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**AGENDA ITEM
REQUEST/JUSTIFICATION FORM**
(To be completed by requesting Department)
Forward all requests to Sharon Bourke, LC2 Civic Center
**DEADLINE SUBMITTAL IS 3:00 P.M. WEDNESDAY
BEFORE THE TUESDAY MEETING**

Agenda item: Consent Item

(i.e. Consent/Recognition-Proclamation/Presentation/Public Hearing/Committee, etc.)

Date to be on agenda: October 11, 2016

Exact wording to be used for the agenda: Approve Special Designated Liquor License for TDS Enterprises LLC, 6908 N 118 Circle, Omaha, NE, 68142, for Reception to be held October 25, 26, 27, 2016, November 1, 2, 3, 2016, November 8, 9, 10, 2016, and November 15, 16, 17, 2016, from 5:00 pm to 7:00 pm, at Holiday Inn Express, 6939 N 102 Circle, Omaha, NE 68122, Douglas County.

Action requested: Approval of Special Designated Liquor License.

Amount requested: N/A

Object Code: N/A

Is item in current year's budget? N/A

Yes

No

Does this item commit funds in future years?

Yes

No X

If yes, explain: _____

If an agreement or contract, has the County Attorney reviewed and approved? N/A

Yes No

Previous action taken on this item, if any: None.

Recommendations and rationale or action: Approval of Special Designated Liquor License.

Will anyone speak on behalf of this item, if so who? No

If this is a rush agenda item, please explain why: N/A

Submitted by (Name & Dept.): Deborah Stuart

Ext. 402-305-3397

Date submitted: October 6, 2016

List Attachments: Application, other supporting documentation

(Attach resolution and all pertinent documentation; i.e. contract, agreement, memorandums, etc.)

Certified resolutions can be obtained at the County Clerk's website:
<http://www.douglascountyclerk.org/county-board-records/search-for-resolutions>

Completed by receiving office

Received in Administrative Office:

Date 10/6/16

Time

BOARD OF COUNTY COMMISSIONERS
DOUGLAS COUNTY, NEBRASKA

Resolved

WHEREAS, Douglas County on October 6, 2016, received from TDS Enterprises LLC, 6908 N 118 Circle, Omaha, NE, 68142, an application for a Special Designated License for a Reception and,

WHEREAS, the Reception is located at Holiday Inn Express, 6939 N 102 Circle, Omaha, NE 68122, Douglas County, and,

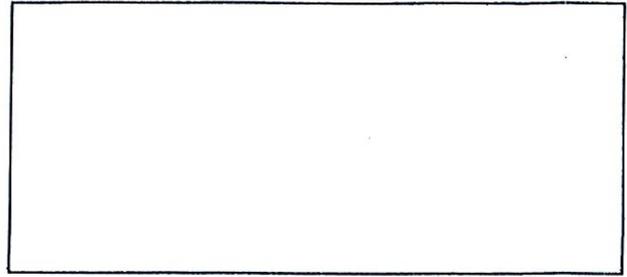
WHEREAS, the dates of the event are, October 25, 26, 27, 2016, November 1, 2, 3, 2016, November 8, 9, 10, 2016, and November 15, 16, 17, 2016, from 5:00 p.m. to 7:00 p.m.,

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COUNTY COMMISSIONERS, DOUGLAS COUNTY, NEBRASKA, THAT the Board hereby approves the above described application.

Dated this 11th day of October, 2016.

