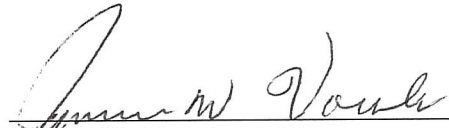


RESOLUTION #09-05

A RESOLUTION OF THE MAYOR AND THE CITY COUNCIL OF THE CITY OF FRIEND, SALINE COUNTY, NEBRASKA, APPROVING THE APPLICATION OF THE FRIEND LEGION POST #183, FOR A SPECIAL DESIGNATED PERMIT UNDER THE NEBRASKA LIQUOR CONTROL ACT, TO SELL LIQUOR, BEER AND WINE AT THE LEGION'S ROCKY MOUNTAIN OYSTER FEED TO BE HELD ON APRIL 24, 2009 TO APRIL 25, 2009 IN THE CITY OF FRIEND. THE SAID SPECIAL DESIGNATED PERMIT TO BE LIMITED TO THE INSIDE AREA OF THE LEGION HALL LOCATED AT 136 MAPLE STREET FOR THE LEGION'S ROCKY MOUNTAIN OYSTER FEED TO BE HELD BETWEEN THE HOURS OF 4:00 P.M. ON APRIL 24, 2009 AND 1:00 A.M. ON APRIL 25, 2009, PURSUANT TO THE MUNICIPAL CODE OF THE CITY OF FRIEND, AND THE NEBRASKA LIQUOR CONTROL ACT.

DATED APRIL 7, 2009

  
James W. Vossler, Mayor

  
Dan Drake, Councilman

  
Stanley Krause, Councilman

  
Dale Lawver, Councilman

  
Harlan Schrock, Councilman



ATTEST:

(Seal)

  
City Clerk

This resolution was offered by Councilperson Krause, seconded by Councilperson Schrock. Upon roll call, voting aye, Lawver, Drake, Schrock, Krause; voting nay, none. Said resolution was passed and approved and the Clerk was directed to enter the same at large upon the minutes and to certify a copy to accompany the application for the special designated permit to the Nebraska Liquor Control Commission.



# CITY OF FRIEND

NEBRASKA

68359

235 Maple Street

Phone (402) 947-2711

*"From a friend  
in Friend"*



April 7, 2009

To Whom It May Concern,

The Friend Police Department has been notified that the Friend Legion Post #183 is making application to the Nebraska Liquor Control Commission for a Special Designated License for a Rocky Mountain Oyster Feed. This permit application is for Friday, April 24, 2009, 4:00 p.m. until Saturday, April 25, 2009, 1:00 a.m. It is understood that this license would be for the inside area of the Legion Hall located at 136 Maple Street. There will be local law enforcement on duty in the City of Friend during these hours.

This note is to confirm that the Friend Police Department has been informed of this event, and at this time, the Friend Police Department is not aware of any reason the event should not occur.

Sincerely,

Mark McFarland  
Chief of Police

**NEBRASKA LIQUOR CONTROL COMMISSION**  
**Application for Special Designated License**  
**Under Nebraska Liquor Control Act**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT AS 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.

AS SIGNATORY I CONSENT TO THE RELEASE OR 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 ITS 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.

NAME OF CORPORATION: AMERICAN LEGION POST 183

FEDERAL TAX ID NUMBER: 47-60-33026

Robert W. Mead

SIGNATURE OF TITLE OF CORPORATE OFFICERS

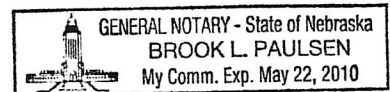
THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01). NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 7<sup>th</sup> DAY

OF April 2009.

Brook L. Paulsen

NOTARY PUBLIC SIGNATURE & SEAL



AMERICAN LEGION OF FRIEND, NE  
FORD BANKA POST 183  
RICHARD K. SMITH, TREASURER  
207 EAST 3RD STREET  
FRIEND, NE 68359

76-212/1049  
103644

563

DATE April 6, 2009

0 DELUKE VALLET ON DUPLICATE

PAY TO  
THE ORDER OF

state of Nebraska Comm, \$ 40<sup>00</sup>/<sub>100</sub>  
forty and 00/100 DOLLARS

 Security Features  
Indicated  
Details on Back.



