VILLAGE OF WATERLOO RESOLUTION NO. 05-13-24-06

WHEREAS, Waterloo Days Foundation has submitted an application to the Village of Waterloo for a special designated liquor license for consumption of alcohol at an outdoor event; and

WHEREAS, the outdoor event will be located on Third Street from North Front Street to Lincoln Avenue and 278ft of Washington Street east of Third Street; and

WHEREAS, the date of the event is Saturday, August 24, 2024 from 11:00am to 1:00am and Sunday, August 25 from 1:00pm to 6:00pm.

BE IT RESOLVED, BY THE BOARD OF TRUSTEES OF THE VILLAGE OF WATERLOO, NEBRASKA, AS FOLLOWS:

THAT, the special designated liquor license application by the Waterloo Days Foundation for an outdoor event on August 24, 2024 from 11:00am to 1:00am and Sunday, August 25 from 1:00pm to 6:00pm is hereby approved.

PASSED THIS 13 DAY OF MM, 2024

ATTEST:

Melissa Smith Village Clerk Village of Waterloo

Travis Harlow Chairperson

SDL-LOCAL RECOMMENDATION

NEBRASKA LIQUOR CONTROE COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046

LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814

EMAIL: <u>lcc.sdl.licensing@nebraska.gov</u> WEBSITE: <u>www.lcc.nebraska.gov</u>

WATERLOO DAYS FOUNDATION

License #			DAYS FOUNDATION
			n-Profit Organization
Event location name:	DOMNI	OVVIN V	VATERLOO, NE
Event address/location	3rd Street (Drye	rs Rd to East Lin	coln Ave + 3rd Washington Half block toward 2nd Washington)
Event date(s):	8/24	8/25	
Event start time(s):	<u>11AM</u>	1PM	
Event end time(s):	1AM	6PM	
Indoor area to be licen	sed in length & v	width: NA	
Outdoor area to be lice	ensed in length &		X 48' (Must submit a diagram)
Alternate dates/times:	<u>NA</u>		
Alternate location nam	ne/location: N	1	•
Type of alcohol to be	served: Beer	X Win	ne Distilled SpiritsX
Event contact name:	SARA MANO	SIAMELI_E	Event contact phone number: 402-880-1446
Event contact Email:	SARACM85@)GMAIL.CO	M / WATERLOODAYSNE@GMAIL.COM
*Signature Authorized	l Representative:	Sara	Mangiameli
Local Governing Bod	y completes belo	<u>w:</u>	1
The local governing b	ody for t he City	of	OR
County of		***************************************	approves the issuance of a Special Designated License
requested above.			
Local Governin	g Body Authoriz	æd Signature	Date

