City of Scottsbluff, Nebraska

Monday, April 18, 2016 Regular Meeting

Item Public Inp1

Approve issuance of a special arts-related event wine permits for the West Nebraska Arts Center, 106 East 18th Street and special designated liquor licenses for three events on May 5, 2016; June 30, 2016; and July 29, 2016.

Staff Contact: Cindy Dickinson, City Clerk

Scottsbluff Police Department

MEMORANDUM

TO:

Rick Kuckkahn, City Manager

FROM:

Kevin Spencer, Chief of Police

CC:

Cindy Dickinson, City Clerk

DATE:

April 11, 2016

RE:

Request for a Special Designated License (SDL) – West Nebraska Arts

Center 106 E 18th St Scottsbluff, NE

In regards to the West Nebraska Arts Center applications for three Special Designated Licenses, for the dates of May 5, 2016, June 30, 2016 and July 29, 2016. There will be sufficient law enforcement officers on duty to handle regular patrol duties in the city and to respond to the Arts Center in the event of a problem. Law enforcement has never been called to the Arts Center to address any issues during these types of events. As always, we would insist that management have adequate staff on hand to closely monitor the event and take steps to ensure minors do not drink.

The police department does not object to the issuance of the Special Designated License.

Kevin Spencer 100 41.12015

Chief of Police

CITY OF SCOTTSBLUFF SPECIAL ARTS-RELATED EVENT WINE PERMIT APPLICATION

Organization Name West Nebraska Arts Center
Address 106 E 18th Street Scottsbluff Phone 632-2226
Date of Event 5-5-16 StartingTime 4:00 Ending Time 8:00
Authorized Contact: Donna Thompson, Executive Director
Description of Event Art Exhibit Opening Reception
Estimated Attendance: 150
Event Chairman: Donna Thompson
Address 106 E. 18th Street, Scb. Phone 632-2226
email donna a thewnac.com
The undersigned acknowledges reading a copy of the applicable ordinances and agrees to comply thereby:
Signed: Abana & Rompton Date: 4-8-16
Print Name Donna L. Thompson
Additional Information:

PERMIT
THIS PERMIT AUTHORIZES THE CONSUMPTION OF WINE ON THE DESCRIBED PREMISE BY INDIVUDUALS WHO ARE OF LEGAL DRINKING AGE. OTHER RESTRICTIONS ARE AS FOLLOWS:
Approved by Mayor and City Council on
City ClerkDate:
Cc: Police Chief

		ON FOR SP			
301 CENT PO BOX LINCOLN PHONE: (FAX: (40) Website: y	FENNIAL 1 95046 N, NE 6850 (402) 471-2 2) 471-2814 www.lcc.ne	571			
					DO YOU NEED POSTERS? YES X NO
_	_	Γ APPLICA at best appli			
Munic	ipal	Political_	_Fine Arts_X	Fraternal	_ Religious Charitable Public Service
LIQU	OR LIC	CENSE HO	LDERS		
Liquor	· license	number and	class (i.e. C-55	441)	
COM	PLETE	ALL QUE	STIONS		
1.	Type o	f alcohol to	be served and/o	r consumed:	Beer Wine X Distilled Spirits
2.			t, first,), corpora r liquor license)		limited liability company (LLC) name
			Nebrask		
	ADDR	_{ESS:} 106	6 E. 18th	Street	
	CITY	Scotts	bluff		_{ZIP} 69341
3.					ess, city, county, zip code
	BUILI	OING NAM	$_{ extbf{E}}$ West N	lebrask	ka Arts Center
					Scottsbluff Scottsbluff
	z_{IP}	9341		COUNTY ar	Scotts Bluff, 21

FORM 108 REV JAN 2016 Page 2 of 5

a.

b.

c.

Is this location within the city/village limits?

Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives?

Is this location within 300' of any university or college campus?