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-055441)

IK 102049

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: TDS Enterprises LLC

ADDRESS: 6908 N 118 Circle

CITY Omaha ZIP 68142

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

BUILDING NAME Holiday Inn Express

ADDRESS: 6939 N 102 Circle CITY Omaha

ZIP 68122 COUNTY and COUNTY # _____

- 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

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

Date	Date	Date	Date	Date	Date
<u>10/25/16</u>	<u>10/26/16</u>	<u>10/27/16</u>	_____	_____	_____
<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>
From <u>5 PM</u>	From <u>5 PM</u>	From <u>5-PM</u>	From _____	From _____	From _____
To <u>7 PM</u>	To <u>7 PM</u>	To <u>7 pm</u>	To _____	To _____	To _____

a. Alternate date: _____

b. Alternate location: _____
(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

Inside building, dimensions of area to be covered **IN FEET** 30 x 50
 (not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** _____ x _____

***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
 Tent other _____

7. How many attendees do you expect at event? 25-40

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 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
(Includes wineries)

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 Deborah Stuart

Signature of Event Supervisor D. Stuart

Event Supervisor phone: Before (402) 305-3397 During (402) 305-3397

Email address villagio.pizzeria2@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

D. Stuart
Authorized Representative/Applicant

Owner/manager 10-6-16
Title Date

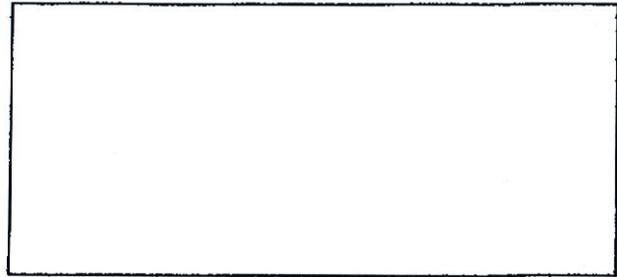
Deborah Stuart
Print Name

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.

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-055441)

IK 102049

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: TDS Enterprises LLC

ADDRESS: 6908 N 118 Circle

CITY Omaha ZIP 68142

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

BUILDING NAME Holiday Inn Express

ADDRESS: 6939 N 102 Circle CITY Omaha

ZIP 68122 COUNTY and COUNTY # _____

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

4. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application) If dates are non-consecutive, please complete a separate application.

Date <u>11/15/16</u>	Date <u>11/16/16</u>	Date <u>11/17/16</u>	Date	Date	Date
Hours From <u>5:00pm</u>	Hours From <u>5:00pm</u>	Hours From <u>5pm</u>	Hours From <u>5</u>	Hours From	Hours From
To <u>7:00pm</u>	To <u>7:00pm</u>	To <u>7pm</u>	To	To	To

a. Alternate date: _____

b. Alternate location: _____
(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 Tasting

Other _____

6. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** 30ft x 50.
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** _____ x _____

***SKETCH OF OUTDOOR AREA (or attach a diagram)**

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? _____

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 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
(Includes wineries)

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 Deborah Stuart

Signature of Event Supervisor D. Stuart

Event Supervisor phone: Before (402) 305-3397 During (402) 305-3397
Email address villagio.pizzeria2@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 D. Stuart _____ Owner/manager 10-6-16
Authorized Representative/Applicant Title Date

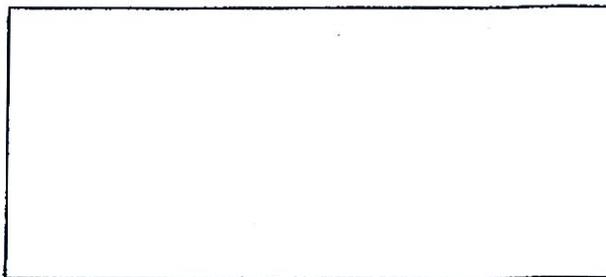
Deborah Stuart
Print Name

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.

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-055441)

IK 102049

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: TDS Enterprises LLC

ADDRESS: 6908 N 118 Circle

CITY Omaha ZIP 68142

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

BUILDING NAME Holiday Inn Express

ADDRESS: 6939 N 102 Circle CITY Omaha

ZIP 68122 COUNTY and COUNTY # _____

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

4. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application) If dates are non-consecutive, please complete a separate application.

