City of Scottsbluff, Nebraska

Monday, June 17, 2019 Regular Meeting

Item Public Inp3

Council to consider and take action on six Special Designated Liquor Licenses for BDS3C, LLC dba Flyover Brewing Co. and the Downtown Scottsbluff Assn. to serve beer at the Bands on Broadway Summer Series at the Downtown Plaza on July 4th, 11th, 18th, 25th, Aug. 1st & 8th, 2019; 5:00-10:00 p.m.

Staff Contact: Kim Wright, City Clerk

PHONE: (402) 471-2571 Website: www.lcc.nebraska.gov

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

BDS3C LLC DBA Flyover Brewing Company

	Name <u>or</u> *Non-Profit Organization (* <u>Must include Form #201 as Page 2</u>) Scottsbluff, NE. 69361	
	Address or Non-Profit Business Address	•
Retail License Number	or Non-Profit Federal ID #	,
Consecutive Dates only Event Date(s):	7/4/19	
Event Start Time(s):	5 pm	
Event End Time(s):	10 pm	
Alternate Date: None	! 	
Alternate Location Buil		
Event Building Name: _	18th Street Plaza 18th Street Plaza, Scottsbluff	
Event Street Address/C	Tain Street Plaza, Scottsbluff City:	
·	sed in length & width: X	
Outdoor area to be licer	nsed in length & width: See X (Diagram Form #109 must be attached) Munity Concert and Beer Garden 500	
Type of Event:	Estimate # of attendees:	
Type of alcohol to be se	erved: Beer Wine Distilled Spirits (If not marked, you will not be able to serve this type of alcohol) Peter Meyer 308-631-6965	
Event Contact Name: _	Event Contact Phone Number: peter@flyoverbrewingco.com	
Event Contact Email: _	peter enyoverbrewingco.com	
*Signature Authorized : I declare that I am the authorized	Representative: Printed Name Pr	olication are true to the
best of my knowledge and be to waive any rights or causes said information to the Liquo	pelief. I also consent to an investigation of my background including all records of every kind including of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any othe or Control Commission or the Nebraska State Patrol. I further declare that the license applied for will pation or corporation for profit or not for profit and that the event will be supervised by persons direct	ng police records. I agre er individual releasing I not be used by any
	e signed by a member listed on permanent license — Must be signed by a Corporate Officer	
••••••		
Local Governing Bod	ly completes below:	
The local governing b the issuance of a Spec	oody for the City/Village ofOR County ofcial Designated License as requested above. (Only one should be written above)	approves
Local Govern	ning Body Authorized Signature Date	

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Special Designated License Local Recommendation (Form 200)

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BDS3C LLC DBA Flyover Brewing Company

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

1824 Broadway, Scottsbluff, NE. 69361

1824 Broadway, So	ottsbluff, NE. 69	361				
Retail Liquor License Ac 122206	ddress <u>or</u> Non-Profit	Business Address			-	
Retail License Number	or Non-Profit Federa	l ID#				
Consecutive Dates only Event Date(s):	7/11/19					- -
Event Start Time(s):	5 pm					_
Event End Time(s): None	10 pm					_
Alternate Date:			····			
Alternate Location Build	No ding & Address: 18th Street Plaza	ne				
Event Building Name:						
Event Street Address/Cit	18th Street P	Plaza, Scottsblu	ıff			
Indoor area to be license	-					
Outdoor area to be licens	sed in length & widtl	h: See x 109	(Diagram Forn	n #109 must be at	tached)	
Type of Event:	nunity Concert an	nd Beer Garder	า Estimate	# of attendees: _	500	
Type of alcohol to be ser	(If not mar)	Wine ked, you will not b	Distilled Spi e able to serve	this type of alcoh	•	
Event Contact Name: _	Peter Meyer	Event Conta	ct Phone Numb	308-631-6 er:	965	
Event Contact Email: _	peter@flyoverbre	wingco.com				
*Signature Authorized R I declare that I am the authori- best of my knowledge and be- to waive any rights or causes said information to the Liquor other person, group, organiza holder of this Special Designa	elief. I also consent to an i of action against the Neb or Control Commission or ti ation or corporation for pro	investigation of my bad braska Liquor Control Ihe Nebraska State Pa	ckground including Commission, the l trol. I further decla	g all records of every Nebraska State Patro are that the license at	kind including police of or any other individual oplied for will not be	records. I agre Iual releasing used by any
*Retail licensee – Must be s *Non-Profit Organization –			ense			
Local Governing Body	completes below:					
The local governing bo	ody for the City/Vil	llage of	<u>o</u>	R County of		_approves
the issuance of a Specia	al Designated Licer	nse as requested	above. (Only or	ne should be writte	n above)	
Local Governi	ing Body Authorize	ed Signature			Date	