4.	Date(s) ar	nd Time(s) of ever	nt (no more than s	ix (6) <u>consecutive</u>	days on one applic	ation)	
Date 5/5/16		Date	Date	Date	Date	Date	
Hours From 4:00 P.M	1.	Hours From	Hours From	Hours From	Hours From	Hours From	
To 8:00 P.M	1.	To	То	To	To	To	
	b. Al	ternate date: NONE ternate location: None lternate date or		specified in local	approval)		
5.	Indicate ty	ype of activity to l	oe carried on duri	ng event:			
	Dan Othe		on <u>×</u> Fund F	Raiser Beer	Garden Sam _	pling/Tasting	
6.	Inside bui *Outdoor	area dimensions	of area to be cover	red <u>IN FEET</u>	t square feet or acre x n) (sample sketch)	·	
	If outdoorFenceTent	r area, how will pr; ;snow fenother			cattle panel		
7.	How man	y attendees do you	u expect at event?	150			
8.	If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)						
9.	_			ly with all Nebrask	sa sanitation laws?	YES NO _	

FORM 108 REV JAN 2016 Page 3 of 5

10.	Where will you be p	urchasing your alco	ohol?						
	Wholesaler	Retailer X	Both		ВУО				
11.	Will there be any gar	(includes wineries) Will there be any games of chance operating during the event? YESNO X							
	If so, describe activit	If so, describe activity							
		State Law: There are no ex-	ceptions for Non Pro-	fit Organiz	zations or any events rais	ermitted. All other forms of sing funds for a charity. This mit application.			
12.	Any other information	n or requests for exe	mptions:						
13. Name and telephone number/cell phone number of immediate supervisor. This p location of the event when it occurs, able to answer any questions from Comrenforcement before and during the event, and who will be responsible for ensuring laws, ordinances, rules and regulations are adhered to. PLEASE PRINT LEGIBLY				mmission and/or law ng that any applicable					
	Print name of Event	Print name of Event Supervisor DonnaThompson							
	Signature of Event S								
	Event Supervisor phone: Before 308-641-3940 During 308-632-2226 Email address donna@thewnac.com								
14.	statements made on to investigation of my to waive any rights or State Patrol or any o Nebraska State Patro	the authorized repre- his application are troackground including causes of action aga ther individual released. I further declare the for corporation for pre-	esentative of the ue to the best of g all records of hinst the Nebras sing said inform that the license a rofit or not for	my knowevery ke ka Liquetion to police for the police for the proof it and the proof it are proof it and the proof it and the proof it and the proof it are proof it a	owledge and belied ind including police or Control Common the Liquor Control for will not be used and that the event	pplicant and that the f. I also consent to an ce records. I agree to nission, the Nebraska ol Commission or the l by any other person, will be supervised by			
sign here	Donney	lompton		Ex.	Director	4/8/16			
_	Authorized Represen			Title		Date			
	Print Name								
	dividual must be listed on ering manager allowing the			unless a	letter has been filed ap	ppointing an individual as			
The law	requires that no special desig	nated license provided for	by this section shall	be issued	by the Commission with	out the approval of the local			

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.

FORM 108 REV JAN 2016 Page 4 of 5

This page is required to be completed by Non Profit applicants only.

Application for Special Designated License Under Nebraska Liquor Control Act Affidavit of Non-Profit Status

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

West Nebraska Arts Center
NAME OF CORPORATION
470 499 224
FEDERAL ID NUMBER
SIGNATURE OF TITLE OF CORPORATE OFFICERS
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS SOLVEN DAY O

april . 2016

GENERAL NOTARY
State of Nebraska
Kathryne M. Herron
Comm. Exp. 1/30/20

NOTARY PUBLIC SIGNATURE & SEAL

FORM 108 REV JAN 2016 Page 5 of 5

CITY OF SCOTTSBLUFF SPECIAL ARTS-RELATED EVENT WINE PERMIT APPLICATION

Organization Name West Nebraska Arts Center
Address 106 E 18th Street Scottsbluff Phone 632-2226
Date of Event <u>4-30-16</u> StartingTime <u>4:00</u> Ending Time <u>8:00</u>
Authorized Contact: Donna Thompson, Executive Director
Description of Event Art Exhibit Opening Reception
Estimated Attendance: /50
Event Chairman: Donna Thompson
Address 106 E. 18th Street Phone 632 - 2226
email donna@-thewnac.com
The undersigned acknowledges reading a copy of the applicable ordinances and agrees to comply thereby: Signed:
Print Name Donna L. Thompson
Additional Information:

