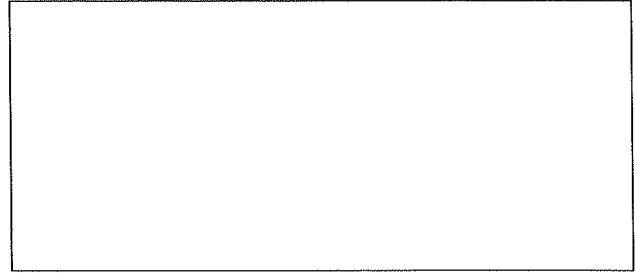


**APPLICATION FOR SPECIAL  
DESIGNATED LICENSE**

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)

CK- 91141

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

NAME: BURKLAND CHARLES M.

ADDRESS: 810 NO. JEFFERS

CITY NORTH PLATTE NE ZIP 69101

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

BUILDING NAME LINCOLN HIGHWAY RV PARK

ADDRESS: 4684 WEST HY 30 CITY NORTH PLATTE NE

ZIP 69101 COUNTY and COUNTY # LINCOLN 15

- 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>AUG 5</u> Hours From <u>5:00 PM</u> To <u>1:00 AM</u>	Date <u>AUG 6</u> Hours From <u>5:00 PM</u> To <u>1:00 AM</u>	Date <u>AUG 7</u> Hours From <u>9:00 PM</u> To <u>1:00 AM</u>	Date _____ Hours From _____ To _____	Date _____ Hours From _____ To _____	Date _____ Hours From _____ To _____
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a. Alternate date: NONE

b. Alternate location: NONE  
(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 CONCERT

7. Description of area to be licensed  
Inside building, dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_  
Name of building \_\_\_\_\_ (not square feet or acres)

Outdoor area dimensions of area to be covered IN FEET 365 x 487  
(not square feet or acres)

**INCLUDE SKETCH OF OUTDOOR AREA**

If outdoor area, how will premises be enclosed?

Fence \_\_, type of fence; snow fence \_\_ chain link ☒ cattle panel \_\_ 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? 500 - 750

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages.

SECURITY CHECKING I.D.s + ISSUING ARM BANDS

(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.

LOUIS HERRICK Phone: Before 308 530 7857 During SAME  
Print name of Event Supervisor

Louis Herrick  
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

Charles Matthew Burkhead  
Authorized Representative/Applicant

Manager  
Title

7/14/2011  
Date

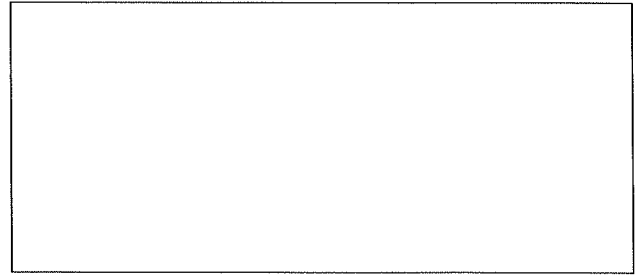
Charles Matthew Burkhead  
Print Name

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.

**APPLICATION FOR SPECIAL  
DESIGNATED LICENSE**

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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 ~~X~~ Wine ~~X~~ Distilled Spirits X

2. Liquor license number and class (i.e. C-55441)

CK-91141

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

NAME: BURKLAND CHARLES M.

ADDRESS: 810 NO. JEFFERS

CITY NORTH PLATTE NE ZIP 69101

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

BUILDING NAME LINCOLN Highway RV PARK

ADDRESS: 4684 WEST Hwy 30 CITY NO PLATTE

ZIP 69101 COUNTY and COUNTY # LINCOLN 15

- a. Is this location within the city/village limits? YES \_\_\_ NO X
- b. Is this location within the 150' of church, school, hospital or home  
for aged/indigent or for veterans their wives? YES \_\_\_ NO X
- c. Is this location within 300' of any university or college campus? YES \_\_\_ NO X

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

Date <u>AUG 27</u> Hours From <u>9:00 AM</u> To <u>1:00 AM</u>	Date <u>AUG 28</u> Hours From <u>9:00 AM</u> To <u>1:00 AM</u>	Date _____ Hours From _____ To _____	Date _____ Hours From _____ To _____	Date _____ Hours From _____ To _____	Date _____ Hours From _____ To _____
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a. Alternate date: NONE

b. Alternate location: NONE  
(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 MOTORCYCLE Rally

7. Description of area to be licensed  
Inside building, dimensions of area to be covered IN FEET 365 x 487  
(not square feet or acres)  
Name of building \_\_\_\_\_

Outdoor area dimensions of area to be covered IN FEET 365 x 487  
(not square feet or acres)

#### INCLUDE SKETCH OF OUTDOOR AREA

If outdoor area, how will premises be enclosed?

Fence \_\_, type of fence; snow fence \_\_ chain link ☒ cattle panel \_\_ 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? 200

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages.

SECURITY CHECKING I.D.s + ISSUING ARM BANDS

(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 \_\_

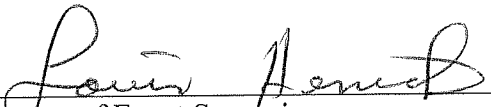
12. Will there be any games of chance operating during the event? YES \_\_ NO ☒  
If so, describe activity \_\_\_\_\_

**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.

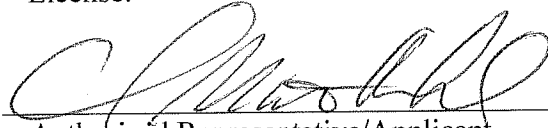
LOUIS HERRICK Phone: Before 308 530-7857 During SAME  
Print name of Event Supervisor

  
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

  
Authorized Representative/Applicant

Manager  
Title

7/14/2016  
Date

Charles Matthew Burkhead  
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.



Step 1 OFFICE

DRIVEWAY

NEW  
STORE

2-3' doors

24'

3' door

4' gate

12' SERVICE GATE

12' SERVICE GATE

316

FURTHEST  
NORTH  
+  
SOUTH  
487'

4-4' ENTRY GATES  
4' wide  
6' tall

353.6

ALL CHAIN LINK AROUND  
EVENT AREA IS 6'  
WITH SO FENCE BEING  
PRIVACY FENCE

193'

12' SERVICE GATE  
STAGE

128.8

STAGE

80'

196.6

FURTHEST EAST + WEST  
365'

ATT LYNN  
FROM UNREEL ELEMENTS  
NO. PLATE

LOGIC

308 530 7857