

City of Scottsbluff, Nebraska

Monday, July 20, 2015

Regular Meeting

Item Pub. Hear.5

Council to conduct a public hearing for at 6:05 p.m. as advertised for this date to consider a Class D Liquor License application for Western Travel Terminal, LLC dba Western Travel Terminal, 822 South Beltline Hwy, Scottsbluff, NE.

Minutes: Exhibit #1 – Application of WESTERN TRAVEL TERMINAL LLC (D-113000) 822 SOUTH BELTLINE HWY W. Scottsbluff, NE 69361.

Exhibit #2 – City Council Check List for Neb. Rev. Stat. §53-132 Cum Supp 2002

Exhibit #3 – Written Statement of Police Chief

Exhibit #4 – Written Statement of City Clerk

Exhibit #5 – Written Statement of Planning Administrator

At the 7/16/15 Liquor License Investigatory Board Meeting, the board recommended approval of this liquor license.

Staff Contact: Cindy Dickinson, City Clerk

**APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL**

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

RECEIVED		
MAY 21 2015		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List	<input checked="" type="radio"/> YES <input type="radio"/> NO	New/Replacing #
Class Type	D	113000
		Initial RS


Applicant name Western Travel Terminal, L.L.C., a Nebraska Limited Liability Company

Trade name Western Travel Terminal

Previous trade name n/a

Contact email address rgarwood@westernterminal.com

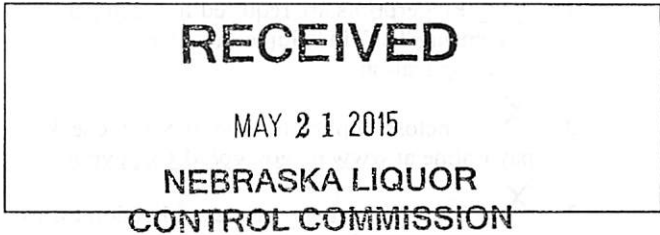
Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

Office use only	PAYMENT TYPE <u>OK 017970</u>	 1500013988
	AMOUNT: <u>\$ 400</u>	
	Received: <u>mm</u>	

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FORM 100
MAY 21 2015
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**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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/



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S) Application Fee \$400 (non refundable)

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (LLC) (requires form 3b & 3c)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application**

Name John L. Selzer Phone number: 308-632-3811
Firm Name Simmons Olsen Law Firm, P.C.

1. Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application.
2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport
3. Enclose the appropriate application forms;
 - Individual License (requires insert form 1)
 - Partnership License (requires insert form 2)
 - Corporate License (requires insert form 3a & 3c)
 - Limited Liability Company (LLC) (requires form 3b & 3c)
4. N/A If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for.
5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6. N/A If buying the business of a current liquor license holder:
 - a. Provide a copy of the purchase agreement from the seller (must read applicants name).
 - b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
 - c. Enclose a list of the assets being purchased (furniture, fixtures and equipment).
7. N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).
8. Enclose a list of any inventory or property owned by other parties that are on the premises.
9. For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
 - a. For residency enclose proof of registered voter in Nebraska
 - b. See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>
10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.
11. Submit a copy of your business plan.

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NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature

Date

PREMISES INFORMATION

Trade Name (doing business as) Western Travel Terminal

Street Address #1 822 S. Bellline Highway W

Street Address #2 _____

City Scottsbluff County Scotts Bluff Zip Code 69361

Premises Telephone number 308-635-9610

Business e-mail address rgarwood@westernterminal.com

Is this location inside the city/village corporate limits: YES NO **MAY 21 2015**

Mailing address (where you want to receive mail from the Commission)

Name Western Travel Terminal, L.L.C. c/o Roger Garwood

Street Address #1 822 S. Bellline Highway W

Street Address #2 _____

City Scottsbluff State NE Zip Code 69361

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length ___ x width ___ in feet 111'5" x 17'8" x 111'4 1/2" x 37'3 3/4" x 78'4 5/8"

