## City of Scottsbluff, Nebraska

Monday, December 7, 2015 Regular Meeting

### **Item Public Inp1**

Approve issuance of a special arts-related event wine permits for the West Nebraska Arts Center, 106 East 18th Street and special designated liquor licenses for events on the following dates: January 16, 2016; January 22, 2016; and April 22, 2016.

**Staff Contact: Cindy Dickinson, City Clerk** 

# CITY OF SCOTTSBLUFF SPECIAL ARTS-RELATED EVENT WINE PERMIT APPLICATION

Organization Name West Nebraska Arts Center
Address 106 E 18th Street Scottsbluff Phone 632-2226
Date of Event 1-16-16 StartingTime 7:00 Ending Time 10:30
Authorized Contact: Donna Thompson, Ex. Director
Description of Event Uncork Your Winter Blues Fundraiser
Estimated Attendance: 175
Event Chairman: Donna Thompson
Address 106 E. 18th Street Scottsbluff Phone 632-2226
email donna @ thewnac. com
The undersigned acknowledges reading a copy of the applicable ordinances and agrees to comply thereby:  Signed:
Print Name Donna L: Thompson  Additional Information:
******************************
PERMIT
THIS PERMIT AUTHORIZES THE CONSUMPTION OF WINE ON THE DESCRIBED PREMISE BY INDIVUDUALS WHO ARE OF LEGAL DRINKING AGE. OTHER RESTRICTIONS ARE AS FOLLOWS:
Approved by Mayor and City Council on
City ClerkDate:
Cc: Police Chief

	JICATION FOR SPECIAL GNATED LICENSE
NEBRAS 301 CEN PO BOX LINCOLI PHONE: FAX: (40 Website:	SKA LIQUOR CONTROL COMMISSION TENNIAL MALL SOUTH
	DO YOU NEED POSTERS? YES NO
	PROFIT APPLICANTS ck one that best applies)
•	
Munic	ripal Political Fine Arts X Fraternal Religious Charitable Public Service
LIQU	OR LICENSE HOLDERS
Liquo	r license number and class (i.e. C-55441)
COM	PLETE ALL QUESTIONS
1.	Type of alcohol to be served and/or consumed: Beer Wine X Distilled Spirits
2.	Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license)
	NAME: West Nebraska Arts Center
	ADDRESS: 106 E. 18th Street
	CITY Scottsbluff ZIP 69361
3.	Location where event will be held; name, address, city, county, zip code
	BUILDING NAME West Nebraska Arts Center
	ADDRESS: 106 E. 18th Street CITY Scottsbluff
	ADDRESS: TOO L. TOUT OUGET CITY OCOUSDIAN
	ZIP 69361 COUNTY and COUNTY # Scotts Bluff, 21
	a. Is this location within the city/village limits?  YES NO

FORM 108 REV MAY 2015 Page 2 of 5

YES

b.

c.

Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives?

Is this location within 300' of any university or college campus?

4. Date(s) and Time(s) of event (no more than six (6) consecutive days on one application) Date Date Date Date Date Date 1/16/16 Hours Hours Hours Hours Hours Hours From From From From From From 7:00 p.m. To To To To To To 10:30 p.m. Alternate date: none a. b. Alternate location: none (Alternate date or location must be specified in local approval) 5. Indicate type of activity to be carried on during event: Dance Reception Fund Raiser× Beer Garden Sampling/Tasting Other 6. Description of area to be licensed Inside building, dimensions of area to be covered IN FEET 73.5 x33 (not square feet or acres) \*Outdoor area dimensions of area to be covered IN FEET \*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch) If outdoor area, how will premises be enclosed? \_\_snow fence \_\_chain link \_\_cattle panel Fence; other Tent 7. How many attendees do you expect at event? 150 8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) Will premises to be covered by license comply with all Nebraska sanitation laws? YES VO 9. Are there separate toilets for both men and women? YES VNO a.

