathe <tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>
Subject: Amusement License

Please find attached an amusement license application for Karen Cultural Committee of Lincoln to host the 3rd Annual Karen National Don Dance Competition on August 12-13, 2017 from 9 a.m. to 6 p.m. The event will take place at 5600 West Adams Street. The public hearing has been scheduled for the Board of Commissioners meeting on August 1, 2017.

Please have recommendations to me by July 27th.

Thank you!

Kelly Lundgren, Records Specialist
Lancaster County Clerk
555 S. 10th Street, Room 108
Lincoln, NE 68508
Direct: 402-441-7485
Main: 402-441-7484


LANCASTER
COUNTY

Pamela L. Dingman, P.E.
County Engineer

ENGINEERING

Kenneth D. Schroeder, R.L.S.
Deputy County Surveyor

DEPARTMENT

DATE: July 26, 2017
TO: Kelly Lundgren
County Clerk's Office
FROM: Ken Schroeder 
County Surveyor
SUBJECT: AMUSEMENT LICENSE APPLICATION
KAREN CULTURAL COMMITTEE OF LINCOLN
3RD ANNUAL KAREN NATIONAL DON DANCE COMPETITION
AUGUST 12 – 13, 2017 FROM 9:00 A.M. TO 6:00 P.M.
5600 WEST ADAMS STREET

Upon review, this office has no direct objections to this submittal, subject to no parking allowed along adjacent County roads.

Cc: Lancaster County Sheriff's Office
David Derbin, Deputy County Attorney
Bob Jacobs, Road Maintenance Supervisor

KDS/bml

Office of the Sheriff Lancaster County

Terry T. Wagner
Sheriff

Todd Duncan
Chief Deputy

575 S. 10th Street, Lincoln, Nebraska 68508-2869
Phone (402) 441-6500 Fax (402) 441-8320



July 27, 2017

Ms. Kelly Lundgren
Lancaster County Clerk's Office
County-City Building
Lincoln, NE 68508

Re: Application for an Amusement License from Kham N. Nang.

Dear Ms. Lundgren:

This letter is regarding the renewal application for an Amusement License from Kham N. Nang, on behalf of the Karen Cultural Committee of Lincoln, to hold the 3rd Annual Karen National Don Dance Competition at 5600 W. Adams, Lincoln, Lancaster County, Nebraska. The property is owned by the Nebraska Theravada Buddhist Association. The festival will run from 9:00am to 6:00pm on Saturday and Sunday, August 12th and 13th, 2017.

The event is expected to draw 600 to 800 attendees. On site parking has been set up and should not pose a traffic hazard as participants will arrive and depart throughout both days. Per the applicant, parking attendants and security will be handled by the Karen Cultural Committee and alcohol is not permitted at the event.

To ensure traffic safety and parking on NW 56th and W. Adams, the Sheriff's Office recommends the applicant identify other property nearby to handle overflow parking.

This event does not require the assistance of the Sheriff's Office; furthermore the Lancaster County Sheriff's Office has no statutory reason to recommend denial of this application.

Sincerely,

Terry T. Wagner
Lancaster County Sheriff