Is there a basement? Yes ___ No X If yes, length ___ x width ___ in feet

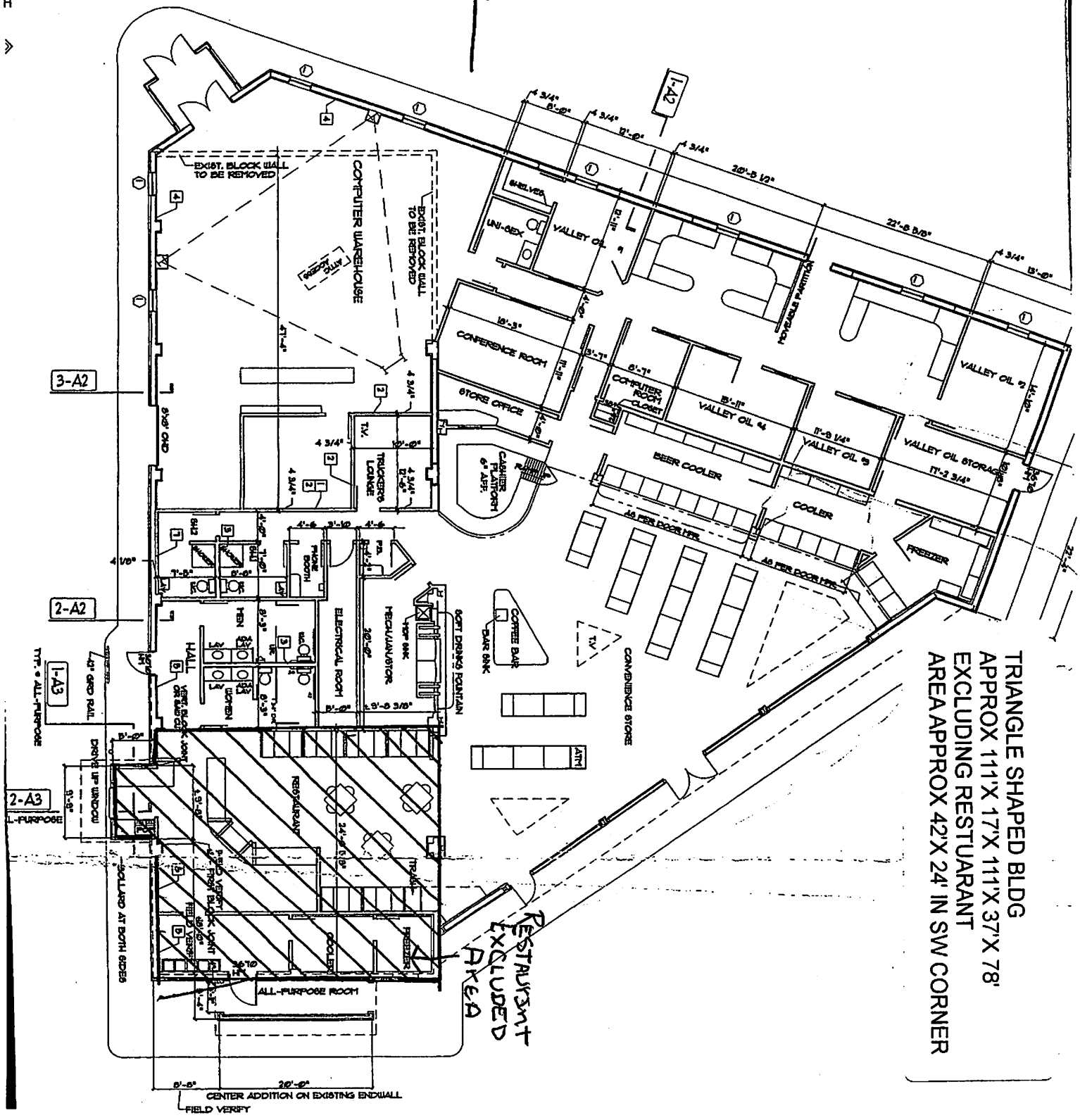
Is there an outdoor area? Yes ___ No X If yes, length ___ x width ___ in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

See enclosed Floor plan.

TRIANGLE SHAPED BLDG
APPROX 111'X 17'X 111'X 37'X 78'
EXCLUDING RESTUARANT
AREA APPROX 42'X 24' IN SW CORNER

TH
>



TRIANGLE SHAPED BLDG
 APPROX 111' X 17' X 111' X 37' X 78'
 EXCLUDING RESTAURANT
 AREA APPROX 42' X 24' IN SW CORNER

Western Travel Terminal, L.L.C.

List of inventory or property owned by other parties that are on the premises.

- Western Terminal Transportation, L.L.C. (leases office space in northeast section of building):
 - Miscellaneous office furniture and equipment

- La Plaza Restaurant (leases restaurant in southwest section of building):
 - Tables/chairs, cooking equipment, food inventory, and other miscellaneous restaurant items

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NEBRASKA LIQUOR
CONTROL COMMISSION

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Roger Garwood, CEO	04/2015	Responsible Beverage Service Training (Scottsbluff) (certificate not yet received)

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
		MAY 21 2015
		NEBRASKA LIQUOR CONTROL COMMISSION

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- Lease: expiration date _____
- Deed
- Purchase Agreement

14. When do you intend to open for business? Business is open

15. What will be the main nature of business? Convenience Store

16. What are the anticipated hours of operation? 24 hours per day, 7 days per week

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS; APPLICANT AND SPOUSE MUST COMPLETE						
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR		
	FROM	TO		FROM	TO	
Roger Garwood, Scottsbluff, NE	1985	Present	Mary Garwood, Scottsbluff, NE	1985	Present	
Paul Reed, Scottsbluff, NE	1990	2007	N/A			
Paul Reed, Gering, NE	2007	Present	N/A			
Craig Carlson, Mitchell, NE	1999	Present	April Carlson, Mitchell, NE	1999	Present	

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>


Signature of Applicant

Paul L. Reed
Print Name

Signature of Applicant

Print Name

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MAY 21 2015
Signature of Spouse