NEBRASKA LIQUOR CONTROL COMMISSION PHONE: (402) 471-2571

Website: www.lcc.nebraska.gov

Special Designated License
Local Recommendation (Form 200)

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BDS3C LLC DBA F	lyover Brewing	Company		
Retail Liquor License Na 1824 Broadway, Sc	_	Organization (* <u>Must incl</u> 9361	ide Form #201 as Page 2)	
Retail Liquor License Ac 122206	ddress <u>or</u> Non-Profi	it Business Address		
Retail License Number o	or Non-Profit Feder	al ID#	Alexander (Alexander)	
Consecutive Dates only Event Date(s):	7/18/19			
Event Start Time(s):	5 pm			
Event End Time(s):	10 pm			
Alternate Date: None	***			
Alternate Location Build	No ling & Address: 18th Street Plaz	one 		
Event Building Name: _		Plaza, Scottsbluff		
Event Street Address/Cit	ty:	riaza, Scottsbiuli		
<u>Indoor</u> area to be license	ed in length & width	n:X		
		See 109 hth: X (Diagrand Beer Garden	am Form #109 must be attach 500	
Type of Event:		F	stimate # of attendees:	,
Type of alcohol to be ser		Wine Dist		
	(If not ma Peter Meyer		to serve this type of alcohol) 308-631-6965	
Event Contact Name:	peter@flyoverb		ne Number:	
Event Contact Email:				
I declare that I am the authori- best of my knowledge and be- to waive any rights or causes said information to the Liquor	zed representative of the lief. I also consent to an of action against the No Control Commission or tion or corporation for p	n investigation of my background ebraska Liquor Control Commis r the Nebraska State Patrol. I ful	Printed Name	including police records. I agree any other individual releasing I for will not be used by any
*Retail licensee – Must be s: *Non-Profit Organization –	Must be signed by a	Corporate Officer		
Local Governing Body	completes below:			
The local governing bo the issuance of a Specia	ody for the City/V al Designated Lice	illage ofense as requested above.	OR County of (Only one should be written abo	approves
	ng Body Authoriz		-	

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Special Designated License

Local Recommendation (Form 200)

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BDS3C LLC DBA Flyover Brewing Company
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2) 1824 Broadway, Scottsbluff, NE. 69361
Retail Liquor License Address or Non-Profit Business Address 122206
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only 7/25/19 Event Date(s): 7/25/19
Event Start Time(s): 5 pm
Event End Time(s): 10 pm
None Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th Street Plaza 18th Street Plaza, Scottsbluff
Event Street Address/City:
Indoor area to be licensed in length & width: X
Outdoor area to be licensed in length & width: X (Diagram Form #109 must be attached) Community Concert and Beer Garden 500
Community Concert and Beer Garden Type of Event:
Type of alcohol to be served: Beer Wine Distilled Spirits (If not marked, you will not be able to serve this type of alcohol)
Peter Meyer 308-631-6965 Event Contact Name: Event Contact Phone Number:
peter@flyoverbrewingco.com Event Contact Email:
*Signature Authorized Representative: Printed Name Printed Name 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
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 a 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 OR County of approve the issuance of a Special Designated License as requested above. (Only one should be written above)
Local Governing Body Authorized Signature Date

