# City of Scottsbluff, Nebraska Tuesday, July 5, 2016 Regular Meeting

# Item Public Inp1

Council to consider making a recommendation to the Nebraska Liquor License Commission regarding the appointment of Robin Darnall as the manager of the Elks BPO Lodge 1367 Class CK Liquor License.

Staff Contact: Cindy Dickinson, City Clerk

### 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.nebraska.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 card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form MUST be included with your application.
- ✓ 21 years of age or older

Name of Corporation/LLC:	Elks	BPO	Lodge	1367

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Liquor License Number: 001678	Class Type <u>C.K.</u> (if new application leave blank)
Premise Trade Name/DBA: ELKs BPO	Lodge 1367
Premise Street Address: 11014 1st Ave.	······································
City: Scottsbluff	County: Scotts Bluff Zip Code: 69361
Premise Phone Number: 308-632-2	22
Premise Email address: EIKshodge134	70 gmail. 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. To see authorized officers or members search your license information <u>here</u>.

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed	signatures	are	acceptat	ole)
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Office Use

Manager's information must be completed below PLEASE PRINT&LEARLY
Last Name: Darnall First Name: Robin MI: D
Home Address: 3020 Rd 67
City: Harrisburg County: BAnner Zip Code: 69345
Home Phone Number: (308) 631-2424 - Cell
Driver's License Number & State: 685000'790 NE
Social Security Number:
Date Of Birth: 06/14/1965 Place Of Birth: Valentine, NE
Email address: rockin, robin 1983 @ gmail, com
And you married? If you compare sponse a information (Even if a sponsal affidavit has been submitted)
YES NO
Spouses Last Name: Darnall First Name: LANE MI: S
Social Security Number:
Driver's License Number & State: 685000519
Date Of Birth: 12/20/19/03 Place Of Birth: Scottsbluff NE

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CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Harrisburg, NE	1988	2014	Harrisburg, NE	1963	2016
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YE. FROM	AR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2015	Western Nebr, Comm College	Debra Strgent	308-635-3606
2005	2610	Begional West Med. Center	Emergency Dept.	308-635-3711

### 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 <u>anyone</u> who is a party to this application, or their spouse, <u>EVER</u> been convicted of or plead guilty to any <u>charge</u>. <u>Charge</u> means <u>any</u> charge <u>alleging</u> 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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

NO X YES 

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	
Robin D. Darnall	06/1994	Bridgeport, NE	Expired Vehicle Sty	Non Paid Fine-	D.smis

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 DNO

Form 103 REV MAR 2016 Page 4 of 6

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PAGE 84

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

Name on Certificate:

Name of program (attach copy of course completion certificate)	озвС (тт/уууу)	smeN inspilqqA

Por list of NLCC Certified Training Programs see www.icc.ne.gov/traininginfo.html

Vame & Location of Business:	Employment:	Applicant Name / Job Title
		Experience:

Have you enclosed form 147 regarding fingerprints? ٤.

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## THE REPORT OF THE PATH AND CONSERVE OF PRESERVICE TION

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.

Signature of Spouse Signature of Manager Applicant

State of Nebraska The foregoing instrument was acknowledged before me this County of Affix Seal ral Mehary - State of Mahratia Notary Public signature FFN A

ACKNOWLEDGEMENT

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.

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## SUBMISSSION OF FINGERPRINTS / **PAYMENT OF FEES TO NSP-CID**

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

Office Use Only Class: License #:

Applicant Name: Robin Darnall (Corporation, LLC, Partnership or Individual)

Trade Name: Scitts bluff Elks Lodge (Doing Business As)

(308)432 - 2622 Phone Number

## **DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under . "Licensing" tab in "Guidelines / Brochures". FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.
- This completed form MUST be included with your Liquor License Application and/or Manager Application or changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- **DO NOT** send fee payments to the NLCC fees <u>MUST</u> be paid directly to NSP; . Include a list of names covered by your payment to insure proper application of payment.
- Fee payment of \$28.75 per person must be made directly to the NSP; It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/nsp Or checks made payable to NSP should be mailed directly to the following address:

The Nebraska State Patrol - CID Division 3800 NW 12<sup>th</sup> Street Lincoln, NE 68521

- Fingerprints are not required for spouses that have no involvement with business Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.
- Fingerprints taken at NSP locations will be forwarded to NSP CID; Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants; Fingerprint cards should be submitted with the application.

Please complete information on the following pages for EACH person fingerprinted.

**FORM 147 REV MAR 2016** PAGE 1

rockin.robin 1983@gmail.com Contact E-mail Address

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-HDAH

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#### **NON PARTICIPATION INSERT** SPOUSAL AFFIDAVIT OF

Webnic: WWW.lcc.nc.gov PAX: (402) 471-2814 1152-114 (204) :ENOHA 5405-60589 EN 'NTICONT **BUDDE TIVE WALLED 105** NEBBY SIXY FIGUOR CONTROL COMMISSION

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

Printed name of spouse asking for waiver 840

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(wolad batail laubivibri to actor) Signature of spouse asking for waiver

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

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function of applying individual

The foregoing instrument was acknowledged before me this

State of Nebraskie - General Notary Anna V Tamelun My Commasion Expires Anna 24, 2016

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Notary Public signature

(Spouse of individual listed above) nousoilque thiw bovlovni leubivibni to ontangi?

State of 10 JUDICAL

County of Deroft's Bluff

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Notary Public signature

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# Memo

To:	Nathan	Johnson,	City	Manager

From: Kevin E Spencer, Chief of Police

**CC:** liquor file

**Date:** June 16, 2016

**Re:** Manager Application for Robin D Darnall, Elks BPO Lodge1367 1614 1<sup>st</sup> Ave Scottsbluff, NE License number CK-01678

This applicant, Robin Darnall was investigated for suitability as a manager on the Elk's liquor license. Nothing was discovered that would prohibit her from holding a manager position under the license. Darnall reported receiving a citation for expired registration in June of 1994. While conducting my investigation I discovered that Darnall also received a speeding citation November of 2000 that was not reported. I did not find any other violations.

On June 16, 2016 I spoke to Robin Darnall about her Elk's Manager's License. Robin explained that she would be the responsible party in regards to the alcohol at the Elk's. Robin said that she will be in charge of the alcohol to include ordering and inventory. Robin told me that during special events such as wedding parties they will require additional staff to monitor activities specifically to prevent under aged drinking as well as overserving. Robin told me that she will attend the Nebraska State Patrol Responsible Beverage Servers Training on July 19, 2016. Robin added that she is requiring all of her bartenders to attend the training with her.

The Elk's is a member's only club that requires members to enter a code or be let in by an employee on the inside. The Elk's does open to the public one Friday evening every month for a meal and during special events such as weddings. I'm not aware of any liquor law violations at the Elk's.

Respectfully,

Kevin E Spencer, Chief of Police

City of Scottsbluff

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