**NEBRASKA LIQUOR
CONTROL COMMISSION**
Print Name

Signature of Spouse

Print Name

ACKNOWLEDGEMENT

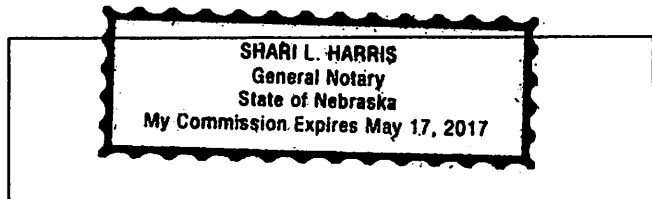
State of Nebraska
County of Scotts Bluff

The foregoing instrument was acknowledged before me this

12 of May 2015
date

by Paul L. Reed
name of person(S) acknowledged (individual(s) signing)


Notary Public signature



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

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

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Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>

Craig L Carlson
Signature of Applicant

Craig Carlson
Print Name

Signature of Applicant

Print Name

April Carlson
Signature of Spouse

April Carlson
Print Name

Signature of Spouse

Print Name

RECEIVED
MAY 21 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

ACKNOWLEDGEMENT

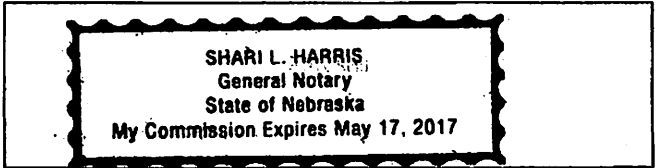
State of Nebraska
County of Scotts Bluff

The foregoing instrument was acknowledged before me this

15 May 2015
date

by Craig and April Carlson
name of person(S) acknowledged (individual(s) signing)

Shari L Harris
Notary Public signature



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Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>


Signature of Applicant

Roger Garwood
Print Name

Signature of Applicant

Print Name


Signature of Spouse

Mary Garwood
Print Name

Signature of Spouse

Print Name

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MAY 21 2015

NEBRASKA LIQUOR CONTROL COMMISSION

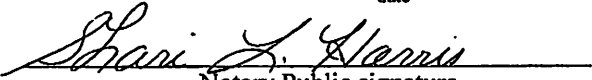
ACKNOWLEDGEMENT

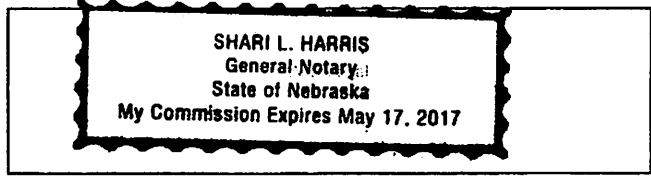
State of Nebraska
County of Scotts Bluff

The foregoing instrument was acknowledged before me this

12 May 2015
date

by Roger Garwood and Mary K Garwood
name of person(S) acknowledged (individual(s) signing)


Notary Public signature



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

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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

Office Use
MAY 21 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

April Carlson
Signature of spouse asking for waiver
(Spouse of individual listed below)

April Carlson
Printed name of spouse asking for waiver

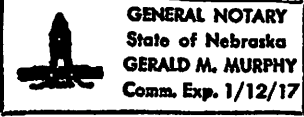
State of Nebraska

County of Scotts Bluss

4/16/15
date

The foregoing instrument was acknowledged before me this
by April L Carlson
name of person acknowledged

Gerald M. Murphy
Notary Public signature

Affix Seal 

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Craig L Carlson
Signature of individual involved with application
(Spouse of individual listed above)

Craig L. Carlson
Printed name of applying individual

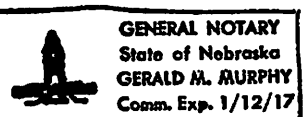
State of Nebraska

County of Scotts Bluss

4/16/15
date

The foregoing instrument was acknowledged before me this
by Craig L Carlson
name of person acknowledged

Gerald M. Murphy
Notary Public signature

Affix Seal 

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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

Office Use
RECEIVED
MAY 21 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Mary K. Garwood
Signature of spouse asking for waiver
(Spouse of individual listed below)

Mary K. Garwood
Printed name of spouse asking for waiver

State of Nebraska
County of Scotts Bluff
March 11, 2015
date

The foregoing instrument was acknowledged before me this
by Mary K. Garwood
name of person acknowledged

Lurray A. Neuwirth
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
LURAY A. NEUWIRTH
My Comm. Exp. August 27, 2016

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Roger R. Garwood
Signature of individual involved with application
(Spouse of individual listed above)

Roger R. Garwood
Printed name of applying individual

State of Nebraska
County of Scotts Bluff
5/11/15
date

The foregoing instrument was acknowledged before me this
by Roger R. Garwood
name of person acknowledged

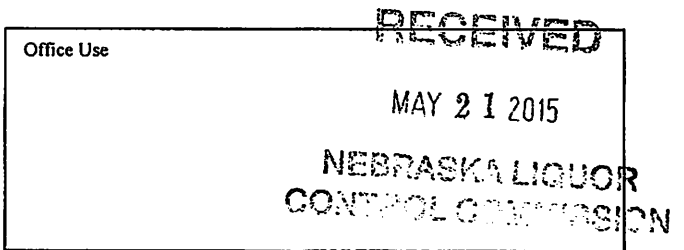
Sandra L. Brown
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
SANDRA L. BROWN
My Comm. Exp. November 7, 2015

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

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



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Paul L. Reed

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
Western Travel Terminal, L.L.C.

