

# **City of Seward, NE**

**Tuesday, June 2, 2015**

**Regular Session**

## **Item G4**

### **CONSIDERATION OF A SPECIAL DESIGNATED LIQUOR PERMIT FOR RO'S LOUNGE - Ron Ouellette**

**Administrative Report: Ron Ouellette, owner of RO's Lounge is requesting a Special Designated Liquor Permit for a beer garden on June 30 through July 5, 2015. The request is to place the beer garden on the west side of the licensed building. The request was approved last year for the same location. Following review and discussion, a motion to approve the permit would be in order.**

**Staff Contact:**

City of

# SEWARD

P.O. Box 38 • 537 Main Street  
Seward, Nebraska 68434  
Phone 402-643-2928  
Fax 402-643-6491

PUBLIC REQUEST FOR COUNCIL AGENDA ITEM OR ADMINISTRATIVE ACTION

DATE: May 27, 2015  
NAME: RO'S  
ADDRESS: 719 MAIN STREET  
EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

EXPLANATION OF REQUEST:

Request beer garden for 4th of July festivities (June 30 through July 5, 2015). Includes time for setup and tear down.

ACTION REQUESTED:

Approve beer garden

Will this agenda item require the expenditure of funds? Yes  No   
Unknown

[Signature]  
(Signature of requester)

Ron Ovellette  
(Print Name)

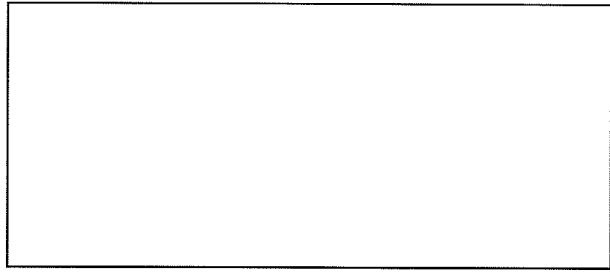
Council meetings are held on the 1<sup>st</sup> & 3<sup>rd</sup> Tuesdays of every month. All requests for the Agenda must be submitted by noon on the Wednesday preceding the Council meeting, any item received after this time would have to be of an emergency nature. Once a request is received, Administration will review it and determine whether or not it requires Mayor/Council action, or whether it is an item that needs to be handled by staff.

Received by: [Signature]  
(City employee)

Date: May 27, 2015

**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/



DO YOU NEED POSTERS? YES  NO

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)  
(If you're a nonprofit organization leave blank)

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

NAME: RO'S LOUNGE

ADDRESS: 719 MAIN

CITY SEWARD ZIP 68434

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

BUILDING NAME RO'S LOUNGE

ADDRESS: 719 MAIN CITY SEWARD

ZIP 68434 COUNTY and COUNTY # #16 SEWARD

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

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

Date June 30, 2015	Date July 1, 2015	Date July 2, 2015	Date July 3, 2015	Date July 4, 2015	Date July 5, 2015
<b>Hours</b> From 10:00 a.m.	<b>Hours</b> From 10:00 a.m.	<b>Hours</b> From 10:00 a.m.	<b>Hours</b> From 10:00 a.m.	<b>Hours</b> From 10:00 a.m.	<b>Hours</b> From 10:00 a.m.
To 1:00 a.m.	To 1:00 a.m.	To 1:00 a.m.	To 1:00 a.m.	To 1:00 a.m.	To 1:00 a.m.

- a. Alternate date: \_\_\_\_\_
- b. Alternate location: \_\_\_\_\_  
**(Alternate date or location must be specified in local approval)**

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** \_\_\_\_\_ x \_\_\_\_\_  
 (not square feet or acres)

\*Outdoor area dimensions of area to be covered **IN FEET** 80 x 25

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

If outdoor area, how will premises be enclosed?

- Fence; snow fence  chain link  cattle panel  other \_\_\_\_\_  
 Tent

8. How many attendees do you expect at event? 150

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)  
 All will be ID'd and bands will be put on the persons 21 and older

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. **Retailer: Will you be purchasing your alcohol from a wholesaler?** YES  NO   
**Non-Profit: Where will you be purchasing your alcohol?**

Wholesaler  Retailer  Both  BYO   
(includes wineries)

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. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor RON OUELLETTE

Signature of Event Supervisor 

Phone of Event Supervisor: Before 402-641-5814 During 402-641-5814

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  OWNER 05/27/2015  
Authorized Representative/Applicant Title Date

RON OUELLETTE  
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 108  
REV 5/12  
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