> FORM 108 REV MAY 2015 Page 3 of 5

10.	Where will you b	e purchasing your a	lcohol?			
	Wholesaler		Both	вуо	_	
11.	Will there be any	(includes winerion games of chance oper	es) rating during the ev	ent? YES NO		
If so, describe activity						
	gambling are prohibited		exceptions for Non Profit	Organizations or any eve	n are permitted. All other forms of ents raising funds for a charity. This ing permit application.	
12.	Any other informa	tion or requests for e	xemptions:			
13. Name and telephone number/cell phone number of immediate supervisor. This person location of the event when it occurs, able to answer any questions from Commissio enforcement before and during the event, and who will be responsible for ensuring that a laws, ordinances, rules and regulations are adhered to. PLEASE PRINT LEGIBLY						
	Print name of Ever	nt Supervisor				
	Signature of Event	Supervisor				
	Event Supervisor p	ohone: Before Email add				
14.	I declare that I as statements made o investigation of m waive any rights of State Patrol or any Nebraska State Par group, organizatio	n this application are y background include or causes of action a v other individual related. I further declare	Applicant presentative of the etrue to the best of a ing all records of exagainst the Nebrask easing said informate that the license appropriet or not for presentative.	above named licer my knowledge and wery kind including a Liquor Control Cotion to the Liquor Coplied for will not be	nse applicant and that the belief. I also consent to an police records. I agree to Commission, the Nebraska Control Commission or the used by any other person, went will be supervised by	
sign here _	Authorized Repres	Hompso sentative/Applicant	χ	Cy. Sire	to 11-13-15 Date	
	Donna II Print Name	Tompson		_	2	
		on the application as an o		nless a letter has been f	iled appointing an individual as	

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.

FORM 108 REV MAY 2015 Page 4 of 5

#### This page is required to be completed by Non Profit applicants only.

#### Application for Special Designated License Under Nebraska Liquor Control Act Affidavit of Non-Profit Status

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS 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(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF 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 IT'S 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.

West Nebraska Arts Center
NAME OF CORPORATION
470 499 224
FEDERAL ID NUMBER
Soma Thompson
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 \_\_\_\_\_\_\_DAY OF

November 2015

GENERAL NOTARY
State of Nebraska
Kathryne M. Herron
Comm. Exp. 1/30/16

NOTARY PUBLIC SIGNATURE & SEAL

FORM 108 REV MAY 2015 Page 5 of 5

## CITY OF SCOTTSBLUFF SPECIAL ARTS-RELATED EVENT WINE PERMIT APPLICATION

Organization Name West Nebraska Arts Center
Address 106 E 18th Street Scottsbluff Phone 632-2226
Date of Event 1-22-16 StartingTime 6:00 Ending Time 9:00
Authorized Contact: Donna Thompson, Ex. Director
Description of Event Canvases Off Broadway - Painting Clas
Estimated Attendance: 20 - 25
Event Chairman: Donna Thompson
Address 106 E. 18th Street, Scottsbluffphone 632-2226
email donna@thewnac.com
The undersigned acknowledges reading a copy of the applicable ordinances and agrees to comply thereby:
Signed: Johnson Date: 11-13-15
Print Name Donna L. Thompson
Additional Information:
********************************
PERMIT
THIS PERMIT AUTHORIZES THE CONSUMPTION OF WINE ON THE DESCRIBED PREMISE BY INDIVUDUALS WHO ARE OF LEGAL DRINKING AGE. OTHER RESTRICTIONS ARE AS FOLLOWS:
Approved by Mayor and City Council on
City ClerkDate:
Co: Police Chief