PERMIT
THIS PERMIT AUTHORIZES THE CONSUMPTION OF WINE ON THE DESCRIBED PREMISE BY INDIVUDUALS WHO ARE OF LEGAL DRINKING AGE. OTHER RESTRICTIONS ARE AS FOLLOWS:
Approved by Mayor and City Council on
City ClerkDate:
Cc: Police Chief

	PLICATION FOR SPECIAL SIGNATED LICENSE	
301 CI PO BO LINCO PHON FAX: (Websi	RASKA LIQUOR CONTROL COMMISSION ENTENNIAL MALL SOUTH DX 95046 DLN, NE 68509-5046 JE: (402) 471-2571 (402) 471-2814 Ite: www.lcc.nebraska.gov/ Applications: michelle.porter@nebraska.gov	
		DO YOU NEED POSTERS? YES X NO
(Ch	N PROFIT APPLICANTS seck one that best applies) sicipal Political Fine Arts Fraterna	al Religious Charitable Public Service
LIQ	QUOR LICENSE HOLDERS	
Liqu	uor license number and class (i.e. C-55441)	
CO	MPLETE ALL QUESTIONS	
1.	Type of alcohol to be served and/or consum	ned: Beer Wine X Distilled Spirits
2.	Licensee name (last, first,), corporate name (As it reads on your liquor license)	or limited liability company (LLC) name
	NAME: West Nebraska Ar	ts Center
	ADDRESS: 106 E. 18th Stre	et
	CITY Scottsbluff	_{ZIP} 69341
3.	Location where event will be held; name, as BUILDING NAME West Nebra	The second secon
	ADDRESS: 106 E. 18th Stre	et _{CITY} Scottsbluff
	ZIP 69341 COUNTY	Y and COUNTY # Scotts Bluff, 21

b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives?

YES_NOX

c. Is this location within 300' of any university or college campus?

Is this location within the city/village limits?

 $_{\text{YES}_NO}X$

FORM 108 REV JAN 2016 Page 2 of 5

a.

ate 30-16		Date	Date	Date	Date	Date
om		Hours From	Hours From	Hours From	Hours From	Hours From
00 P.M 00 P.M		То		То		To
	a. A	lternate date:	NONE			
		lternate locati	on: NONE e or location must	t be specified in lo	cal approval)	
			y to be carried on o		••	
	Dar	nce Re	eception <u>×</u> Fu	nd Raiser B	eer Garden	Sampling/Tasting
	Oth	er				
	*Outdoor	ilding, dimena area dimensi	sions of area to be ons of area to be c	overed <u>IN FEE</u>	(not square feet or x	
	Inside bu *Outdoor	ilding, dimena area dimensi	sions of area to be	overed <u>IN FEE</u>	(not square feet or x	
	*Outdoor *SKETC	ilding, dimension of the off off off off off off off off off of	sions of area to be cons of area to be cooo on AREA (or vill premises be ency fence	overed <u>IN FEE'</u> attach copy of sk	(not square feet or x	
	*Outdoor *SKETC	r area, how we;othe	sions of area to be cons of area to be cooo on AREA (or vill premises be ency fence	overed IN FEE' attach copy of skeed elosed?	(not square feet or 	<u> </u>
	Inside bu *Outdoor *SKETC If outdooFenceTent How man	r area, how we;othe	rill premises be encertainty fence	elosed? chain link ent? 150 that will be taken to	(not square feet or rection of the second control of the second co	<u> </u>

