

City of Scottsbluff, Nebraska

Monday, May 16, 2016

Regular Meeting

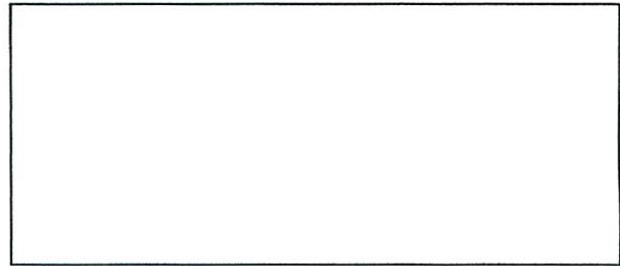
Item Public Inp5

Council to consider a Special Designated Liquor License for the Elks Lodge and Scottsbluff Parks and Recreation to serve beer at a Community Festival event at the Broadway Mini Park and connecting streets on June 18, 2016 from 5:00 p.m. to 1:00 a.m.

Staff Contact: Triniti Burgner, Recreation Supervisor

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-055441)

001678

COMPLETE ALL QUESTIONS

- Type of alcohol to be served and/or consumed: Beer Wine Distilled Spirits
- Licensee name (last, first,), corporate name or limited liability company (LLC) name
(As it reads on your liquor license)

NAME: EIKs BPO Lodge 1367

ADDRESS: PO Box 358

CITY Scottsbluff ZIP 69361

- Location where event will be held; name, address, city, county, zip code

BUILDING NAME _____

ADDRESS: 18th St. & Broadway CITY Scottsbluff

ZIP 69361 COUNTY and COUNTY # Scotts Bluff

- Is this location within the city/village limits? YES NO
- Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES NO
- 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 <u>6-18-16</u>	Date	Date	Date	Date	Date
Hours From <u>5pm</u>	Hours From	Hours From	Hours From	Hours From	Hours From
To <u>1am</u>	To	To	To	To	To

- a. Alternate date: _____
- b. Alternate location: _____
(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** _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 60 x 60

***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? 300

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)
Area will be blocked off with cattle panels, signs will be posted in multiple places, adults over 21 yrs will wear a wristband.

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 _____ 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 Robin Darnall

Signature of Event Supervisor Robin Darnall

Event Supervisor phone: Before 308-631-2424 During 308-631-2424
Email address EIKs Lodge 1367@gmail.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 Robin Darnall Manager
Authorized Representative/Applicant Title Date

Robin Darnall
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.

Scottsbluff Elks Club
NAME OF CORPORATION

01-03931634
FEDERAL ID NUMBER

[Signature]
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 9 DAY OF May, 2016.

Anna V Timblin
NOTARY PUBLIC SIGNATURE & SEAL

State of Nebraska - General Notary
ANNA V TIMBLIN
My Commission Expires
April 24, 2018

FORM 108
REV APRIL 2016
Page 5 of 5