

I

RESOLUTION NO. _____

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA AUTHORIZING THE CONSUMPTION OF ALCOHOL AT AN ANGELS AMONG US FUNDRAISING EVENT AT J'AMOUR BOUTIQUE ON AUGUST 10, 2013.

WHEREAS, J'Amour Boutique, 9638 Giles Road is located within the City of La Vista; and

WHEREAS, Angels Among Us has requested approval of a Special Designated Permit to serve alcohol at a fundraising event at J'Amour Boutique on August 10, 2013 from 4:00 p.m. to 9:00 p.m.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, do hereby authorize Angels Among Us to proceed with the application for a "Special Designated License" from the Nebraska Liquor Control Commission to serve alcohol at J'Amour Boutique, 9638 Giles Road, in conjunction with a fundraising event.

PASSED AND APPROVED THIS 16TH DAY OF JULY, 2013.

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Pamela A. Buethe, CMC
City Clerk



**LA VISTA POLICE DEPARTMENT
INTER-DEPARTMENT MEMO**

TO: Pam Buethe, City Clerk

FROM: Robert S. Lausten, Police Chief

DATE: July 2, 2013

RE: Application for SDL

CC:

Re: Jamie Morrison DBA: Angels Among Us
Location: Jamour Boutique 9635 Giles Road
Special Designated Use Permit

The La Vista Police Department has been informed and has reviewed the request for a special designated use permit to have a beer garden event on August 10, 2013 from 4pm until 9pm.

There have been no concerns regarding the event identified by the police department at this time.

Attn: City Clerk
5 pgs

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NEBRASKA LIQUOR
CONTROL COMMISSION**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.ne.gov/

RETAIL LICENSE HOLDERS NON PROFIT APPLICANTS

Non Profit Status (check one that best applies)

Municipal Political Fine Arts Fraternal Religious Charitable Public Service 8-10-13

104313

COMPLETE ALL QUESTIONS1. Type of alcohol to be served and/or consumed: Beer Wine Distilled Spirits 2. Liquor license number and class (i.e. C-55441)
(If you're a nonprofit organization leave blank)3. Licensee name (last, first,), corporate name or limited liability company (LLC) name
(As it reads on your liquor license)NAME: Angels Among UsADDRESS: 11918 Appleton Plaza #2CITY Omaha ZIP 68144

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

BUILDING NAME J'Amour BoutiqueADDRESS: 9635 Giles Rd CITY La Vista NEZIP 68128 COUNTY and COUNTY # NE SARPYa. 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

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

Date <u>Aug 10th</u>	Date	Date	Date	Date	Date
Hours From <u>4:00 PM</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>9:00PM</u>	To	To	To	To	To

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a. Alternate date: _____

b. Alternate location: _____
(Alternate date or location must be specified in local approval)

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 IN FEET 47 Feet x 95 Feet
(not square feet or acres)*Outdoor area dimensions of area to be covered IN FEET _____ x _____
*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)JUL 1 2013
NEBRASKA LIQUOR
CONTROL COMMISSION

If outdoor area, how will premises be enclosed?

 Fence; snow fence chain link cattle panel other _____
 Tent8. How many attendees do you expect at event? 150 or so not sure

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

Security at entrance, taking I.D.'s & 21 & over will get a bracelet10. 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

11. **Retailer:** Will you be purchasing your alcohol from a wholesaler? YES NO
Non-Profit: Where will you be purchasing your alcohol?

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Wholesaler Retailer Both BYO

(includes wineries)

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

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If so, describe activity _____

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CONTROL COMMISSION

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.

13. Any other information or requests for exemptions: _____

14. 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 Jamie Morrison

Signature of Event Supervisor Jamie Morrison

Event Supervisor phone: Before 402 639-5667 During 402 639-5667
 Email address Jammin1214@yahoo.com

15. Consent of Authorized Representative/Applicant
 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

Jamie Morrison

Authorized Representative/Applicant

Owner

6/19/2013

Title

Date

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.

This page is required to be completed by Non Profit applicants only.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

**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.

Angels Among Us

NAME OF CORPORATION

20-4728470

FEDERAL ID NUMBER

Shri D. H. H.

SIGNATURE OF 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 28th DAY OF

JUNE, 2013

Kayla S. Cech

NOTARY PUBLIC SIGNATURE & SEAL