LLC Address: 822 S. Beltline Highway W

City: Scottsbluff State: NE Zip Code: 69361

LLC Phone Number: 308-635-7374 LLC Fax Number: N/A

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Reed First Name: Paul MI: L

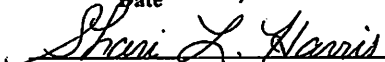
Home Address: 3404 E. Deer Haven Drive City: Gering

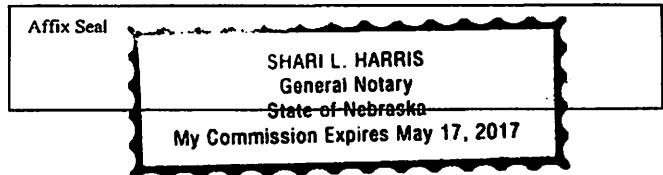
State: NE Zip Code: 69341 Home Phone Number: 308-635-0185 (cell)


Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Scotts Bluff The foregoing instrument was acknowledged before me this
12 of May 2015 by Paul L. Reed
Date name of person acknowledge


Shari L. Harris



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: ^{Western Terminal Storage, Inc. (see attached form 3a and organizational chart)} _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 86.17%

Last Name: Hill First Name: Ron MI: D
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 3.785%

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NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: Hill First Name: Lori MI: A
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 3.785%

Last Name: Hillius First Name: Stanley MI: T
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Marjorie M. Hillius
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 3.13%

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Hillius First Name: Marjorie MI: M

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Stanley T. Hillius

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 3.13%

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

In compliance with the ADA, this corporation insert form 3a its available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

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NEBRASKA LIQUOR
CONTROL COMMISSION

If yes, provide the Federal ID #.

YES NO

Is this a Non Profit Corporation?

Starting Date: January 1 Ending Date: December 31

Indicate the company's tax year with the IRS (Example January through December)

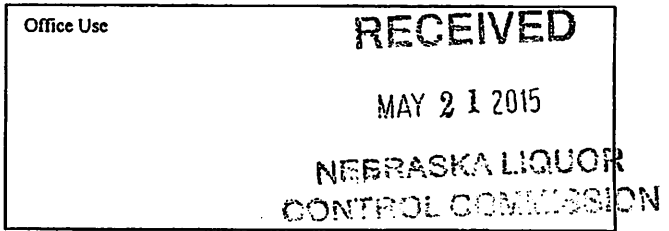
If yes, provide the following: Western Terminal Storage, Inc., a Nebraska Corporation
1) Name of corporation
2) Supply an organizational chart of the controlling corporation named above
3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

YES NO

Is the applying Limited Liability Company controlled by another corporation/company?

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

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



Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License Form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (must show electronic stamp or barcode receipt by Secretary of States Office)

Name of Registered Agent: Thomas T. Holyoke

Name of Corporation that will hold license as listed on the Articles

Western Terminal Storage, Inc. (majority owner of Western Travel Terminal, L.L.C. which will hold the license)

Corporation Address: 2970 North 10th Street

City: Gering State: NE Zip Code: 69341

Corporation Phone Number: 308-635-2213 Fax Number 308-635-0182

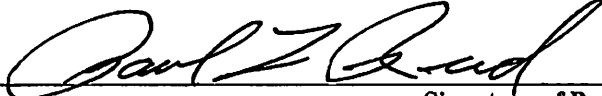
Total Number of Corporation Shares Issued: 680

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Reed First Name: Paul MI: L

Home Address: 3404 E. Deer Haven Drive City: Gering

State: NE Zip Code: 69361 Home Phone Number: 308-631-0185 (cell)

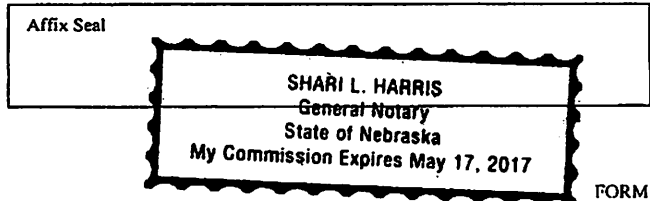

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Scotts Bluff The foregoing instrument was acknowledged before me this

12 of May 2015 by Paul L. Reed
Date name of person acknowledge

Shari L. Harris



FORM 101
REV JAN 2015
Page 1 of 4

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Reed First Name: Paul MI: L
Social Security Number: _____ Date of Birth: August 29, 1954
Title: President, Director, Shareholder Number of Shares 277.5 (40.8%)
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: N/A Date of Birth: N/A

Last Name: Carlson First Name: Craig MI: L
Social Security Number: _____ Date of Birth: March 25, 1956
Title: Secretary, Treasurer, Director, Shareholder Number of Shares 277.5 (40.8%)
Spouse Full Name (indicate N/A if single): April Carlson *Signed Spouse*
Spouse Social Security Number: _____ Date of Birth: September 24, 1958

Last Name: Robinson First Name: Wesley MI: J
Social Security Number: _____ Date of Birth: _____
Title: Vice President, Director, Shareholder Number of Shares 125 (18.4%)
Spouse Full Name (indicate N/A if single): Johnna M. Robinson
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____
Social Security Number: _____ Date of Birth: MAY 21 2015
Title: _____ Number of Shares _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

RECEIVED

NEBRASKA LIQUOR CONTROL COMMISSION

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

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MAY 21 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

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MAY 21 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

If yes, provide the Federal ID # _____

YES NO

Is this a Non-Profit Corporation?

