

## RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA AUTHORIZING THE CONSUMPTION OF ALCOHOL AT AN EASTER SEALS SOCIETY OF NEBRASKA INC FUNDRAISING EVENT AT THE LA VISTA CONFERENCE CENTER ON FEBRUARY 27, 2010.

WHEREAS, the La Vista Conference Center is located within the City of La Vista; and

WHEREAS, Easter Seals Society of Nebraska has requested approval of a Special Designated Permit to serve wine at a fundraising event at the Conference Center on February 27, 2010 from 12:00 p.m. to 1:00 a.m.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, do hereby authorize Easter Seals Society of Nebraska to proceed with the application for a "Special Designated License" from the Nebraska Liquor Control Commission to sell serve alcohol at the La Vista Conference Center, in conjunction with a fundraising event.

PASSED AND APPROVED THIS 2ND DAY OF FEBRUARY 2010.

CITY OF LA VISTA

\_\_\_\_\_  
Douglas Kindig, Mayor

ATTEST:

\_\_\_\_\_  
Pamela A. Buethe, CMC  
City Clerk



January 19, 2010

Easter Seals of Nebraska  
638 N. 109<sup>th</sup> Plaza  
Omaha, NE 68154-1722

RE: Special Designated Liquor License for event at the Embassy Suites on  
February 27, 2010

To Whom It May Concern:

This letter is to inform you that the City of La Vista has received the application for a Special Designated Liquor License for an Easter Seals event at the Embassy Suites on February 27, 2010

Please note that the La Vista City Council will hold a public hearing on this application at their regularly scheduled meeting on February 2, 2010. The meeting will be called to order at 7:00 p.m. and will be held at La Vista City Hall, 8116 Park View Blvd, La Vista, Nebraska. We ask that a representative from the company or the company's legal counsel be present at the aforementioned public hearing to answer any questions that the Mayor or members of the City Council may have concerning the application.

If you have any questions please feel free to contact me.

Sincerely,

Pamela A. Buethe, CMC  
City Clerk

**City Hall**  
8116 Park View Blvd.  
La Vista, NE 68128-2198  
p: 402-331-4343  
f: 402-331-4375

**Community Development**  
8116 Park View Blvd.  
p: 402-331-4343  
f: 402-331-4375

**Fire**  
8110 Park View Blvd.  
p: 402-331-4748  
f: 402-331-0410

**Golf Course**  
8305 Park View Blvd.  
p: 402-339-9147

**Library**  
9110 Giles Rd.  
p: 402-537-3900  
f: 402-537-3902

**Police**  
7701 South 96th St.  
p: 402-331-1582  
f: 402-331-7210

**Public Works**  
9900 Portal Rd.  
p: 402-331-8927  
f: 402-331-1051

**Recreation**  
8116 Park View Blvd.  
p: 402-331-3455  
f: 402-331-0299

**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/](http://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: EASTER SEALS SOCIETY OF NEBRASKA, INC.  
d/b/a EASTER SEALS NEBRASKA

ADDRESS: 638 N. 109<sup>th</sup> PLZ, OMAHA, NE 68154 COUNTY DOUGLAS

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

ADDRESS: 12520 WESTPORT PARK, LAKEVIEW, NE COUNTY SHERIDAN  
68020

- 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 <u>2/27/10</u>	Date	Date	Date	Date	Date
Hours From	Hours From	Hours From	Hours From	Hours From	Hours From
<u>12:00 pm</u> To <u>1:00 am</u>	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 IN FEET 120 x 130  
Name of building LAUISTA CONFERENCE BLDG (not square feet or acres)

☐ Outdoor area dimensions of area to be covered IN FEET \_\_\_\_\_ 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.

TICKETS SOLD ONLY TO THOSE 21 YEARS OF AGE AND OLDER. ALL REGISTRATIONS AHEAD OF DOOR ENTRY.

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: *Nb*

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.

INGRA WINKLER ANDERSON Phone: Before (402) 592-3272 During (402) 250-6865  
Print name of Event Supervisor

*Ingra Winkler Anderson*  
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

*Karen C. Carlson*  
Authorized Representative/Applicant

PRESIDENT & CEO  
Title

1/13/10  
Date

KAREN C. CARLSON  
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.

EASTER SEALS SOCIETY OF NEBRASKA, INC.  
NAME OF CORPORATION

47-0457872  
FEDERAL ID NUMBER

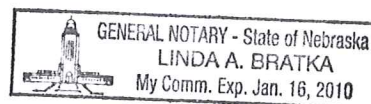
Kary C Carlson  
SIGNATURE OF TITLE OF CORPORATE OFFICERS

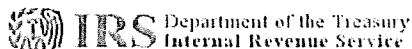
THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 13<sup>th</sup> DAY OF

JANUARY, 2010.

Linda A. Bratka  
NOTARY PUBLIC SIGNATURE & SEAL





Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248222025  
Mar. 24, 2009 LTR 4168C E0  
47-0457872 000000 00 000  
00010710  
BODC: TE

EASTER SEAL SOCIETY OF NEBRASKA INC  
638 N 109TH PLZ  
OMAHA NE 68154-1722

MAR 24 2009

6220

Employer Identification Number: 47-0457872  
Person to Contact: R Clemons  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Mar. 13, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in March 1952, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations I