

I

RESOLUTION NO. _____

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA AUTHORIZING THE CONSUMPTION OF ALCOHOL AT A BEER SAMPLING/TASTING EVENT AT 8052 SOUTH 84TH STREET ON MARCH 26, 2012.

WHEREAS, 8052 South 84th Street is located within the City of La Vista; and

WHEREAS, JDJND Inc dba JD's Liquor Locker has requested approval of a Special Designated Permit to have a beer sampling/tasting event at 8052 South 84th Street on March 26, 2012 from 5:00 p.m. to 9:30 p.m.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, do hereby authorize JDJND Inc dba JD's Liquor Locker to proceed with the application for a "Special Designated License" from the Nebraska Liquor Control Commission to have a beer sampling/tasting event at 8052 South 84th Street.

PASSED AND APPROVED THIS 6TH DAY OF MARCH 2012.

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Pamela A. Buethe, CMC
City Clerk

Pam Buethe

From: Bob Lausten
Sent: Thursday, March 01, 2012 2:37 PM
To: Pam Buethe
Subject: RE: SDL

No concerns to note

Robert S. Lausten
Chief of Police
La Vista Police Department
7701 S. 96th St.
La Vista, Nebraska 68128
(402) 331-1582 FAX: (402) 331-7210

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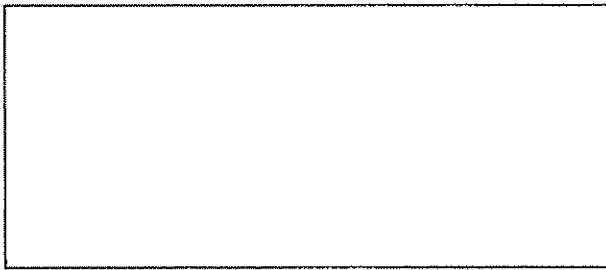
From: Pam Buethe
Sent: Thursday, March 01, 2012 1:05 PM
To: Bob Lausten
Subject: SDL

Please let me know of any concerns you have with this event. I am planning to put it on the 3/6 agenda if not concerns.
Thanks
Pam

*Pamela A. Buethe, CMC
City Clerk
City of La Vista
8116 Park View Boulevard
La Vista NE 68128
Phone: (402) 331-4343
Fax: (402) 331-4375
pbuethe@cityoflavista.org*

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/



Special Designated License (SDL) Application Quick Checklist

Requirements:

- ✓ Application must be received in Nebraska Liquor Control Commission (NLCC) office a **MINIMUM** of 10 working days prior to the date of event (when counting days exclude weekends and holidays)
NO EXCEPTIONS
- ✓ Application **MUST** include approval from the local governing body (city, village or county clerk of where the event is to be held)
- ✓ When requesting an exemption from NLCC rules, i.e. waiver of double fencing, request must be received in (NLCC) office a **MINIMUM** of 30 days prior to the date of the event
- ✓ All questions on application must be completed legibly
- ✓ Include \$40 fee, for each day/area applying for, checks made payable to Nebraska Liquor Control Commission (NLCC), if caterer no fees required
- ✓ When requesting alternate date(s) or location(s), approval from local governing body must include approval for these alternate date(s) or locations(s)
- ✓ When requesting outdoor area you must include a sketch of area to be licensed

Non Profit Application **MUST**:

- ✓ Include Federal ID number, page 5 of application

Information:

- ✓ Non caterer applicants are only allowed 6 SDLs per calendar year, this includes consecutive days used on one application (i.e. July 4 – 9 = 6 days)
- ✓ Applications may be submitted via e-mail to mary.messman@nebraska.gov or faxed to (402) 471-2814
- ✓ Must use the most current form. Forms are available on our web site at www.lcc.ne.gov/LicensingForms/, form 108, or by call are main number (402) 471-2571
- ✓ Reference statutes: §53-124.11, rules 2-013.01 and 6-019.01W 1,2,3
- ✓ Only 12 SDLs will be issued to any specific location that could otherwise hold a liquor license

**APPLICATION FOR SPECIAL
DESIGNATED LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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RETAIL LICENSE HOLDERS ☒

NON PROFIT APPLICANTS ☐ **Non Profit Status (check one that best applies)**
Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Public Service ☐

COMPLETE ALL QUESTIONS

1. 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)

88674

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name
(As it reads on your liquor license)

NAME: JDJND INC

ADDRESS: 4655 Arbor Street

CITY Omaha ZIP 68106-3330

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

BUILDING NAME JD's Liquor Locker

ADDRESS: 8052 South 84th Street CITY LaVista

ZIP 68128-3303 COUNTY and COUNTY # Sarpy

a. 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 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>03-26-2012</u> Hours _____ From <u>5:00 p.m.</u> To <u>9:30 p.m.</u>	Date _____ Hours _____ From _____ To _____	Date _____ Hours _____ From _____ To _____	Date _____ Hours _____ From _____ To _____	Date _____ Hours _____ From _____ To _____	Date _____ Hours _____ From _____ To _____
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a. Alternate date: N/A

b. Alternate location: N/A
(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 80 x 20
Outdoor area dimensions of area to be covered IN FEET _____ x _____
(not square feet or acres)

INCLUDE SKETCH IF OUTDOOR AREA

If outdoor area, how will premises be enclosed?

Fence ☐: type of fence; snow fence ☐ chain link ☐ cattle panel ☐ other _____

Tent ☐

Other ☐ explain _____

8. How many attendees do you expect at event? 25 - 75

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)

We will have multiple employees working and will check ID's at the door.

10. 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. Where will you be purchasing your alcohol? Wholesaler ☒ Retailer ☐ Both ☐ BYO ☐

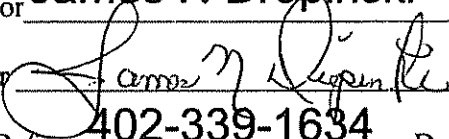
12. Will there be any games of chance operating during the event? YES ☐ NO ☒

If so, describe activity There may be a few free give aways

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.

Print name of Event Supervisor James N Dropinski
Signature of Event Supervisor 
Phone of Event Supervisor: Before 402-339-1634 During 402-339-1634

Consent of Authorized Representative/Applicant

15. 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  President/Owner 02-29-2012
Authorized Representative/Applicant Title Date

James N Dropinski

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.

**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.

NAME OF CORPORATION

FEDERAL ID NUMBER

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 _____ DAY OF _____

NOTARY PUBLIC SIGNATURE & SEAL