MEMO

Richard K Smith NP

⑆ 104902127⑆

⑆ 103⑆⑆ 644⑆⑆ 0563

SPECIALTY LEAD

**APPLICATION FOR SPECIAL DESIGNATED LICENSE  
NON PROFIT APPLICANTS**

NEBRASKA LIQUOR CONTROL COMMISSION  
P.O. Box 95046  
Lincoln NE 68509-5046

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- Applications must be received in the Commission Office 10 working days (excluding weekends and holidays) prior to the date of the event
- Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission
- A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
- APPROVAL FROM CITY, VILLAGE OR COUNTY CLERK** must be included with this application
- A Signed Statement from Local Police Chief or County Sheriff
- Letter from IRS declaring your organization exempt from payment of federal income taxes, or copy of federal tax return, as filed with the IRS, as well as affidavit signed by an officer of the organization declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served or consumed:     Beer             Wine             Distilled Spirits

2. Status of applicant (check one):

Municipal     Political     Fine Arts     Fraternal     Religious     Charitable     Public Service

3. Name and Address of applicant (as listed on liquor license) (street, city, county, zip code)

AMERICAN LEGION POST 183 136 MAPLE FRIEND SALINE CO 68359

4. Address or location of premises to be covered by license, (city, county, zip code)

FRIEND SALINE CO 68359

5. Address of where alcohol is to be stored if other than at location listed in question #4 above

6. Name, address, phone/cell phone number of owner or lessee of premises for which the license is requested

AMERICAN LEGION 136 MAPLE

7. **DATE(S) OF EVENT** (If Sunday, attach Sunday sales ordinance) no more than six (6) consecutive days per application

THURSDAY APRIL 24, 2009

a) If alternate date is requested please list below (must be approved at local level prior to event)

ALTERNATE DATE:

b) If alternate location is requested please list below (must be approved at local level prior to event)

ALTERNATE LOCATION:

8. Time(s) of event (example 8:00 am to 1:00 am, this is considered one day)

FROM: 4:00 PM TO: 1:00 AM

9. Describe type of activity to be carried on during the time period for which the license is requested

ROCKY MOUNTAIN FEED

10. Provide an estimated number of attendees at this event 125. If the number of attendees is over 150 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages

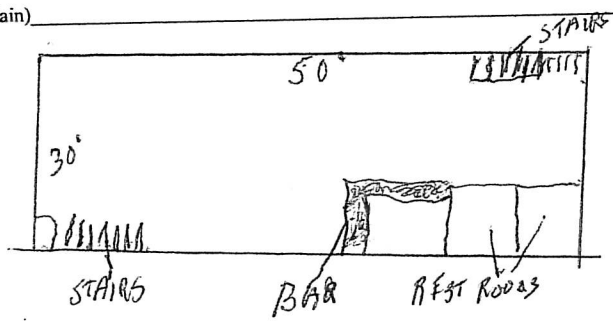
11. Attach a signed statement from your local police chief or county sheriff, whichever is applicable, that local law enforcement has been informed in advance of this event, and if they are aware of any reason the event should not occur

12. Description of the premises:  Inside Building  Outdoor Area

Dimensions of area to be covered by license: 70 x 30 Draw in the space provided below area where  
liquors will be sold and consumed LENGTH WIDTH (feet)

If outdoor area, how will premises be separated from areas open to the general public?

- Fence, Type of fence \_\_\_\_\_
- Tent
- Other (explain) \_\_\_\_\_



13. Is the premises to be covered by the license located within the city/village limits?.....  YES  NO

14. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?.....  YES  NO

15. Is the premises to be covered by the license within 300 feet of any university or college campus.....  YES  NO

16. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number  
1<sup>st</sup> ST. LIQUOR 79456

Check here if for consumption only  (no purchases or sales, i.e. byob)

17. Will the premises to be covered by the license comply with all Nebraska sanitation laws?.....  YES  NO

18. Are there separate toilets for both men and women?.....  YES  NO

19. Other information or requests for exemptions, must be requested and approved prior to event:

20. Will there be any games of chance operating during the event?  YES  NO If so, describe activity

PICKLE CARDS

NOTICE: 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.

21. Name and telephone number/cell phone number of immediate supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to.

DARREN THOMPSON

941-4567

22. 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

ROBERT MEAD

Authorized Representative/Applicant

POST SERVICE OFFICER

Title

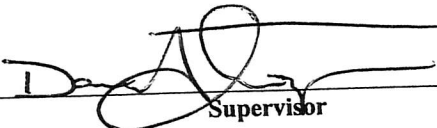
4/9/09

Date

ROBERT MEAD

Print Name

sign here



Supervisor

post commander

Title

6/2/09

Date

Darren Thompson

Print Name

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.

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.