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BDS3C LLC DBA F	lyover Brewin	ng Company		
Retail Liquor License No. 1824 Broadway, Sc		•	lude Form #201 as Page 2)	
Retail Liquor License Ad 122206	ddress <u>or</u> Non-Pr	ofit Business Address		
Retail License Number of	or Non-Profit Fed	leral ID #		
Consecutive Dates only Event Date(s):	8/1/19			
Event Start Time(s):	5 pm			
Event End Time(s):	10 pm			
Alternate Date: None		7,		· · · · · · · · · · · · · · · · · · ·
Alternate Location Build	ding & Address: .			
Event Building Name: _				
Event Street Address/Ci	18th Stree	et Plaza, Scottsbluff		
<u>Indoor</u> area to be license	_			
			ram Form #109 must be at	
Type of Event:	unity Concert	and Beer Garden	Estimate # of attendees:	500
Type of alcohol to be ser		Wine Di		
	(If not i Peter Meyer	marked, you will not be able	to serve this type of alcoho 308-631-6	•
Event Contact Name: _			one Number:	
Event Contact Email: _	peter @ riyover	rbrewingco.com		
I declare that I am the authori best of my knowledge and be to waive any rights or causes said information to the Liquor	ized representative on the first lass consent to of action against the Control Commission tion or corporation for	o an investigation of my backgrou e Nebraska Liquor Control Comm n or the Nebraska State Patrol. I f	ant and that the statements mad nd including all records of every ission, the Nebraska State Patro urther declare that the license ap	le on this application are true to the kind including police records. I agre I or any other individual releasing uplied for will not be used by any prisons directly responsible to the
*Retail licensee Must be s *Non-Profit Organization -		•		
Local Governing Body	completes belo	ow:		
The local governing be the issuance of a Speci	ody for the City al Designated L	/Village oficense as requested abov	OR County of e. (Only one should be written	approves
Local Governi	ing Body Autho	rized Signature		Date

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BDS3C LLC DBA Flyover Brewing Company

•	Name <u>or</u> *Non-Profit Organization (* <u>Must include Form #201 as Page 2</u>)	
	Address <u>or</u> Non-Profit Business Address	
Retail License Number	or Non-Profit Federal ID #	
Consecutive Dates only Event Date(s):	<u>8/8/19</u>	
Event Start Time(s):	5 pm	
Event End Time(s):	10 pm	
Alternate Date: None		
Alternate Location Buil	None ilding & Address: 18th Street Plaza	
Event Building Name: _	18th Street Plaza, Scottsbluff	
Event Street Address/C	City:	
·	sed in length & width: X	
	See 109 (Diagram Form #109 must be attached) munity Concert and Beer Garden 500	
Type of Event:	Estimate # of attendees:	
Type of alcohol to be se	(If not marked, you will not be able to serve this type of alcohol)	
Event Contact Name: _	Peter Meyer 308-631-6965 Event Contact Phone Number: peter@flyoverbrewingco.com	
Event Contact Email: _	——————————————————————————————————————	
I declare that I am the author	Representative: Printed Name prized representative of the above named license applicant and that the statements made on this appliable. I also consent to an investigation of my background including all records of every kind including a	cation are true to the
to waive any rights or causes said information to the Liquo	es of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other in For Control Commission or the Nebraska State Patrol. I further declare that the license applied for will no Tation or corporation for profit or not for profit and that the event will be supervised by persons directly t	ndividual releasing ot be used by any
*Retail licensee ~ Must be *Non-Profit Organization	signed by a member listed on permanent license - Must be signed by a Corporate Officer	
Local Governing Bod	ly completes below:	
The local governing b the issuance of a Spec	oody for the City/Village ofOR County ofcial Designated License as requested above. (Only one should be written above)	approves
Local Govern	ning Body Authorized Signature Date	