

City of Scottsbluff, Nebraska

Monday, May 15, 2017

Regular Meeting

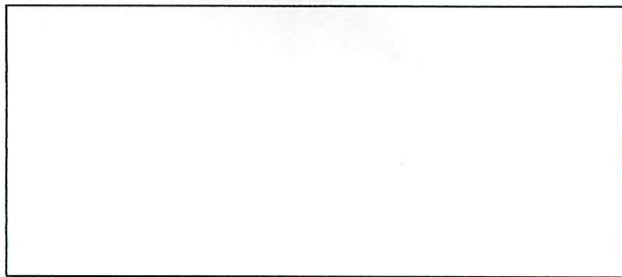
Item Public Inp2

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: Nathan Johnson, City Manager

**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)

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)

with Buds, 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 

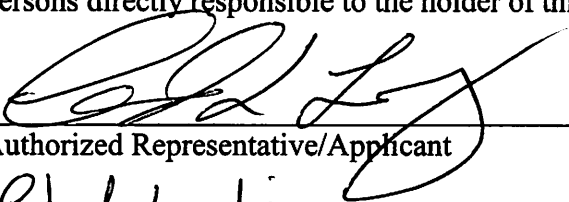
Event Supervisor phone: Before 308-225-3422 During -

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.