A DOLLO A THON FOR CORPORAL	
APPLICATION FOR SPECIAL DESIGNATED LICENSE	
NEBRASKA LIQUOR CONTROL COMMISSION 30I CENTENNIAL MALL SOUTH	
PO BOX 95046 LINCOLN, NE 68509-5046	
PHONE: (402) 471-2571 FAX: (402) 471-2814	
Website: <a href="www.lcc.nebraska.gov/">www.lcc.nebraska.gov/</a> Email Applications: michelle.porter@nebraska.gov	
	DO YOU NEED POSTERS? YESNOX_
NON PROFIT APPLICANTS	
(Check one that best applies)	
Municipal Political Fine Arts X Fraternal	Religious Charitable Public Service
LIQUOR LICENSE HOLDERS	
Liquor license number and class (i.e. C-55441)	
COMPLETE ALL QUESTIONS	
1. Type of alcohol to be served and/or consumed: I	Beer X Wine X Distilled Spirits
2. Licensee name (last, first,), corporate name or lin (As it reads on your liquor license)	nited liability company (LLC) name
NAME: West Nebraska Arts C	Center
ADDRESS: 106 E. 18th Street	
CITY Scottsbluff	<sub>ZIP</sub> 69361
3. Location where event will be held; name, address	city, county, zip code
BUILDING NAME West Nebraska	
ADDRESS: 106 E. 18th Street	Scottsbluff
ZIP 69361 COUNTY and	COUNTY#Scotts Bluff, 21
a. Is this location within the city/village limit	<del></del>
b. Is this location within the 150' of church, for aged/indigent or for veterans and/or w	<b>X</b>

FORM 108 REV MAY 2015 Page 2 of 5

YES\_\_NO\_X

c.

Is this location within 300' of any university or college campus?

4.	Date(s) ar	nd Time(s) of eve	ent (no more tha	an six (6) <u>consecu</u>	tive days on one	application)
Date 1/22/16		Date	Date	Date	Date	Date
Hours		Hours	Hours	Hours	Hours	Hours
From 6:00 p.n	n.	From	From	From	From	From
To 9:00 p.n		То	То	To	To	
	a. A	Iternate date: none				
	b. Al	Iternate location:	none			
		-		be specified in lo	cal approval)	
_	•			-	,	
5.	Indicate t	ype of activity to	be carried on d	uring event:		
	Dan	ce Recep	tion Fur	nd Raiser B	eer Garden	Sampling/Tasting
	Othe	er Painting Class				
					<del></del>	
6.	-	on of area to be li		covered IN FEET	' 73.5 X	33
	mside bui	namg, amiension	is of area to be t		(not square feet	<del></del>
				vered <u>IN FEE</u>	<u>r</u>	K
	*SKETC	H OF OUTDOO	OR AREA (or a	attach copy of sk	etch) (sample s	ketch)
	If outdoor	area, how will p	remises be encl	osed?		
	Fence	;snow fe	ncecl	hain link	cattle panel	
	Tent	other				
	TCII					
7.	How man	y attendees do yo	ou expect at eve	nt? <u>25</u>		
8.		0 attendees. Indieverages. (Attach			o prevent undera	ge persons from obtaining
9.	Will prem	ises to be covere	d by license cor	mply with all Neb	raska sanitation	laws? YES 🗸 NO 🗌
	a. Ar	e there separate t	oilets for both i	men and women?	YES NO _	

FORM 108 REV MAY 2015 Page 3 of 5

10.	Where will you b	e purchasing your alcohol?					
	Wholesaler	Retailer X (includes wineries)	th BYO				
11.	Will there be any	games of chance operating dur	ing the event? YES NO				
	If so, describe acti	vity					
	gambling are prohibited	by State Law: There are no exceptions i	Revenue, Charitable Gaming Division are p for Non Profit Organizations or any events rai Liquor Control Act and is not a gambling per	sing funds for a charity. This			
12.	Any other informa	tion or requests for exemption	s:				
13.	location of the e- enforcement befor	vent when it occurs, able to e and during the event, and w	er of immediate supervisor. Thi answer any questions from Co ho will be responsible for ensuring ed to. PLEASE PRINT LEGIBI	mmission and/or law ng that any applicable			
	Print name of Eve	Print name of Event Supervisor Donna Thompson					
	Signature of Event Supervisor						
	Event Supervisor p	ohone: Before 308-64 Email address donna	41-3940 During 308-6	41-3940			
14.	I declare that I as statements made of investigation of m waive any rights of State Patrol or any Nebraska State Par group, organization	Consent of Authorized Representative/Applicant 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	Donna	Thompson	Ex. Director	11/13/15			
_	Authorized Repres	entative/Applicant	Title	Date			
Do	nna Thomp	· · · · · · · · · · · · · · · · · · ·					
	Print Name	;					
		on the application as an officer or ste hem to sign all SDL applications.	ockholder unless a letter has been filed a	ppointing an individual as			
			ction shall be issued by the Commission with shall be the city or village within which the p				

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.