Starting Date: January 1 _____
Ending Date: December 31 _____

Indicate the corporation's tax year with the IRS. (Example: January through December)

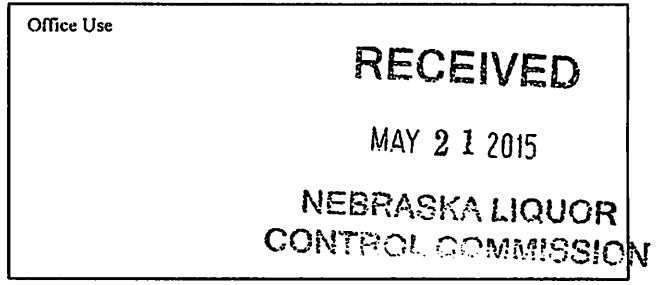
If yes, provide the following:
1) Name of corporation _____
2) Supply an organizational chart of the controlling corporation named above
3) Controlling corporation MUST be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

YES NO

Is the applying corporation controlled by another corporation/company?

**MANAGER APPLICATION
INSERT - FORM 3c**

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



MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC Information

Name of Corporation/LLC: Western Travel Terminal, L.L.C.

Premise Information

Liquor License Number: _____ Class Type _____ (if new application leave blank)

Premise Trade Name/DBA: Western Travel Terminal

Premise Street Address: 822 South Beltline Highway W

City: Scottsbluff County: Scotts Bluff Zip Code: 69361

Premise Phone Number: 308-635-7374

Email address: rgarwood@westernterminal.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals. http://www.lcc.ne.gov/license_search/licsearch.cgi


SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Garwood First Name: Roger MI: R
 Home Address (include PO Box if applicable): 2702 19th Avenue
 City: Scottsbluff County: Scotts Bluff Zip Code: 69361
 Home Phone Number: 308-631-8820 (cell) Business Phone Number: 308-635-7374
 Social Security Number: _____ Drivers License Number & State: G21007264; NE
 Date Of Birth: May 19, 1954 Place Of Birth: Alliance, NE
 Email address: rgarwood@westernterminal.com **RECEIVED**

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted) MAY 21 2015
 YES NO NEBRASKA LIQUOR CONTROL COMMISSION

Spouse's information
 Spouses Last Name: Garwood First Name: Mary MI: K ★
 Social Security Number: _____ Drivers License Number & State: G21008705; NE
 Date Of Birth: June 29, 1954 Place Of Birth: Paxton, NE *Signed Spouse*

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Scottsbluff, NE	1985	Present	Scottsbluff, NE	1985	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2014	Vertex Business Services	Kevin Patterson	308-220-5200
1997	2000	Garwood Distributing	Roger Garwood (Self Employed)	308-631-8820

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

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MAY 21 2015

YES NO

NEBRASKA LIQUOR
CONTROL COMMISSION

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
See Attached				

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

YES NO

IF YES, list the name of the premise(s):

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

YES NO

4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Roger Garwood	04/2015	Responsible Beverage Service Training (Scottsbluff) (certificate not yet received)
		RECEIVED
		MAY 21 2015
		NEBRASKA LIQUOR CONTROL COMMISSION

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Mary K. Garwood
Signature of Manager Applicant

Roger Garwood
Signature of Spouse

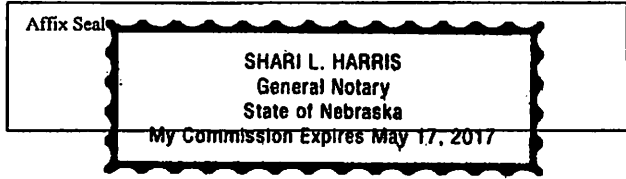
RECEIVED
MAY 21 2015

ACKNOWLEDGEMENT

NEBRASKA LIQUOR CONTROL COMMISSION

State of Nebraska
County of Scotts Bluff The foregoing instrument was acknowledged before me this
12 May 2015 date by Roger Garwood and Mary K. Garwood
name of person acknowledged

Shari L. Harris
Notary Public signature



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

CHECK LIST**Neb. Rev. Stat. §53-132 (Reissue 2010)**

Council should determine the propensity of whether or not to grant the liquor license that has been requested. In that regard, suitability and fitness and the following four criteria are most important:

- (2)(a) Applicant is fit, willing and able to provide the service proposed.
- (2)(b) Applicant can conform to all laws.
- (2)(c) Applicant has demonstrated that the type of management and control exercised over the licensed premises will be sufficient to ensure conformance with law.
- (2)(d) Issuance of the license is or will be required by the present or future public convenience and necessity.