FORM 108 REV JAN 2016 Page 3 of 5

10.	•	oe purchasing your alco X					
	Wholesaler	Retailer X (includes wineries)	Both	BYO _			
11.	Will there be any	games of chance operat		event? YES NC) <u> </u>		
	If so, describe act	ivity		·			
	gambling are prohibited	f chance approved by the Depar I by State Law: There are no ex or a Special Designated License	ceptions for Non P	rofit Organizations or any	events raising funds for a char		
12.	Any other informa	ation or requests for exe	emptions:			_	
13.	location of the e enforcement befo laws, ordinances,	one number/cell phone event when it occurs, are and during the event rules and regulations are	able to answer, and who will e adhered to.	er any questions fill be responsible for PLEASE PRINT I	rom Commission and/ r ensuring that any app	or law	
	Print name of Eve	ent Supervisor Donn	arriori				
	Signature of Event Supervisor						
	Event Supervisor	phone: Before Before Email addre)8-641-3 ess donna@thewi	$\frac{3940}{100000000000000000000000000000000000$	08-632-2226	_	
14.	I declare that I a statements made of investigation of m waive any rights State Patrol or an Nebraska State Pa group, organization	rized Representative/Apart the authorized representation are truly background including or causes of action agay other individual release atrol. I further declare the on or corporation for presponsible to the holder	esentative of the true to the best of all records of ainst the Nebrosing said inforthat the license rofit or not for	of my knowledge a f every kind includ aska Liquor Contro mation to the Liquo applied for will no profit and that the	nd belief. I also conserting police records. I a collision the New York Control Commission to be used by any other personal control be supervised.	nt to an gree to braskan or the person,	
sign here				Ex. Direc	tor 4/8/16	j	
_	Authorized Repre	sentative/Applicant		Title	Date		
Do	nna Thomp	oson					
	Print Nam	e					
		on the application as an offithem to sign all SDL application		r unless a letter has be	en filed appointing an indiv	ridual as	
governii	ng body. For the purpose:	designated license provided for s of this section, the local gover ested is located, or if such place	ning body shall be	the city or village within	which the particular place for v	which the	

FORM 108 REV JAN 2016 Page 4 of 5

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ebraska Arts Center
NAME OF CORPORATION
224
FEDERAL ID NUMBER
GNATURE OF TITLE OF CORPORATE OFFICERS

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SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS

DAY OF

GENERAL NOTARY
State of Nebraska
Kathryne M. Herron
Comm. Exp. 1/30/20

OTARY PUBLIC SIGNATURE & SEAL

FORM 108 REV JAN 2016 Page 5 of 5

CITY OF SCOTTSBLUFF SPECIAL ARTS-RELATED EVENT WINE PERMIT APPLICATION

Organization Name West Nebraska Arts Center
Address 106 E 18th Street Scottsbluff Phone 632-2226
Date of Event 7-29-16 StartingTime 4:00 Ending Time 8:00
Authorized Contact: Donna Thompson, Executive Director
Description of Event Art Exhibition Opening Reception
Estimated Attendance: 150
Event Chairman: Donna Thompson
Address 106 E. 18th Street, Scb. Phone 632-2226
email donna@+hewnac.com
The undersigned acknowledges reading a copy of the applicable ordinances and agrees to comply thereby:
Signed: Date: 4-8-16
Print Name Donna L. Thompson
Additional Information:
·

PERMIT
THIS PERMIT AUTHORIZES THE CONSUMPTION OF WINE ON THE DESCRIBED PREMISE BY INDIVUDUALS WHO ARE OF LEGAL DRINKING AGE. OTHER RESTRICTIONS ARE AS FOLLOWS:
Approved by Mayor and City Council on
City ClerkDate:
Cc: Police Chief