FORM 108 REV MAY 2015 Page 4 of 5

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West Nebrask	a Arts Center	
N	AME OF CORPORATION	
470 499 224		
F	EDERAL ID NUMBER	
Don	aShonpla	
SIGNATUR	F 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 \_\_\_\_\_ / 3 \_\_\_\_ DAY OF

november 2015

GENERAL NOTARY
State of Nebraska
Kathryne M. Herron
Comm. Exp. 1/30/16

NOTARY PUBLIC SIGNATURE & SEAL

FORM 108 REV MAY 2015 Page 5 of 5

## CITY OF SCOTTSBLUFF SPECIAL ARTS-RELATED EVENT WINE PERMIT APPLICATION

Organization Name West Nebraska Arts Center
Address 106 E 18th Street Scottsbluff Phone 632-2226
Date of Event 4-22-16 StartingTime 6:00 Ending Time 9:00
Authorized Contact: Donna Thompson, Ex. Director
Description of Event Canvases Off Broadway - Painting Class
Estimated Attendance: 20 - 25
Event Chairman: Donna Thompson
Address 106 E. 18th Street, Scottsbluff Phone 632-2226
email donna@thewnac.com
The undersigned acknowledges reading a copy of the applicable ordinances and agrees to comply thereby:
Signed: Date: 11-13-15
Print Name John L. Thompson
Additional Information:
******************************
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THIS PERMIT AUTHORIZES THE CONSUMPTION OF WINE ON THE DESCRIBED PREMISE BY INDIVUDUALS WHO ARE OF LEGAL DRINKING AGE. OTHER RESTRICTIONS ARE AS FOLLOWS:
Approved by Mayor and City Council on
City ClerkDate:
Cc: Police Chief

		ON FOR SPECIA OD LICENSE	L		
301 CENT PO BOX 9 LINCOLN PHONE: ( FAX: (402 Website: y	FENNIAL 1 95046 N, NE 6850 (402) 471-2 2) 471-2814 www.lcc.ne	571			
				DO YOU NEED POST	TERS? YESNO
		Γ APPLICANTS at best applies)			
Munic	ipal	Political Fine	Arts X Fraternal_	_ Religious Charitab	le Public Service
LIQU	OR LIC	CENSE HOLDER	S		
Liquor	license	number and class (	i.e. C-55441)		
COMI	PLETE	ALL QUESTION	S		
1.	Туре о	f alcohol to be serv	ed and/or consumed:	Beer X Wine X	Distilled Spirits
2.		ee name (last, first,) eads on your liquor	-	imited liability company (	LLC) name
	NAME	: West Net	oraska Arts	Center	
	ADDR	<sub>ESS:</sub> 106 E.	18th Street	-	
		Scottsbluff		ZIP (	69361
3.	Location	on where event will	be held; name, addre	ss, city, county, zip code	
	BUILI	DING NAME W	est Nebrask	a Arts Center	
	ADDR	<sub>ESS:</sub> 106 E.	18th Street	CITY S	cottsbluff
	$_{\text{ZIP}}\underline{6}$	9361	COUNTY an	d COUNTY#Scotts	Bluff, 21
					Y
	a.	Is this location with	hin the city/village lin	nits?	YESX_NO
	b.		hin the 150' of church r for veterans and/or	n, school, hospital or home wives?	YES_NOX
	c.	Is this location with	hin 300' of any unive	rsity or college campus?	YES_NOX

FORM 108 REV MAY 2015 Page 2 of 5

4. Date(s) and Time(s) of event (no more than six (6) consecutive days on one application) Date Date Date Date Date Date 4/22/16 Hours Hours Hours Hours **Hours** Hours From From From From From From 6:00 p.m. To To To To To To 7:00 p.m. Alternate date: none a. b. Alternate location: none (Alternate date or location must be specified in local approval) 5. Indicate type of activity to be carried on during event: Dance Reception Fund Raiser Beer Garden Sampling/Tasting Other Painting Class 6. Description of area to be licensed Inside building, dimensions of area to be covered IN FEET 73.5 (not square feet or acres) \*Outdoor area dimensions of area to be covered IN FEET \*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch) If outdoor area, how will premises be enclosed? \_\_cattle panel Fence; \_\_snow fence \_\_chain link other \_\_\_ Tent 7. How many attendees do you expect at event? 25 8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) Will premises to be covered by license comply with all Nebraska sanitation laws? YES VO 9.

