

# **City of Scottsbluff, Nebraska**

**Monday, July 16, 2018**

**Regular Meeting**

## **Item Public Inp4**

**Council to consider a Special Designated Liquor License for SHOTS Bar and Grill for a beer garden at the MMA Fights on August 18, 2018 from 12:00 p.m. to 12:00 a.m.**

Staff Contact: Kim Wright, City Clerk

**Special Designated License  
Local Recommendation (Form 200)**  
Applications must be entered on the portal after local approval – no exceptions  
Late applications are non-refundable and will be rejected

**Stomping Ground LLC dba Shots Bar & Grill**

**Retail Liquor License Name or \*Non-Profit Organization (\*Must include Form #201 as Page 2)**

**1722 Broadway, Scottsbluff, NE 69361**

**Retail Liquor License Address or Non-Profit Business Address**

**C115404**

**Retail License Number or Non-Profit Federal ID #**

**Consecutive Dates only 8/18/18**

**Event Date(s):** \_\_\_\_\_

**Event Start Time(s):** 12:00p.m. \_\_\_\_\_

**Event End Time(s):** 12:00 a.m. \_\_\_\_\_

**Alternate Date:** \_\_\_\_\_

**Alternate Location Building & Address:** \_\_\_\_\_

**Event Building Name:** **Shots Bar & Grill**

**Event Street Address/City:** **1722 Broadway, Scottsbluff, NE 69361**

**Indoor area to be licensed in length & width:** \_\_\_\_ X \_\_\_\_

**Outdoor area to be licensed in length & width:** \_\_\_\_ X \_\_\_\_ (Diagram Form #109 must be attached)

**Type of Event:** **UFC Fights/Street Dance & Beer Garden** **Estimate # of attendees:** **1500**

**Type of alcohol to be served:** Beer ☒ Wine ☒ Distilled Spirits ☒  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** **Chad Leeling** **Event Contact Phone Number:** **308-225-3433**

**Event Contact Email:** **chad.leeling@yahoo.com**

**\*Signature Authorized Representative:** \_\_\_\_\_ **Printed Name** **Chad Leeling**

*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.*

**\*Retail licensee – Must be signed by a member listed on permanent license**

**\*Non-Profit Organization – Must be signed by a Corporate Officer**

**Local Governing Body completes below:**

**The local governing body for the City/Village of Scottsbluff OR County of \_\_\_\_\_ approves the issuance of a Special Designated License as requested above. (Only one should be written above)**

\_\_\_\_\_  
**Local Governing Body Authorized Signature**

\_\_\_\_\_  
**Date**