City of Seward, NE Tuesday, July 7, 2015 Regular Session

Item G6

CONSIDERATION OF SPECIAL DESIGNATED LIQUOR PERMIT FOR PRESTIGE INVESTMENTS, LLC dba THE QUONSET - Tyson Hegeholz

Administrative Report: This is the first Special Designated Liquor License request for this nonresident license holder. Per Ordinance, SDL requests from license holder's who have not previously been given approval for an SDL by the City, must come before the Council for review and consideration.

After review and discussion, a motion to approve the SDL would be in order.

Staff Contact:

	ICATION FOR SPECIAL GNATED LICENSE						
301 CEN PO BOX LINCOL PHONE: FAX: (40	SKA LIQUOR CONTROL COMMISSION TENNIAL MALL SOUTH 95046 (A02) 471-2571 2) 471-2814 www.lcc.ne.gov/						
RETA	IL LICENSE HOLDERS \bigotimes DO YOU NEED POSTERS? YES \bigotimes NO						
NON PROFIT APPLICANTS O Non Profit Status (check one that best applies)							
Munic	ipal O Political O Fine Arts O Fraternal O Religious O Charitable O Public Service O						
СОМ	PLETE 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: PRESTIGE INVESTMENTS LLC						
	ADDRESS: 2530 N ROAD						
	CITY Dwight NE ZIP 68635						
4.	Location where event will be held; name, address, city, county, zip code						
	Building NAME Harvest Hall Second Co. Fairgrounds						
	ADDRESS: 1625 Fairgrounds Circle CITY Securit						
	ZIP 68434 COUNTY and COUNTY # Seward 16						

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- a. Is this location within the city/village limits?
- b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives?
- yes□no⊠ yes□no⊠

YES

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

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

Date ,									
Vedve	18.2015 D	ate	Date	Date	Date	Date			
Iours	<u>H</u>	ours	Hours	Hours	Hours	Hours			
From B 5P N	1 FI	rom	From	From	From	From			
i2 PN	1 To	0	То	То	То	То			
a	. Alter	nate date:	None	n					
b	b. Alternate location: <u>NON</u> (Alternate date or location must be specified in local approval)								
	(Alte	rnate date or	location must t	be specified in loc	al approval)				
. lı	ndicate type	of activity to l	be carried on du	ring event:					
Ø	Dance (Reception	O Fund Rais	er OBeer Gar	den OSamplin	g/Tasting			
Ø	Other <u></u>	Vedding			_	-			
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				(not square feet or a	acres)			
			of area to be cov	vered <u>IN FEET</u> ttach copy of ske	·				
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11.	Retailer: Will you be purchasing your alcohol from a wholesaler? YES 💢 NO 🦳 Non-Profit: Where will you be purchasing your alcohol?				
	Wholesaler O Retailer O Both BYOO				
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 Lindsey Sperits				
	Signature of Event Supervisor				
	Phone of Event Supervisor: Before <u>402-646-5993</u> During <u>402-646-5993</u>				
	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 _	Typ Hegel	Co/owner	7-2-15
_	Authorized Representative/Applicant	Title	Date
_7	VSON J Hegeholz 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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