In making its determination Council may also consider as the Nebraska Liquor Control Commission will consider, the following. The Council should not base its recommendation on any of the following criteria, but may chose to comment to the Commission about one or more of the criteria:

- (3)(b) Citizen's protest.
- (3)(c) Existing population/growth.
- (3)(d) The nature of the neighborhood around the location.
- (3)(e) Existence of other licenses.
- (3)(f) Existing motor vehicle and pedestrian traffic in the vicinity.
- (3)(g) Adequacy of existing law enforcement.
- (3)(h) Zoning restrictions.
- (3)(i) Sanitary conditions.
- (3)(j) Whether the type of business or activity proposed will be consistent with the public interest.

*OTHER COUNCIL CONCERNS

Memorandum

To: THE HONORABLE MAYOR AND MEMBERS OF THE CITY COUNCIL
From: Kevin Spencer, Chief of Police
Date: 7/17/2015
Re: Application for a Class D Liquor License number D-11300, Western Travel Terminal LLC dba Western Travel Terminal Scottsbluff, Nebraska

AUTHORITY: The Scottsbluff Police Department reports specific information to the City Council whenever a liquor license application is presented. The information furnished by the Police Department conforms to Chapter 53, Reissue Revised Statutes of Nebraska 1943, and Section 53-132, which outlines the factors which the Commission may consider in granting a liquor license.

COMMENTARY

53-132: Section 2

(A) The applicant is fit, willing and able to properly provide the service proposed within the city where the premises described in the application are located:

On July 10, 2015 a background was completed on Roger Garwood WTT Manager, Paul L. Reed, and Craig Carlson both majority shareholders Western Travel Terminal LLC. All three reported only traffic citations on the application. The background investigation revealed only traffic citations no criminal history for all three.

I am aware that Western Travel Terminal has failed four compliance checks in the past November 2002, April 2003, September 2004 and October 2005. The last compliance failure October 2005 was under a new liquor license. As a result of the 2005 failure the Scottsbluff City Council voted to revoke the license. In December of 2005 the Nebraska Liquor Commission did in fact revoke WTT's license. In talking to NSP Trooper Otto and members of the NE Liquor Commission it is unknown if WTT is eligible for a license due to the revocation. Trooper Otto told me that she will require a hearing in Lincoln to determine this.

In reviewing just the information provided on the liquor license application, without considering the historical facts, I find no legal reason to disqualify the applicants or find them unfit from obtaining a license.

(B) The applicant can conform to all provisions, requirements, rules and regulations provided for in the Nebraska Liquor Control Act:

Any operator must adhere to the existing laws while doing business in the community and adhere to acceptable business practices.

In talking to Roger Garwood the Manager on the Liquor License, I learned that he personally does not have any experience in the alcohol industry. Roger did relay that Paul Reed, also listed on the application did have experience in the alcohol industry, citing the past WTT licenses.

Roger told me the business will paddle lock the coolers containing alcohol when they can no longer legally sell it. Roger also told me that all other alcohol will be kept behind the back counter.

The applicant appears to have the ability and willingness to conform to language within the Nebraska Liquor Control Act.

(C) The applicant has demonstrated that the type of management and control exercised over the licensed premises will be sufficient to insure that the licensed business can conform to all provisions, requirements, rules and regulations provided for in the Nebraska Liquor Control Act:

Roger reported that the business is constantly under video surveillance. Roger said that the store Manager Jenny Sims will be responsible for the alcohol inventory and required to complete it at least quarterly.

Roger told me that they have purchased scanners for each of the registers that will aid employees in determining the age of an individual. Roger told me that he recently completed Responsible Beverage Service Training adding all of the WTT employees have except to new employees who are scheduled to attend the next session in July. Roger said that the store policy will be to terminate anyone who sells alcohol to a minor.

Roger also reported the store has 8 or 9 employees with 5 to 6 years of experience and continued employment with WTT. Roger stated they will have additional staff during the evening and night shifts adding that there will be 3 employees working at 0100 hours.

The applicant appears committed to complying with all provisions, requirements, rules and regulations provided for in the Nebraska Liquor Control Act.

(D) The issuance of the license is or will be required by the present or future public convenience and necessity:

The establishment will be opened seven days a week 24 hours a day. The location is near a very busy intersection controlled by a traffic signal. The business neighbors a trucking company to the west, a busy carwash to the north as well as Sinclair Quick Shop and North Side Bar, to the east Panhandle COOP Main Street Market.

Oversight and accountability will be a priority for the applicants as it relates to the sale of alcoholic beverages.

SPECIFIC ISSUES COMMISSION MAY CONSIDER

(E) The existence of a citizen's protest made in accordance with Section 53-133:

There have been no known citizen protests of this business.

(F) The nature of the neighborhood or community of the location of the proposed licensed premises:

The business is located at 822 South Beltline Highway West Scottsbluff, NE. It is a convenience store/truck stop that will attract customers at all hours. Its location is easily accessible and convenient for customers. I would not anticipate any issues with location.

(G) The existence or absence of other retail licenses or bottle club licenses with similar privilege within the neighborhood or community of the location or the proposed licensed premises.

There are three businesses in the area with liquor licenses two that allow for offsite sales.

(H) The existing motor vehicle and pedestrian traffic flow in the vicinity of the proposed licensed premises:

Although no recent traffic studies have been completed regarding motor vehicle traffic of the general area, the traffic flow is not of a concern at this time nor is pedestrian traffic.

