

City of Scottsbluff, Nebraska

Monday, December 2, 2019

Regular Meeting

Item Public Inp1

Council to discuss and consider action on the request to issue two Special Designated Liquor licenses to serve wine at events for the West Nebraska Arts Center, 106 East 18th Street on January 18, 2020 from 6:00 to 11:00 p.m. and February 6, 2020 from 4:00 to 8:00 p.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

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

106 E. 18th street
Retail Liquor License Address or Non-Profit Business Address

47-0499224
Retail License Number or Non-Profit Federal ID #

Consecutive Dates only
Event Date(s): 1-18-20

Event Start Time(s): 6 pm

Event End Time(s): 11 pm

Alternate Date: none

Alternate Location Building & Address: none

Event Building Name: West Nebraska Arts Center

Event Street Address/City: 106 E 18th street, Scottsbluff, Ne 69361

Indoor area to be licensed in length & width: 73.5 x 33

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

Type of Event: Wine Tasting Fundraiser Estimate # of attendees: 175

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

Event Contact Name: Michele Denton Event Contact Phone Number: (308) 631-1625 cell

Event Contact Email: michele@thewnac.com (308) 632-2226

*Signature Authorized Representative: [Signature] Printed Name: Michele Denton

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:

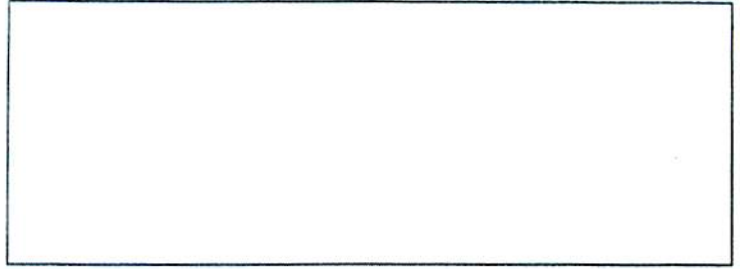
The local governing body for the City/Village of _____ OR County of _____ approves
the issuance of a Special Designated License as requested above. (Only one should be written above)

Local Governing Body Authorized Signature

Date

**APPLICATION FOR SPECIAL
DESIGNATED LICENSE
Non-Profit Applicants ONLY**

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



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

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 _____

DAY OF _____

NOTARY PUBLIC SIGNATURE & SEAL

FORM 201
REV NOV 2016

Special Designated License
Local Recommendation (Form 200)

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West Nebraska Arts Center

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106 E 18 street

Retail Liquor License Address or Non-Profit Business Address

47-0499224

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only 2-6-20

Event Date(s):

Event Start Time(s): 4pm

Event End Time(s): 8pm

Alternate Date: none

Alternate Location Building & Address: none

Event Building Name: West Nebraska Arts Center

Event Street Address/City: 106 E. 18th st. Scottsbluff, Ne 69361

Indoor area to be licensed in length & width: 73.5 X 33

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

Type of Event: Art Exhibit Reception Estimate # of attendees: 150

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

Event Contact Name: Michele Denton Event Contact Phone Number: 631-1625 (308) cell or

Event Contact Email: michele@theurnac.com 632-2226 (308)

*Signature Authorized Representative: [Signature]

Printed Name Michele Denton

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.

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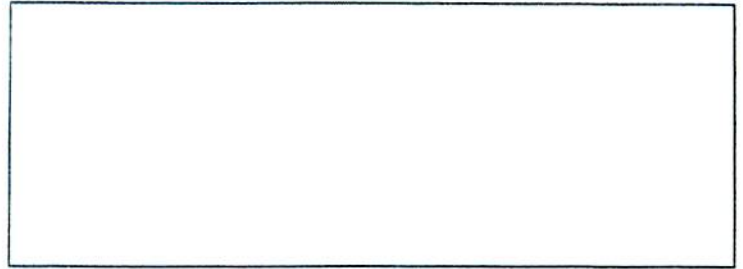
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DAY OF _____

NOTARY PUBLIC SIGNATURE & SEAL

FORM 201
REV NOV 2016

MEMORANDUM

TO: Nathan Johnson, City Manager

FROM: Kevin Spencer, Chief of Police

CC: Kim Wright, City Clerk

DATE: November 27, 2019

RE: Request for a Special Designated License (SDL) – West Nebraska Arts Center 106 E 18th St Scottsbluff, NE

In regards to the West Nebraska Arts Center applications for two Special Designated Licenses, for the dates of January 18th, and February 6, 2020 the first being a “Wine Tasting Fundraiser,” and the other being an “Art Exhibit Reception,” there will be sufficient law enforcement officers on duty to handle regular patrol duties in the city and to respond to the Arts Center in the event of a problem. I recommend approval given the fact that law enforcement has never been called to the Arts Center to address any issues during these types of events. As always, we would insist that management have adequate staff on hand to closely monitor the event and take steps to ensure minors do not drink.

The police department does not object to the issuance of the Special Designated License.



Kevin E. Spencer
Chief of Police