## City of Broken Bow

Monday, August 27, 2012 City Council Regular Session

## SDL Request by the Nebraska One Box Foundation

Request for approval of SDL by the Nebraska One Box Foundation for the annual One Box Activities to be held in the Municipal Auditorium located at 314 South 10th Avenue on November 1, 2 and 3, 2012 between the hours of 9:00 A.M. and 1:00 A.M.

Staff Contact: City Clerk

DES	LICATION FOR SPECIAL IGNATED LICENSE I PROFIT APPLICANTS	
301 CE PO BO LINCO PHONI FAX: (	ASKA LIQUOR CONTROL COMMISSION ENTENNIAL MALL SOUTH X 95046 DLN, NE 68509-5046 E: (402) 471-2571 402) 471-2814 e: www.lcc.ne.gov/	
BEF	ORE SUBMITTING APPLICATION TO THE L	QUOR 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 Collicensed (i.e. if you have two separate areas at one	, ·
	Application MUST be received at the Liquor Cont days prior to event (excluding weekends, Federal a	<u> </u>
	Letter from IRS declaring your organization exemple of federal tax return, as filed with the IRS, as well declaring that the copy of the tax return is true and	as affidavit signed by an officer of the organization
CON	MPLETE ALL QUESTIONS	spiritan Pantanas in president in 1975
1.	Type of alcohol to be served and/or consumed	
	Beer Wine Distilled S	pirits
2.	Status of applicant (check one)	

<b>}</b>	Status of appli	cant (check	one)		_	
	Municipal	_Politica[	Fine Arts	Fraternal	Religious Charitable	Public Service

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

Name: Nebraska One Box Habitat Association, Inc.

ADDRESS: P.O. Box 326 Broken Bow NE 68822 COUNTY Custer 21

	4. Location where event will be held; name, address, city, county, zip code					
,	ADDRES	City of Broken Bow Audit	torium 314 South 10th Avenue	Broken Bow NE 68822	<sub>DUNTY</sub> Custe	r 21
	b. Is ag	this location within this location within ed/indigent or for this location within	n the 150' of churc veterans their wive	h, school, hospital s?		YES NO YES NO YES NO
5.	Date(s) ar				ays on one applicat	
Date	11.01.12	Date 11.02.12	Date 11.03.12	Date	Date	Date
Hours	From 9 a.m.	Hours From 9a.m.	Hours From 9a.m.	Hours From	Hours From	Hours From
	To1 a.m.	To 1a.m	To 1a.m.	То	То	То
	a. Al	ternate date: NA				
		ternate location:				
	(a)	iternate date or io	cation must be ap	proved by local a	and law enforceme	ent)
6.	Indicate to Dance	ype of activity to be Reception Fi	e carried on during and Raiser Beer		ing/Tasting 🗸 Oth	er
7.	✓ Inside b	on of area to be lice building, dimension of building City of Brok		eled HAPPET	00 <sub>x</sub> 100 ot square feet or ac	
		of building				res)
		r area dimensions			x ot square feet or ac	, 
	Outdoo	r area dimensions of area, how will pre	of area to be cover		x_ot square feet or ac	, 
	Outdoor fence, t tent other, e	r area dimensions of area, how will pre	of area to be coveremises be enclosed	(n	ot square feet or ac	, 
8.	Outdoor fence, t tent other, e	r area dimensions of area, how will pre ype of fence xplain	of area to be covered the series of area to be licensed	include simple sk	ot square feet or ac	eres)
8. 9.	Outdoo  If outdoor fence, tent other, e  *If both in  Indicate the See Atta Will prem  YES	r area dimensions of area, how will pre ype of fence xplain	of area to be covered whises be enclosed area to be licensed to taken to prevent up by license comply	include simple sko	ot square feet or ac	eres)

10.	Will there be any games of chance operating during the event? YES NO  If so, describe activity Raffles
forms of	Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other f gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds parity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling application.
11.	Any other information or requests for exemptions:
enforc	Name and <b>telephone number/cell phone number</b> of immediate <b>supervisor</b> . This person will be at t cation of the event when it occurs, able to answer any questions from Commission and/or law ement before and during the event, and who will be responsible for ensuring that any applicable laws, nces, rules and regulations are adhered to.
Jar	nes V. Duncan  Phone: Before 308.872.6868 During 308.870.1296
Print r	name of Event Supervisor
	//endl.
Signat	
Conse	nt of Authorized Representative/Applicant
statem investi waive Patrol State organi	declare that I am the authorized representative of the above named license applicant and that the ents made on this application are true to the best of my knowledge and belief. I also consent to an gation of my background including all records of every kind including police records. I agree to any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State or any other individual releasing said information to the Liquor Control Commission or the Nebraska Patrol. I further declare that the license applied for will not be used by any other person, group, zation or corporation for profit or not for profit and that the event will be supervised by persons by responsible to the holder of this Special Designated License.  Committee Member    Committee Member   S/20/12   Patrol   Patro
	Authorized Representative/Applicant Title Date
James	V. Duncan, Committee Member of NE One Box Association, Inc.
	Print Name
approva which t corpora	requires that no special designated license provided for by this section shall be issued by the Commission without the dof the local governing body. For the purposes of this section, the local governing body shall be the city or village within the particular place for which the special designated license is requested is located, or if such place is not within the te limits of a city or village, then the local governing body shall be the county within which the place for which the special ted license is requested is located.
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