> FORM 108 REV MAY 2015 Page 3 of 5

a.

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

10.	•	oe purchasing your alc				
	Wholesaler	Retailer	Both	_	BYO	
11.	Will there be any	games of chance operat	ting during the	event? Y	res No 🗸	
	If so, describe act	ivity				
	gambling are prohibited	chance approved by the Depa by State Law: There are no ex or a Special Designated License	ceptions for Non Pr	ofit Organi	zations or any events rais	ing funds for a charity. This
12.	Any other informa	ation or requests for exe	emptions:			
13.	location of the e enforcement before laws, ordinances,	one number/cell phone event when it occurs, re and during the event rules and regulations ar	able to answer t, and who will te adhered to. I	r any q be resp PLEASE	uestions from Cor onsible for ensurin C PRINT LEGIBL	nmission and/or law g that any applicable
	Print name of Eve	ent Supervisor Donn	a Thom <sub>l</sub>	oson		
	Signature of Even	-				
	Event Supervisor	phone: Before 30 Email addre	)8-641-3 ess donna@thewn	940 ac.com	During 308-64	41-3940
14.	I declare that I a statements made of investigation of m waive any rights State Patrol or any Nebraska State Pagroup, organization persons directly respectively.	rized Representative/Apm the authorized representation are truly background including or causes of action agay other individual releases to a corporation for presponsible to the holder	esentative of the rue to the best of all records of ainst the Nebrasing said informat the license arofit or not for	of my kn every k ska Liquation to applied to profit a	owledge and belief ind including police or Control Common the Liquor Control for will not be used and that the event we	I also consent to an e records. I agree to hission, the Nebraska of Commission or the by any other person,
sign here _	Donn	Thompson		Ex.	Director	11/13/15
	Authorized Repres	sentative/Applicant		Title		Date
Do	nna Thomp	oson				
	Print Name	e		<del></del>		
		on the application as an offi them to sign all SDL applica		unless a	letter has been filed ap	pointing an individual as
governi	ng body. For the purposes	lesignated license provided for sof this section, the local gover ested is located, or if such place	ning body shall be t	he city or v	illage within which the p	articular place for which the

shall be the county within which the place for which the special designated license is requested is located.

FORM 108 REV MAY 2015 Page 4 of 5

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West Nebrask	a Arts Center
1	NAME OF CORPORATION
470 499 224	FEDERAL ID NUMBER
Son	naskonplor
SIGNATUR	E 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

November 2015

NOTARY PUBLIC SIGNATURE & SEAL

GENERAL NOTARY
State of Nebraska
Kathryne M. Herron
Comm. Exp. 1/30/16

FORM 108 REV MAY 2015 Page 5 of 5

### Scottsbluff Police Department

#### **MEMORANDUM**

TO:

Rick Kuckkahn, City Manager

FROM:

Kevin Spencer, Chief of Police

CC:

Cindy Dickinson, City Clerk

DATE:

December 3<sup>rd</sup>, 2015

RE:

Request for a Special Designated License (SDL) – West Nebraska Arts

Center 106 E 18th St Scottsbluff, NE

In regards to the West Nebraska Arts Center applications for three Special Designated Licenses, for the dates of January 16, 2016, January 22, 2016 and April 22, 2016, the first event being a fund raiser and the other two being a Painting Class. There will be sufficient law enforcement officers on duty to handle regular patrol duties in the city and to respond to the Arts Center in the event of a problem. Initially I questioned the fact that these events were planned well in advance but after giving this careful consideration I do not have a problem with this recommendation given the fact that law enforcement has never been called to the Arts Center to address any issues during these types of events. As always, we would insist that management have adequate staff on hand to closely monitor the event and take steps to ensure minors do not drink.

The police department does not object to the issuance of the Special Designated License.

Kevin Spencer Chief of Police

1