		ON FOR SI D LICENS					
301 CENT PO BOX S LINCOLN PHONE: (402 Website: y	FENNIAL M 95046 N, NE 68509 (402) 471-2 2) 471-2814 www.lcc.ne	571					
					DO YOU N	EED POSTERS? YES_X_NO	
		T APPLICA at best appl					
Munic	ipal	Political_	_Fine Arts_X	Fraternal	_ Religious	_ Charitable Public Service	
LIQU	OR LIC	CENSE HO	LDERS				
Liquor	license	number and	d class (i.e. C-55	5441)			
COM	PLETE	ALL QUE	STIONS				
1.	Type o	f alcohol to	be served and/o	r consumed:	Beer V	Vine_X Distilled Spirits	
2.			st, first,), corpor ir liquor license)		mited liability	company (LLC) name	
	NAME	: West	Nebrask	a Arts	Center		
	ADDR	ess: 100	6 E. 18th	Street			
	CITY	Scotts	bluff			_{ZIP} 69341	
3.	3. Location where event will be held; name, address, city, county, zip code						
			west N		a Arts C	Center	
	ADDR	ESS: 100	6 E. 18th	Street		_ _{CITY} Scottsbluff	
	ZIP 6	9341	(COUNTY an	d COUNTY #	Scotts Bluff, 21	

FORM 108 REV JAN 2016 Page 2 of 5

a.

b.

c.

Is this location within the city/village limits?

Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives?

Is this location within 300' of any university or college campus?

Date Date Date Date Date Date 7-29-16 Hours **Hours Hours** Hours Hours Hours From From From From From From 4:00 P.M. Τo To To To To To 8:00 P.M. Alternate date: NONE a. Alternate location: NONE b. (Alternate date or location must be specified in local approval) Indicate type of activity to be carried on during event: 5. ReceptionX Fund Raiser Beer Garden Sampling/Tasting Other 6. Description of area to be licensed Inside building, dimensions of area to be covered **IN FEET** 73.5 (not square feet or acres) *Outdoor area dimensions of area to be covered IN FEET *SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch) If outdoor area, how will premises be enclosed? snow fence chain link cattle panel Fence; other Tent 7. How many attendees do you expect at event? 150 8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) 9. Will premises to be covered by license comply with all Nebraska sanitation laws? YES VIO Are there separate toilets for both men and women? YES NO a.

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

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4.

10.	Where will you be purchasing your alcohol?						
	Wholesaler	(includes wineries)		_	YO		
11.	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.						
12.	Any other information or requests for exemptions:						
13.	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. PLEASE PRINT LEGIBLY						
	Print name of Event Supervisor DonnaThompson						
	Signature of Event Supervisor						
	Event Supervisor phone: Before 308-641-3940 During 308-632-2226 Email address donna@thewnac.com						
14.	Consent of Authorized Representative/Applicant 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 a investigation of my background including all records of every kind including police records. I agree the 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				Ex. D	irector	4/8/16	
	Authorized Repres	sentative/Applicant		Title		Date	
Do	nna Thomp	son					
	Print Name	•					
		on the application as an offi- them to sign all SDL applica		r unless a lette	r has been filed ap	ppointing an individual as	
governi special	ng body. For the purposes designated license is reque	esignated license provided for of this section, the local govern sted is located, or if such place the place for which the special design of the special design.	ning body shall be to is not within the co	he city or village orporate limits of	within which the practice and the within which the property or village, the	articular place for which the	

FORM 108 REV JAN 2016 Page 4 of 5

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West Nebr	aska Arts Center
	NAME OF CORPORATION
470 499 22	24
	FEDERAL ID NUMBER
Don	nothomple
SIGNA	TURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS _____DAY OF

april . 2016

GENERAL NOTARY
State of Nebraska
Kathryne M. Herron
Comm. Exp. 1/30/20

NOTARY PUBLIC SIGNATURE & SEAL

FORM 108 REV JAN 2016 Page 5 of 5