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RESOLUTION NO. _____

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA AUTHORIZING THE CONSUMPTION OF ALCOHOL AT AN EASTER SEALS SOCIETY OF NEBRASKA INC FUNDRAISING EVENT AT THE LA VISTA CONFERENCE CENTER ON MARCH 3, 2012.

WHEREAS, the La Vista Conference Center is located within the City of La Vista; and

WHEREAS, Easter Seals Society of Nebraska has requested approval of a Special Designated Permit to serve alcohol at a fundraising event at the Conference Center on March 3, 2012 from 5:00 p.m. to 10:00 p.m.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, do hereby authorize Easter Seals Society of Nebraska to proceed with the application for a "Special Designated License" from the Nebraska Liquor Control Commission to sell serve alcohol at the La Vista Conference Center, in conjunction with a fundraising event.

PASSED AND APPROVED THIS 7TH DAY OF FEBRUARY 2012.

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Pamela A. Buethe, CMC
City Clerk

**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/

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: Easter Seals Society of Nebraska dba Easter Seals Nebraska

ADDRESS: 638 N. 109th Plaza

CITY Omaha, NE ZIP 68154-1722

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

BUILDING NAME Embassy Suites - La Vista

ADDRESS: 12520 West Parkway CITY La Vista, NE

ZIP 68128 COUNTY and COUNTY # Sarpy (#59)

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

YES ☒ NO ☐

YES ☐ NO ☒

YES ☐ NO ☒

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

Date <u>3/3/12</u> Hours From <u>5PM</u> To <u>10PM</u>	Date _____ Hours From _____ To _____	Date _____ Hours From _____ To _____	Date _____ Hours From _____ To _____	Date _____ Hours From _____ To _____	Date _____ Hours From _____ To _____
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a. Alternate date: n/a

b. Alternate location: n/a
(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** 280' x 196'
Outdoor area dimensions of area to be covered **IN FEET** _____ x _____
(not square feet or acres)

INCLUDE SKETCH IF OUTDOOR AREA

If outdoor area, how will premises be enclosed?

Fence ☐: type of fence; snow fence ☐ chain link ☐ cattle panel ☐ other _____

Tent ☐

Other ☐ explain _____

8. How many attendees do you expect at event? 400

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)

Tables are mainly corporately sponsored and tickets have "no one under 21" printed on them, but we also have an organized check-in process which ensures no one under 21 is allowed into the event.

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. Where will you be purchasing your alcohol? Wholesaler ☒ Retailer ☒ Both ☒ BYO ☐

12. Will there be any games of chance operating during the event? YES ☒ NO ☐

If so, describe activity A raffle for which we are also obtaining licensing

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: No

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.

Print name of Event Supervisor Ingra Winkler Anderson

Signature of Event Supervisor 

Phone of Event Supervisor: Before 402.592.3272 During 402.250.6866

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		<u>Pres. & CEO</u>	<u>12.13.11</u>
	Authorized Representative/Applicant	Title	Date

Karen C. Carlson

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.

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.

Easter Seals Society of Nebraska, Inc. dba Easter Seals Nebraska

NAME OF CORPORATION

47-0457872

FEDERAL ID NUMBER




SIGNATURE OF TITLE OF CORPORATE OFFICERS

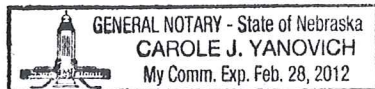
THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 12th DAY OF

January, 2012



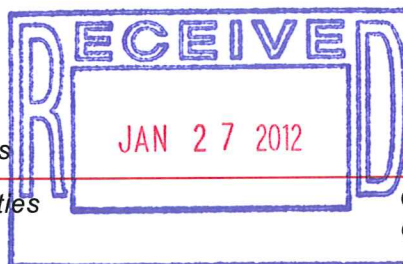
NOTARY PUBLIC SIGNATURE & SEAL





Creating solutions, changing lives

*Helping Nebraskans with disabilities
gain greater independence*



Easter Seals Nebraska

638 North 109th Plaza
Omaha, NE 68154-1722
402.345.2200 phone
402.345.2500 fax
800.650.9880 toll free
www.ne.easterseals.com

President & CEO: January 27, 2012

Karen Carlson
Easter Seals Nebraska

Chairman of the Board:
Shane Jacobsen
NP Dodge Insurance

Past Board Chairman:
Patrick Lacy
Frankel Zacharia, LLC

Treasurer/Chairman Elect:
Jason Tonjes
Bland & Associates, P.C.

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Terry Peterson
Omaha Track Material

Programs:
Brett Wawers
Lamp, Rynearson & Associates

Development:
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Metropolitan Utilities District

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Sal Carta
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Tenaska

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Medical Center

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McGregor Interests, Inc.

Steve Ritzman
American National Bank

James Tews
Abrahams Kaslow & Cassman LLP

Pam Beuthe, Mayor Douglas Kindig &
Members of the City Council
City of La Vista
8116 Parkview Blvd.
La Vista, NE 68128

Dear Ms. Beuthe, Mayor Kindig & Council Members

Attached please find a completed application for Easter Seals Nebraska to please be provided a Special Designated License for Easter Seals Nebraska's Wine Event coming March 3, 2012 to Embassy Suites – La Vista. Michelle Porter at the Nebraska Liquor Control Commission has our credit card number ready to run once she receives your approval:

Nebraska Liquor Control Commission
ATTN: Michelle Porter
301 Centennial Mall South
P.O. Box 95046
Lincoln, NE 68509-5046

We appreciate all your efforts to help us maintain our good standing with the City of La Vista regarding this event. Please let me know if there are any questions or concerns relating to this document. I plan to attend the February 7th City Council meeting in case needed, and look forward to seeing you all then.

Sincerely,

Ingra Winkler Anderson
Marketing, Public Relations &
Resource Development Director
Easter Seals Nebraska