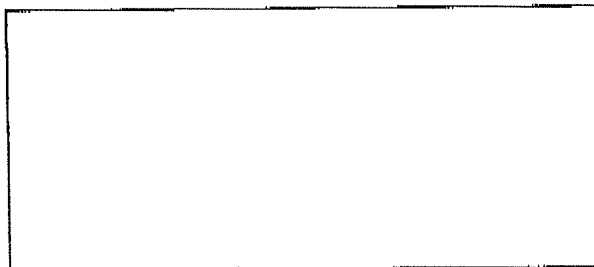


APPLICATION FOR SPECIAL DESIGNATED LICENSE

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-91072

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

NAME: Dawn Sampeck - Curtis Cattle Company

ADDRESS: 242 S. Maloney Dr. / 223 Center Ave.

CITY North Platte / Curtis ZIP 6901 / 69025

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

BUILDING NAME Lincoln County Ag Building

ADDRESS: 5015 Rodeo Rd CITY North Platte

ZIP 69101 Lincoln COUNTY and COUNTY # 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>8/20/11</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours _____	Hours _____	Hours _____	Hours _____	Hours _____	Hours _____
From <u>5pm</u>	From _____	From _____	From _____	From _____	From _____
To <u>11am</u>	To _____	To _____	To _____	To _____	To _____

a. Alternate date: _____

b. Alternate location: _____
 (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 86 1/2 x 48
 Name of building Lincoln County Ag Building (not square feet or acres)
 Outdoor area dimensions of area to be covered IN FEET _____ x _____
 (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? 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.

Dawn Sampeck Phone: Before 308-367-5569 During 308-650-9604
Print name of Event Supervisor

Dawn Sampeck
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 Dawn Sampeck owner 7-27-11
Authorized Representative/Applicant Title Date

Dawn Sampeck
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.