



City of Auburn

1101 J Street
Auburn, Nebraska 68305

402-274-3420
402-274-4154 fax
www.auburn.ne.gov

MAYOR

Scott Kudrna

COUNCIL MEMBERS

Katy Billings

Shawn Clark

Tom Clark

Larry Holtzman

Rick Janssen

Jeff Jeanneret

CALL, AND NOTICE OF SPECIAL MEETING
OF THE MAYOR AND CITY COUNCIL OF
THE CITY OF AUBURN, NEMAHA
COUNTY, NEBRASKA

STATE OF NEBRASKA)
COUNTY OF NEMAHA) ss.
CITY OF AUBURN)

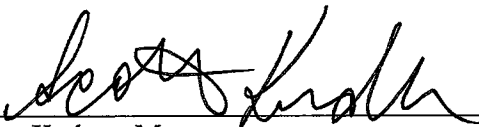
TO THE MEMBERS OF THE CITY COUNCIL OF THE CITY OF AUBURN,
NEMAHA COUNTY, NEBRASKA, AND TO WHOM IT MAY CONCERN:

A SPECIAL MEETING OF THE MAYOR AND THE CITY COUNCIL OF THE
CITY OF AUBURN, NEMAHA COUNTY, NEBRASKA, is hereby called to be
held at the City Hall at 1101 "J" Street in the City of Auburn, Nemaha County,
Nebraska, on the 30th day of May, 2013 at 7:00 P.M. for the following objects and
purposes, which shall constitute the Agenda for said Special Meeting.

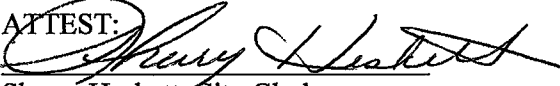
1. **ANNOUNCE** – "I am required by law to inform the public that a copy of the
Open Meetings Act is posted on the North wall of these Chambers by the
entrance door."
2. **ROLL CALL.**
3. **MCLYNN INC dba SOUTHSIDE BAR** – Application for a Special
Designated Liquor License for a Dance/Fund Raiser(Firemen) at 1417 19th
Street on June 8, 2013.
4. **ADJOURNMENT.**

NOTICE is hereby given that the Mayor and City Council of the City of Auburn,
Nemaha County, Nebraska, shall meet at the place, date and time herein set forth and
for the objects and purposes herein stated.

Dated the 22nd day of May, 2013.



Scott Kudrna, Mayor
City of Auburn, Nemaha County, Nebraska

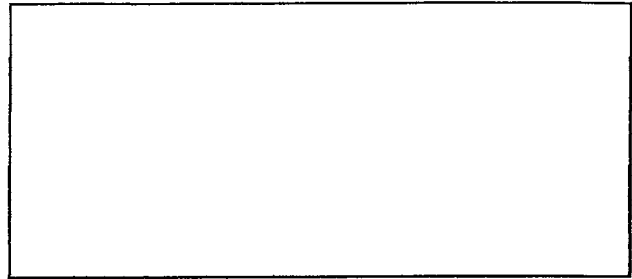
ATTEST: 

Sherry Heskett, City Clerk
City of Auburn, Nemaha County, Nebraska



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) IB-060169

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

NAME: McLYNN, Inc. dba Southside Bar

ADDRESS: 1417 19th St.

CITY Auburn ZIP 68305

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

BUILDING NAME Southside Bar

ADDRESS: 1417 19th St. CITY Auburn

ZIP 68305 COUNTY and COUNTY# Nemaha 44

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 <u>6-8-13</u>	Date	Date	Date	Date	Date
Hours From <u>8:00 AM</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>1:00 AM</u>	To	To	To	To	To

a. Alternate date: N/A

b. Alternate location: _____
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

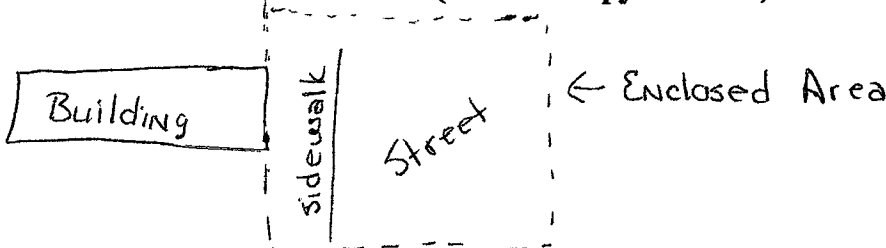
- Dance
 Reception
 Fund Raiser (Firemen)
 Beer Garden
 Sampling/Tasting
 Other _____

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** 50 x 60

***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? 100

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)

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 Jeff FALK

Signature of Event Supervisor *Jeffrey A. Falk*

Phone of Event Supervisor: Before 402-274-9961 During 402-274-9961

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 *Kayla J Falk* Owner 5-8-13
Authorized Representative/Applicant Title Date

KAYLA J FALK
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.