

# **City of Scottsbluff, Nebraska**

**Monday, November 21, 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 January 21, 2017; February 2, 2017; and May 4, 2017.**

**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. 18<sup>th</sup> Street, Scottsbluff Phone 632-2226  
Date of Event Jan. 21, 2017 Starting Time 6:00 Ending Time 11:00 Pm  
Authorized Contact: Donna Thompson, Executive Director  
Description of Event Annual Wine Tasting Fundraiser  
Estimated Attendance: 150  
Event Chairman: Donna Thompson  
Address 106 E. 18<sup>th</sup> 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 Thompson Date: 11-15-16

Print Name Donna 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](http://www.lcc.nebraska.gov)  
Email Applications: [michelle.porter@nebraska.gov](mailto: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)

**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 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

ZIP 69361 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) If dates are non-consecutive, please complete a separate application.

Date 1/21/17	Date	Date	Date	Date	Date
<b>Hours</b> From 6:00 p.m.	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From
To 11:00 p.m.	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  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 a diagram)**

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? \_\_\_\_\_

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? Please mark all that apply.

Wholesaler  Retailer  Own Product  BYO   
(wineries/breweries)

Other information: \_\_\_\_\_

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

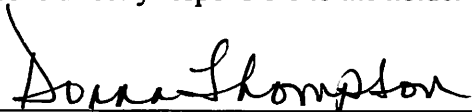
Print name of Event Supervisor Donna Thompson

Signature of Event Supervisor \_\_\_\_\_

Event Supervisor phone: Before 308-641-3940 During 308-641-3940  
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 11/15/16  
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

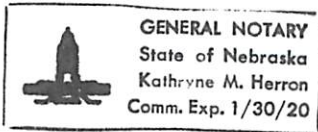
47-0499224  
FEDERAL ID NUMBER

*Donna 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 15 DAY OF November, 2016.

*Kathryne M. Herron*  
NOTARY PUBLIC SIGNATURE & SEAL



CITY OF SCOTTSBLUFF  
SPECIAL ARTS-RELATED EVENT WINE PERMIT APPLICATION

Organization Name West Nebraska Arts Center

Address 106 E. 18<sup>th</sup> Street, Scottsbluff Phone 632-2226

Date of Event 2-2-17 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. 18<sup>th</sup> Street, Scb. Phone 632-2226

email donna@thewanac.com

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

Signed: Donna Thompson Date: 11-15-16

Print Name Donna Thompson

Additional Information: \_\_\_\_\_

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Approved by Mayor and City Council on \_\_\_\_\_

City Clerk \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Police Chief

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Website: [www.lcc.nebraska.gov/](http://www.lcc.nebraska.gov/)  
Email Applications: [michelle.porter@nebraska.gov](mailto:michelle.porter@nebraska.gov)

DO YOU NEED POSTERS? YES  NO

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(Check one that best applies)

Municipal  Political  Fine Arts  Fraternal  Religious  Charitable  Public Service

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Liquor license number and class (i.e. C-055441)

**COMPLETE ALL QUESTIONS**

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2. Licensee name (last, first,), corporate name or limited liability company (LLC) name  
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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

ZIP 69361 COUNTY and COUNTY # Scotts Bluff, 21

a. Is this location within the city/village limits? YES  NO

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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) If dates are non-consecutive, please complete a separate application.

Date 2/2/17	Date	Date	Date	Date	Date
<b>Hours</b> From 4:00 p.m.	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From
To 8:00 p.m.	To	To	To	To	To

a. Alternate date: \_\_\_\_\_

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Other \_\_\_\_\_

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Print name of Event Supervisor Donna Thompson

Signature of Event Supervisor \_\_\_\_\_

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

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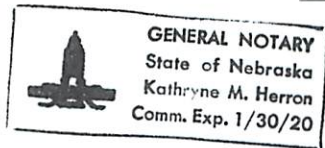
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Approved by Mayor and City Council on \_\_\_\_\_

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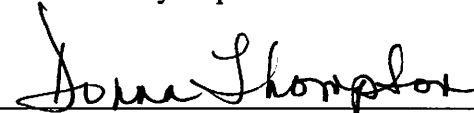
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Signature of Event Supervisor \_\_\_\_\_

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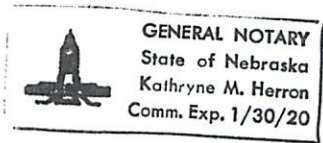
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THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 15 DAY OF November, 2016.



*Kathryn M. Herron*  
NOTARY PUBLIC SIGNATURE & SEAL