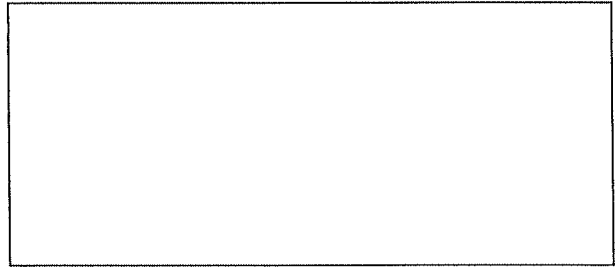


APPLICATION FOR SPECIAL DESIGNATED LICENSE

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

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) 48085

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

NAME: Fun Center Inc DBA Touchdown Club

ADDRESS: 1100 So. Jeffers

CITY No. Platte ZIP 69101

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

BUILDING NAME Creekside event center

ADDRESS: 5801 E long school Rd CITY No. Platte

ZIP 69101 COUNTY and COUNTY # 15 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 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>7/30/11</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours _____	Hours _____	Hours _____	Hours _____	Hours _____	Hours _____
From <u>5 PM</u>	From _____	From _____	From _____	From _____	From _____
To <u>1 AM</u>	To _____	To _____	To _____	To _____	To _____

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 Class Reunion

7. Description of area to be licensed
 Inside building, dimensions of area to be covered **IN FEET** 100 x 100
 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? 100

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)

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 _____

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 Scott Rasmussen

Signature of Event Supervisor Scott Rasmussen

Phone of Event Supervisor: Before 308-539-0525 During Same

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 Scott Rasmussen Owner 6/21/11
Authorized Representative/Applicant Title Date

Scott Rasmussen
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.