Date <u>11/8/16</u>	Date <u>11/9/16</u>	Date <u>11/10/16</u>	Date	Date	Date
Hours	Hours	Hours	Hours	Hours	Hours
From <u>5pm</u>	From <u>5pm</u>	From <u>5pm</u>	From	From	From
To <u>7pm</u>	To <u>7pm</u>	To <u>7pm</u>	To	To	To

a. Alternate date: _____

b. Alternate location: _____
(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 Tasting

Other _____

6. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** 30 x 50
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***SKETCH OF OUTDOOR AREA (or attach a diagram)**

If outdoor area, how will premises be enclosed?

Fence; snow fence chain link cattle panel

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Tent

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

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10. Where will you be purchasing your alcohol?

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Print name of Event Supervisor Deborah Stuart

Signature of Event Supervisor D. Stuart

Event Supervisor phone: Before (402) 305-3397 During (402) 305-3397

Email address villagio.pizzeria2@gmail.com

Consent of Authorized Representative/Applicant

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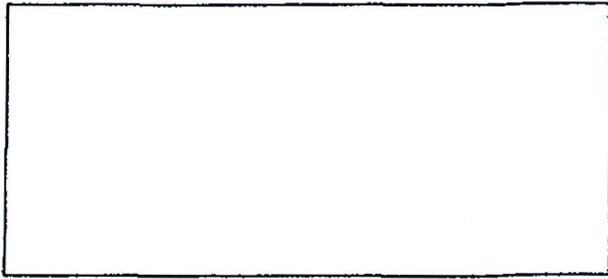
sign here D. Stuart Owner/manager 10-6-16
Authorized Representative/Applicant Title Date

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DO YOU NEED POSTERS? YES NO

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(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-055441)

IK 102049

COMPLETE ALL QUESTIONS

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NAME: TDS Enterprises LLC

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

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Date <u>11/1/16</u>	Date <u>11/2/16</u>	Date <u>11/3/16</u>	Date	Date	Date
Hours	Hours	Hours	Hours	Hours	Hours
From <u>5pm</u>	From <u>5pm</u>	From <u>5pm</u>	From	From	From
To <u>7pm</u>	To <u>7pm</u>	To <u>7pm</u>	To	To	To

- a. Alternate date: _____
- b. Alternate location: _____
(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 Tasting

Other _____

6. Description of area to be licensed
 Inside building, dimensions of area to be covered **IN FEET** 30 x 50
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Print name of Event Supervisor Deborah Stuart

Signature of Event Supervisor D. Stuart

Event Supervisor phone: Before (402) 305-3397 During (402) 305-3397

Email address villagio.pizzeria2@gmail.com

Consent of Authorized Representative/Applicant

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sign here

D. Stuart
Authorized Representative/Applicant

Owner/manager 10-6-16
Title Date

Deborah Stuart
Print Name

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DANIEL A. ESCH
DOUGLAS COUNTY CLERK / COMPTROLLER
SHERI K. LARSEN
CHIEF DEPUTY DOUGLAS COUNTY CLERK

October 6, 2016

TDS Enterprises LLC
Attn: Deborah Stuart
6908 N 118 Circle
Omaha, NE 68142

RE: Special Designated Liquor License for TDS Enterprises LLC, 6908 N 118 Circle, Omaha, NE, 68142, for Reception to be held October 25, 26, 27, 2016, November 1, 2, 3, 2016, November 8, 9, 10, 2016, and November 15, 16, 17, 2016, from 5:00 pm to 7:00 pm, at Holiday Inn Express, 6939 N 102 Circle, Omaha, NE 68122, Douglas County.

To Whom It May Concern:

The Douglas County Clerk's Office is in receipt of your application for a Special Designated Liquor License. This item has been placed on the Douglas County Board of Commissioners meeting agenda for October 11, 2016, at 9:00 a.m. in the Legislative Chambers, Omaha-Douglas Civic Center, 1819 Farnam St., Omaha, NE.

While it is not required that you be present, you may wish to send a representative who would be able to address any questions or concerns that may arise. If you have any questions, feel free to call my office at 402-444-6764.

Sincerely,

Ellen M. Sechser
Administrative Assistant
Douglas County Clerk's Office