

# **City of Scottsbluff, Nebraska**

**Monday, May 1, 2017**

**Regular Meeting**

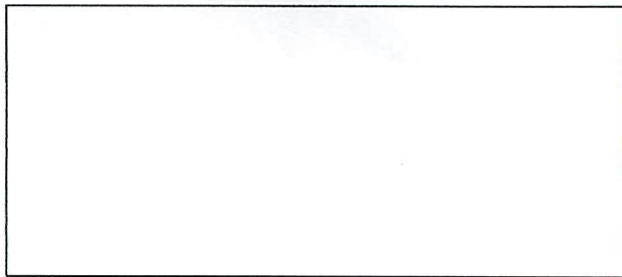
## **Item Public Inp5**

**Council to consider a Special Designated Liquor License for SHOTS Bar and Grill for a beer garden at the MMA Fights on June 17, 2017 from 2:00 p.m. to 1:00 a.m.**

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

**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-55441)

115404

**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: Stamping Ground LLC

ADDRESS: 1722 Broadway

CITY Scottsbluff, NE ZIP 69361

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

BUILDING NAME SHots

ADDRESS: 1722 Broadway CITY Scottsbluff

ZIP 69361 COUNTY and COUNTY # Scottsbluff

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 <u>6-17-17</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours From <u>2 PM</u>	Hours From _____	Hours From _____	Hours From _____	Hours From _____	Hours From _____
To <u>1 AM</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 MMA Fights

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** \_\_\_\_\_ 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? 2,000

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)

wait staff, Bouncers, Security, designated Purchase Area, trained  
wait staff

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 Chad Leeling

Signature of Event Supervisor 

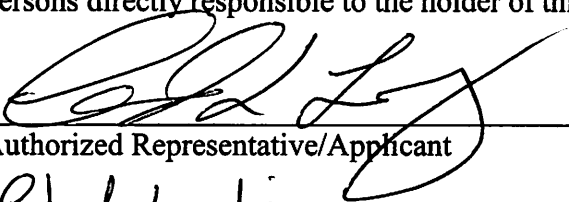
Event Supervisor phone: Before 308-225-3422 During -

Email address Chad.Leeling@yahoo.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

Owner  
Title

4-27-17  
Date

Chad Leeling

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.