(I) The adequacy of existing law enforcement:

The Scottsbluff Police Department is allowed 31 full time officers in the department and handled approximately 12,760 calls for service, not including traffic citations during 2014. The number of liquor licenses within the jurisdictional boundaries of the Police Department, regardless of the class, continues to be a concern to the Police Department and even routine monitoring of their business practices is difficult. Compliance checks continue to remain a concern to those businesses that sell alcohol to minors. The Nebraska State Patrol has assumed liquor law enforcement duties and their wide jurisdiction generally precludes any particular focus in the city.

(J) Whether the type of business or activity proposed to be operated in conjunction with the proposed license is and will be consistent with the public interest:

The Police Department would reserve making any statement which would indicate that the sale of alcohol is consistent with the public interest.

Adequate staffing and training, as well as close supervision of patrons are important. Cooperation with the Police Department by management will help to eliminate or diminish potential problems with violations.

Restaurants

El Charrito Restaurant & Lounge, Inc .
Woodshed, Inc.

802 21st Avenue
18 East 16th Street

Hotel/Motel

Holiday Inn Express
Candlelight Inn & Lounge

1821 Frontage Rd.
1822 East 20th Place

Taverns/Lounges

Hight's Tavern
Silver Saddle Lounge
Dented Fender Bar and Grille
Bob's Garage & Bar
Lucky Keno LLC dba FrontSide
Backaracks Bar & Grille

20 West 18th Street
1901-B 21st Ave.
1722 Broadway
1907 Broadway
1001 Avenue I
1402 East 20th St.- Suite B

Retail

Racks (Catering)
Panhandle Cooperative Assn. (Catering)

1402 East 20th St.- Suite A
401 S. Beltline Hwy West

Clubs

Elks BPO Lodge 1367

1614 1st Avenue

Bowling Alleys

Valley Bowl Fun Center

1702 17th Ave.

TOTAL CLASS C LICENSES 14

Class D Licenses

Grocery Stores

Safeway of Western Nebraska

601 Broadway

Convenience Stores

5th & O Eastco
Family Thrift #459
Sinclair Super Shop
Panhandle Coop Assn.
Git N Split
Cheema's Gas & Liquor
Route 26 Mart
Maverik Stores Inc.,
La Bamba
Walgreens

503 East Overland
121 W 27th Street
902 West Overland
3302 Ave. B
506 West 27th Street
2002 Avenue I
1722 E 20th Street
920 West 36th St.,
721 East Overland
205 West 27th Street

Liquor Stores

Dermer's
Liquor Cabinet (Catering)
Cigarette Chain

1311 E Overland Dr.
817 West 27th Street
323 East Overland

Discount/Grocery Stores

Big Kmart #7024
Wal-Mart Supercenter #867

802 East 27th Street
3322 Avenue I

TOTAL CLASS D LICENSES 16

CLASS I LICENSES

Restaurants

Rosita's	1205 East Overland
Chili's Grill & Bar	826 West 36 th St.
Applebee's Neighborhood Grill & Bar	2621 5 th Avenue
Wonderful House Restaurant	829 Ferdinand Plaza
Taco de Oro	2601 Avenue I
Whiskey Creek Steakhouse	1802 E 20 th Place
Ole, LLC	1901 East 20 th Street
Oriental House	1502 E. 20 th St.
Emporium Coffeehouse & Cafe	1818 1 st Avenue
San Pedro Mexican Restaurant	23 West 27 th St.
Sam & Louie's Pizzeria	1522 Broadway
Taco Town	1007 West 27 th St.
Prime Cut	305 West 27 th St.

Theater

Hotel/Motel

Hampton Inn & Suites	301 W Hwy 26
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TOTAL CLASS I LICENSES 14

Class W Licenses

Wholesale

High Plains Budweiser	2810 Ave M
-----------------------	------------

TOTAL CLASS W LICENSES 1

TOTAL LICENSES

Class A	2
Class B	0
Class C	14
Class D	16
Class I	14
Class W	1
TOTAL LICENSES	47

Memo

Date: July 13, 2015
To: Honorable Mayor and City Council
From: Annie Urdiales, Planning Administrator
CC: Rick Kuckkahn, City Manager
Re: Class "D" Liquor License Application
Western Travel Terminal
822 South Beltline Highway West
Scottsbluff, NE 69361

