

**Lancaster County, Nebraska  
AMUSEMENT LICENSE RENEWAL APPLICATION**

**Return completed form to:  
Lancaster County Clerk- 555 S. 10<sup>th</sup> Street, Lincoln, NE 68508  
Phone: 402-441-7484; Email: coclerk@lancaster.ne.gov**

**PERSONAL INFORMATION**

Applicant's Name \_\_\_\_\_ Telephone number \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Business Name \_\_\_\_\_ Telephone number \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Property Owner's Name (if different) \_\_\_\_\_ Telephone number \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

We hereby apply for an amusement license renewal from Lancaster County (original license # \_\_\_\_\_)  
to operate a \_\_\_\_\_ (list event name) for a period of \_\_\_\_\_ (number)  
hour(s) day(s) week(s) month(s) on the following dates \_\_\_\_\_

from \_\_\_\_\_ a.m./ p.m. to \_\_\_\_\_ a.m./p.m. at the following location \_\_\_\_\_

known as \_\_\_\_\_  
(name of existing establishment or corporation, if any)

**EVENT DETAILS**

Number of people anticipated and basis on which this estimate is made: \_\_\_\_\_

Seating arrangements: \_\_\_\_\_

Location of electrical wiring: \_\_\_\_\_

Details of structure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipate plans for compliance with guidelines: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach a site map to this application and return all documents and the \$10.00 fee to the County Clerk's Office, County-City Building, 555 South 10<sup>th</sup> Street, Lincoln, NE 68508, at least thirty (30) days prior to the expiration of your current license. Questions can be directed to the County Clerk's Office at 402-441-7484 or coclerk@lancaster.ne.gov**

In consideration of your granting us a license, we hereby agree to abide by all the lawful rules and regulations established by Nebraska State Statutes and the Lancaster County Board of Commissioners.

We further agree to abide by any additional conditions as set forth by the Commissioners pursuant to the recommendation of the Health Department, local law enforcement agencies or other agencies.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Applicant (if applicable)

\_\_\_\_\_  
Additional Applicant (if applicable)

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

**For office use only:** Renewal rec'd \_\_\_\_\_ Renewal app'd \_\_\_\_\_

New conditions recommended by the Board of Commissioners (if any):

Sheriff \_\_\_\_\_

Health Department \_\_\_\_\_

Planning \_\_\_\_\_

County Engineer \_\_\_\_\_

NDOR \_\_\_\_\_

Building & Safety \_\_\_\_\_

# HOLD HARMLESS AGREEMENT

Applicant(s): \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

The applicant will indemnify and hold harmless, to the fullest extent allowed by law, Lancaster County, Nebraska (the "County"), and its agents, employees, and representatives from all claims, demands, suits, actions, payments, liabilities, judgments, (including court-ordered attorneys fees), arising out of or resulting from the issuance of an amusement license and event listed above that results in bodily injury, sickness, disease, death, civil rights liability, or damage to or destruction of tangible property including loss of use resulting therefrom, and that is caused in whole or in part by the acts or omissions of the applicant or anyone directly or indirectly employed by applicant, anyone for whose acts or omissions they may be liable, or anyone attending any event held pursuant to an amusement license held by the applicant, regardless of whether or not such claim, damage, loss or expense is caused in part by a partly indemnified hereunder. Applicant shall maintain a policy or policies of insurance (or a self-insurance program) sufficient in coverage and amount to pay any judgments or related expenses from or in conjunction with any such claims.

In claims against any person or entity indemnified under this agreement by an employee or the applicant or anyone directly or indirectly employed by the applicant or anyone for whose acts they may be liable, the indemnification obligation under this agreement shall not be limited by a limitation on amount or type of damages, compensation or benefits payable by or for the applicant under workers' or workmen's compensation acts, disability benefit acts or other employee benefit acts.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Title or Legal Capacity: \_\_\_\_\_

Witness: \_\_\_\_\_