

City of Seward, NE

Tuesday, April 5, 2016

Regular Session

Item G5

CONSIDERATION OF SPECIAL DESIGNATED LIQUOR PERMITS FOR BOTTLE ROCKET BREWING, LLC & HAIN-WIEMER LLC DBA RED PATH GALLERY TO SERVE ALCOHOL AT PLUM CREEK PARK BASEBALL FIELD, 2111 KAROL KAY BLVD FOR LINCOLN SALTDogs EXHIBITION GAME - Gerald Homp & Jeanne Wiemer

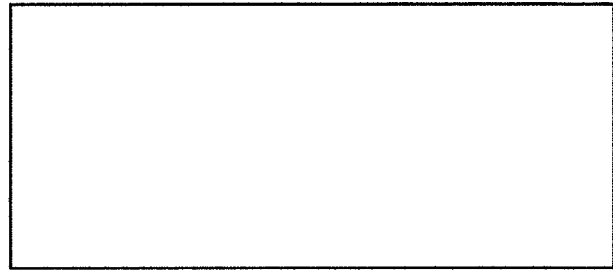
Administrative Report: These are two Special Designated Liquor License requests for alcohol to be served at Plum Creek Park on May 12, 2016 during the Saltdogs Exhibition game. The event is being held on City property. The request must come before the Council for review and consideration.

After review and discussion, a motion to recommend approval of the two SDL's would be in order.

Staff Contact:

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.nebraska.gov/
Email Applications: michelle.porter@nebraska.gov



DO YOU NEED POSTERS? YES NO

NON PROFIT APPLICANTS

(Check one that best applies)

Municipal Political Fine Arts Fraternal Religious Charitable Public Service

LIQUOR LICENSE HOLDERS

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

LK - 112988

COMPLETE ALL QUESTIONS

1. Type of alcohol to be served and/or consumed: Beer Wine Distilled Spirits

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

NAME: **Bottle Rocket Brewing LLC**

ADDRESS: **230 S. 5th St**

CITY **Seward**

ZIP **NE**

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

BUILDING NAME **Plum Creek Park - Baseball field**

ADDRESS: **2111 Karol Kay** CITY **Seward**

ZIP **68434** COUNTY and COUNTY # **Seward 16**

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 and/or wives? YES NO

c. Is this location within 300' of any university or college campus? YES NO

FORM 108

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

Date 05-12-2016	Date	Date	Date	Date	Date
<u>Hours</u> From 5:00pm	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
To 10:00pm	To	To	To	To	To

- a. Alternate date: N/A
- b. Alternate location: N/A
 (Alternate date or location must be specified in local approval)

5. Indicate type of activity to be carried on during event:

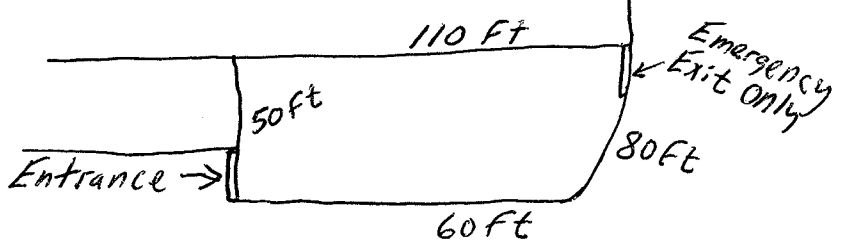
Dance ___ Reception ___ Fund Raiser ___ Beer Garden Sampling/Tasting ___
 Other _____

6. Description of area to be licensed chain link fence (6 Foot)

Inside building, dimensions of area to be covered IN FEET _____ x _____
 (not square feet or acres)

*Outdoor area dimensions of area to be covered IN FEET ● 80 x 110

*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)



If outdoor area, how will premises be enclosed?
 ___ Fence; ___ snow fence chain link cattle panel
 ___ other _____
 ___ Tent

7. How many attendees do you expect at event? 500

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)
Event Personnel will check I.D.'s and wristband age 21 and older

9. 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

10. Where will you be purchasing your alcohol?

Wholesaler _____ Retailer _____ Both _____ BYO X
(includes wineries)

11. Will there be any games of chance operating during the event? YES ___ NO X

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

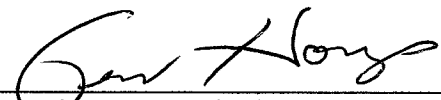
Print name of Event Supervisor Gerald Homp

