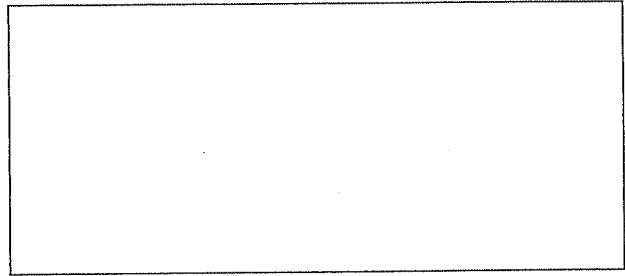


**APPLICATION FOR SPECIAL DESIGNATED LICENSE RETAIL LICENSE HOLDERS**

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/



**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) (unless licensed as a K Caterer no fees required)
- 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)

**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) yk - 82679

3. Licensee name (last, first, middle), Corporate name, Limited Liability Company (LLC)

NAME: white bison llc dba 5 trails winery

ADDRESS: 104 N oak st

CITY paxton ZIP 69155

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

ADDRESS: Highway 25 South Tower Rd

CITY sutherland ZIP 69165

COUNTY lincoln

- 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

Must be consecutive days

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

Date	Date	Date	Date	Date	Date
MAY 23					
Hours From 5pm	Hours From	Hours From	Hours From	Hours From	Hours From
To 7pm	To	To	To	To	To

- a. Alternate date: <sup>none</sup> \_\_\_\_\_
- b. Alternate location: <sup>none</sup> \_\_\_\_\_  
 (Alternate date or location must be approved by local)

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** 63' x 20'  
 Name of building OREGON TRAIL GOLF COURSE (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  snow fence  chain link  cattle panels  other \_\_\_\_\_  
 tent  
 other, explain \_\_\_\_\_

\*If both inside and outdoor area to be licensed include **simple sketch**

8. How many attendees do you expect at event? <sup>70</sup> \_\_\_\_\_
9. If over 150, indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages.
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
12. 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.

13. Any other information or requests for exemptions:

[Empty box for 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.

Shannon Staggs

Print name of Event Supervisor

Phone: Before 308.386.8516

During 308.386.4653

*Shannon Staggs*  
Signature of Event Supervisor

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

*Shannon Staggs*  
Authorized Representative/Applicant

OWNER  
Title

4-27-11  
Date

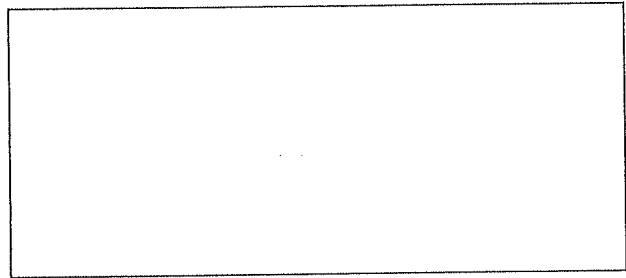
*Shannon Staggs*  
Print Name

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.

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- Wine
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yk - 82679

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NAME: white bison llc dba 5 trails winery

ADDRESS: 104 N oak st

CITY: paxton

ZIP: 69155

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

ADDRESS: Highway 25 South Tower Rd

CITY: sutherland

ZIP: 69165

COUNTY: lincoln

- 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

Must be consecutive days

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

Date	Date	Date	Date	Date	Date
June 5					
Hours From	Hours From	Hours From	Hours From	Hours From	Hours From
To	To	To	To	To	To

- a. Alternate date: <sup>none</sup> \_\_\_\_\_
- b. Alternate location: <sup>none</sup> \_\_\_\_\_  
**(Alternate date or location must be approved by local)**

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** 63' x 20'  
 Name of building Oregon Trail G.C. (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  snow fence  chain link  cattle panels  other \_\_\_\_\_  
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YES  NO

a. Are there separate toilets for both men and women?  YES  NO

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13. Any other information or requests for exemptions:

[Empty box for additional information]

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.

*Shannon Stagg*

Print name of Event Supervisor

Phone: Before 308.386.8514

During 308.386.4653

*Shannon Stagg*

Signature of Event Supervisor

Consent of Authorized Representative/Applicant

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sign here

*Pat Gamet*

Authorized Representative/Applicant

*Owner*

Title

4-27-11

Date

*Pat Gamet*

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.

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