

City of Scottsbluff, Nebraska

Monday, April 18, 2016

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 three events on May 5, 2016; June 30, 2016; and July 29, 2016.


Staff Contact: Cindy Dickinson, City Clerk

MEMORANDUM

TO: Rick Kuckkahn, City Manager
FROM: Kevin Spencer, Chief of Police
CC: Cindy Dickinson, City Clerk
DATE: April 11, 2016
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 May 5, 2016, June 30, 2016 and July 29, 2016. 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. 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

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 5-5-16 Starting Time 4:00 Ending Time 8:00
Authorized Contact: Donna Thompson, Executive Director
Description of Event Art Exhibit Opening Reception
Estimated Attendance: 150
Event Chairman: Donna Thompson
Address 106 E. 18th Street, Scb. Phone 632-2226
email donna@thewnac.com

The undersigned acknowledges reading a copy of the applicable ordinances and agrees to comply thereby:

Signed: Donna L. Thompson Date: 4-8-16
Print Name Donna L. Thompson

Additional Information: _____

PERMIT

THIS PERMIT AUTHORIZES THE CONSUMPTION OF WINE ON THE DESCRIBED PREMISE BY INDIVIDUALS WHO ARE OF LEGAL DRINKING AGE. OTHER RESTRICTIONS ARE AS FOLLOWS: _____

Approved by Mayor and City Council on _____

City Clerk _____ Date: _____

Cc: Police Chief

**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.nebraska.gov/
Email Applications: michelle.porter@nebraska.gov

DO YOU NEED POSTERS? YES ☒ NO ☐

NON PROFIT APPLICANTS

(Check one that best applies)

Municipal ☐ Political ☐ Fine Arts ☒ 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: Beer ☐ Wine ☒ 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 69341

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

ZIP 69341 COUNTY and COUNTY # Scotts Bluff, 21

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 ☒

4. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 5/5/16	Date	Date	Date	Date	Date
Hours From 4:00 P.M.	Hours From	Hours From	Hours From	Hours From	Hours From
To 8:00 P.M.	To	To	To	To	To

- a. Alternate date: NONE
- 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^x___ 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 x 33
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** _____ x _____

***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

If outdoor area, how will premises be enclosed?

___ Fence; ___ snow fence ☐ chain link ☐ cattle panel
___ 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)

9. 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 ☐

10. Where will you be purchasing your alcohol?

Wholesaler ____ Retailer X Both ____ BYO ____
(includes wineries)

11. Will there be any games of chance operating during the event? YES __ NO X

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.

12. Any other information or requests for exemptions: _____

13. 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**

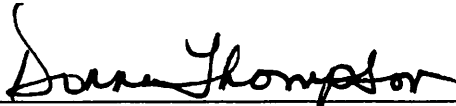
Print name of Event Supervisor Donna Thompson

Signature of Event Supervisor _____

Event Supervisor phone: Before 308-641-3940 During 308-632-2226
Email address donna@thewnac.com

Consent of Authorized Representative/Applicant

14. 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  Ex. Director 4/8/16
Authorized Representative/Applicant Title Date

Donna Thompson
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.

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


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 8 DAY OF

April, 2016




NOTARY PUBLIC SIGNATURE & SEAL

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 6-30-16 Starting Time 4:00 Ending Time 8:00
Authorized Contact: Donna Thompson, Executive Director
Description of Event Art Exhibit Opening Reception
Estimated Attendance: 150
Event Chairman: Donna Thompson
Address 106 E. 18th Street Phone 632-2226
email donna@thewnac.com

The undersigned acknowledges reading a copy of the applicable ordinances and agrees to comply thereby:

Signed: Donna L. Thompson Date: 4-8-16

Print Name Donna L. Thompson

Additional Information: _____

PERMIT

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Approved by Mayor and City Council on _____

City Clerk _____ Date: _____

Cc: Police Chief

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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.nebraska.gov/
Email Applications: michelle.porter@nebraska.gov

DO YOU NEED POSTERS? YES ☒ NO ☐

NON PROFIT APPLICANTS

(Check one that best applies)

Municipal ☐ Political ☐ Fine Arts ☒ 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: Beer ☐ Wine ☒ 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 69341

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

ZIP 69341 COUNTY and COUNTY # Scotts Bluff, 21

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 ☒

4. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date 6-30-16	Date	Date	Date	Date	Date
Hours	Hours	Hours	Hours	Hours	Hours
From 4:00 P.M.	From	From	From	From	From
To	To	To	To	To	To
8:00 P.M.					

a. Alternate date: NONE

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^x___ 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 x 33
(not square feet or acres)

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***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

If outdoor area, how will premises be enclosed?

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___ 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)

9. 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 ☐

10. Where will you be purchasing your alcohol?

Wholesaler ____ Retailer X Both ____ BYO ____
(includes wineries)

11. 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.

12. Any other information or requests for exemptions: _____

13. 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 DonnaThompson

Signature of Event Supervisor _____

Event Supervisor phone: Before 308-641-3940 During 308-632-2226
Email address donna@thewnac.com

Consent of Authorized Representative/Applicant

14. 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

Authorized Representative/Applicant

Ex. Director

Title

4/8/16

Date

Donna Thompson

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.

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West Nebraska Arts Center

NAME OF CORPORATION

470 499 224

FEDERAL ID NUMBER

Donna Thompson

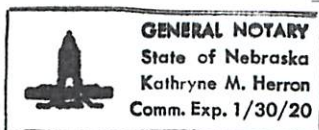
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Kathryn M. Herron
NOTARY PUBLIC SIGNATURE & SEAL



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Print name of Event Supervisor Donna Thompson

Signature of Event Supervisor _____

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Email address donna@thewnac.com

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Ex. Director

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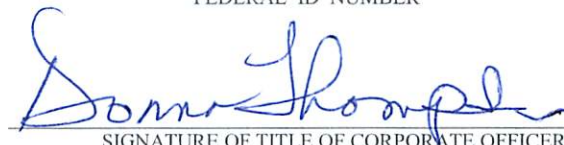
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470 499 224

FEDERAL ID NUMBER

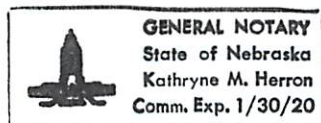


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