Signature of Event Supervisor _____

Event Supervisor phone: Before 402-304-5673 During Same
Email address gerald@bottlerocketbrewing.com

Consent of Authorized Representative/Applicant

14. 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  President 3-29-2016
Authorized Representative/Applicant Title Date

Gerald Homp
Print Name

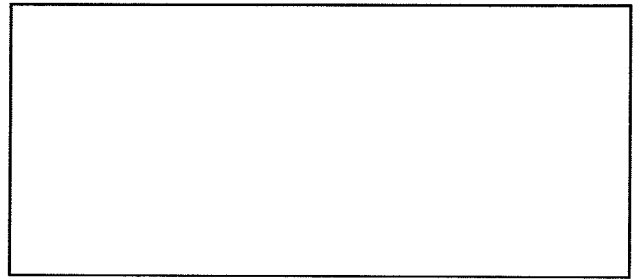
This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

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.

FORM 100

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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Website: www.lcc.nebraska.gov/
Email Applications: michelle.porter@nebraska.gov



DO YOU NEED POSTERS? YES ___ NO ___

NON PROFIT APPLICANTS

(Check one that best applies)

Municipal ___ Political ___ Fine Arts ___ Fraternal ___ Religious ___ Charitable ___ Public Service

LIQUOR LICENSE HOLDERS

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

C-103303

COMPLETE ALL QUESTIONS

1. Type of alcohol to be served and/or consumed: Beer ___ Wine **X** Distilled Spirits **X**

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

NAME: **Hain-Wiemer LLC dba Red Path Gallery**

ADDRESS: **514 Seward Street PO Box 271**

CITY **Seward** ZIP **68434**

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

BUILDING NAME **Plum Creek Park - Baseball Field**

ADDRESS: **2111 Karol Kay Blvd** CITY **Seward**

ZIP **68434** COUNTY and COUNTY # **Seward #16**

a. Is this location within the city/village limits? YES **X** NO ___

b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES ___ NO **X**

c. Is this location within 300' of any university or college campus? YES ___ NO **X**

10. **Where will you be purchasing your alcohol?**

Wholesaler X Retailer X Both _____ BYO _____
(includes wineries)

11. Will there be any games of chance operating during the event? YES ___ NO X

If so, describe activity NO

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 Jeanne Wiemer

Signature of Event Supervisor *Jeanne Wiemer*

Event Supervisor phone: Before 402-540-6929 During _____
Email address jeanne.redpathgallery@gmail.com

Consent of Authorized Representative/Applicant

14. 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 *Jeanne Wiemer* Owner/Director 04/01/2016
Authorized Representative/Applicant Title Date

Jeanne Wiemer
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.

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Date 5-12-2016	Date	Date	Date	Date	Date
Hours From 5:00 PM	Hours From	Hours From	Hours From	Hours From	Hours From
To 10:00 PM	To	To	To	To	To

a. Alternate date: N/A

b. Alternate location: N/A
(Alternate date or location must be specified in local approval)

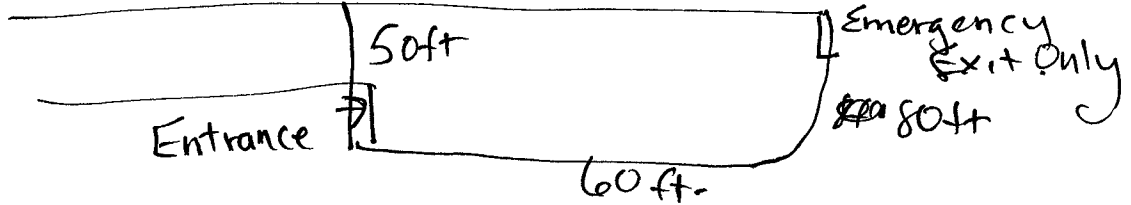
5. Indicate type of activity to be carried on during event:

Dance ___ Reception ___ Fund Raiser ___ Beer Garden^x ___ Sampling/Tasting ___
 Other _____

6. Description of area to be licensed chain link fence (6 feet)
 Inside building, dimensions of area to be covered **IN FEET** _____ x _____
 (not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 80 x 110

***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**



If outdoor area, how will premises be enclosed?
 ___ Fence; ___ snow fence chain link cattle panel
 ___ other _____
 ___ Tent _____

7. How many attendees do you expect at event? 500 total 100 in Beer Garden

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)
 event personnel will check I.D.'s and wristband age 21 and older

9. 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