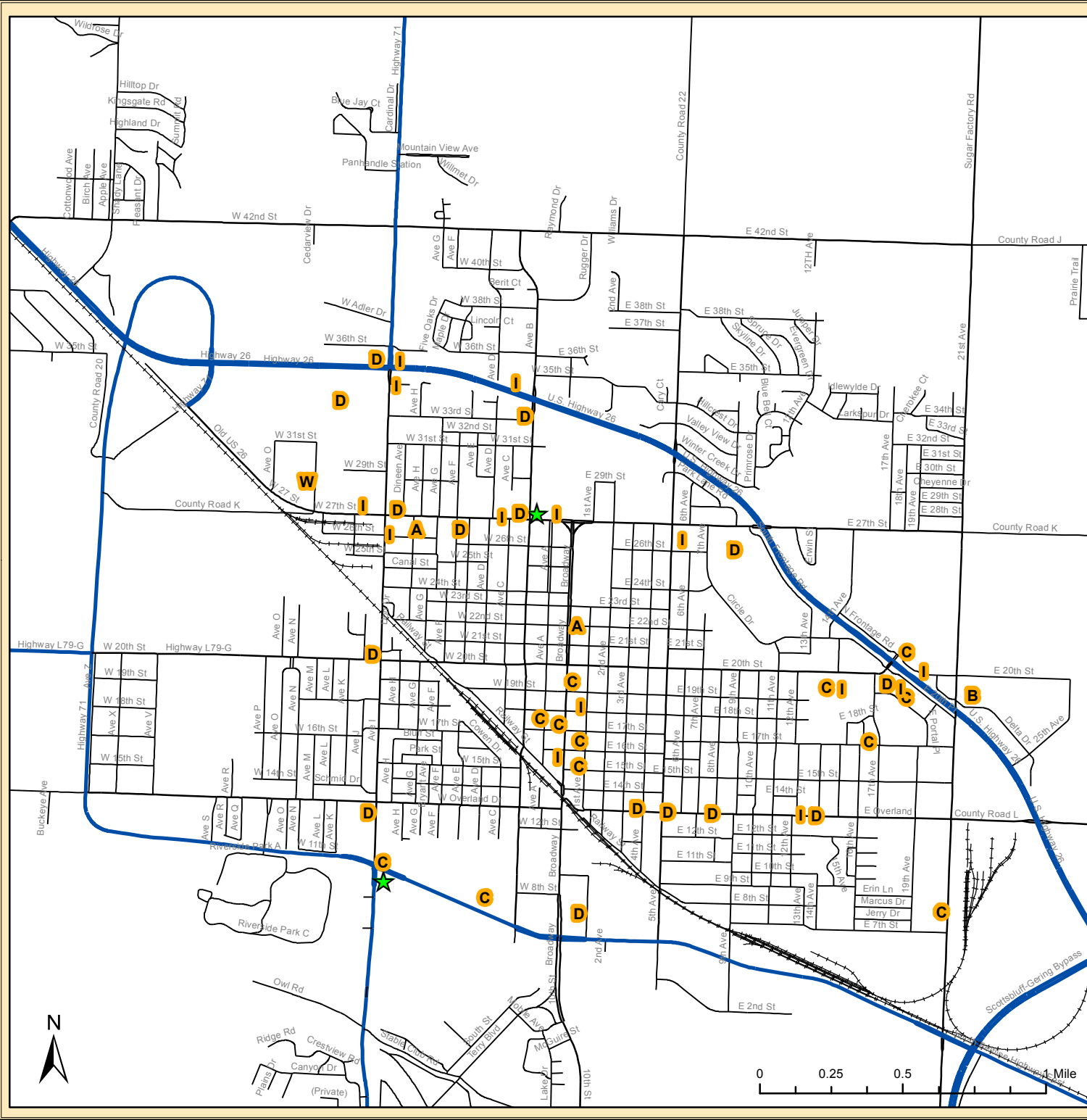
Action:

The Development Services Department is required by Article 1, Chapter 11 of the Scottsbluff Municipal Code to report specific information to the Mayor and City Council whenever a liquor license application hearing is held. In accordance with that directive the following information is offered:

- (1) The property at 822 S Beltline Hwy West is situated in a C-3 (Heavy Commercial) zoning district where convenience stores are allowed by right pursuant to the City's Zoning Ordinance, Chapter 25, of the City's Municipal Code of Ordinances.
- (2) Sufficient off-street parking is provided on the site and is consistent with the number, which is required by the City's zoning ordinance. (Retail stores and services require at least one (1) parking space for every two-hundred fifty (250) square feet of gross floor area used.) Parking will comply with this requirement.
- (3) The use of this property is consistent with the surrounding neighborhood, which is generally commercial in nature.
- (4) Western Travel is situated at the southeastern corner of the intersection of Avenue I and South Beltline Highway West. There are no schools, churches or other public institutions in close proximity to the establishment.
- (5) The existing population of Scottsbluff is approximately 15,039.

City of Scottsbluff

Liquor Licenses



Legend

New Applicants

- ★ Scottsbluff Watering Hole, Class D
- ★ Western Travel Terminal, Class D
- ~ Railroad Track
- Highway
- Main Road
- Residential

- Class A Beer only, for consumption on premises
- Class B Beer only, for consumption off premises
- Class C Alcoholic liquors, for consumption on and off premises
- Class D Alcoholic liquors, including beer, for consumption off premises
- Class I Alcoholic liquors, for consumption on the premises
- Class W Wholesale beer
- Catering Alcohol permitted by licensee's retail license, sold or served at events covered by special designated licenses

July 14, 2015

J. Reiter - City of Scottsbluff
 Coordinate System:
 NAD 1983 StatePlane Nebraska FIPS 2600 Feet
 Lambert Conformal Conic

The City makes no representation or warranty as to the accuracy, timeliness, or completeness, and in particular, its accuracy in labeling or displaying dimensions, contours, property boundaries, or placement or location of any map features thereon.