City of Scottsbluff, Nebraska

Monday, July 6, 2020 Regular Meeting

Item Public Inp3

Council to discuss and consider action on five Special Designated Liquor Licenses for BDS3C, LLC dba Flyover Brewing Company to serve beer at the Bands on Broadway Summer Series at the Downtown Plaza on July 16th, 23rd, 30th, August 6th and 13th, 2020; 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

Retail Liquor License 1824 Broadway, S			ust include Form #201 as Page 2)
Retail Liquor License 1 122206	Address <u>or</u> Non-Profi	t Business Address		
Retail License Number	r <u>or</u> Non-Profit Federa	al ID#		
Consecutive Dates only Event Date(s):				
Event Start Time(s):	5 pm			
Event End Time(s): None				
Alternate Date:				
Alternate Location Ru	No Noting & Address:	one		
	18th Street Plaza	a		
Event Building Name:	10th Ctroot D	loza Coottoble	ff	
Event Street Address/C	City:	iaza, Scottsbio	 	
<u>Indoor</u> area to be licen				
Outdoor area to be lice	ensed in length & wid	th:X	(Diagram Form #109 must be a	ttached)
Comr	munity Concert		Estimate # of attendees:	500
Type of Event.	Х		Estimate # of attendees	
Type of alcohol to be so			Distilled Spirits	- D
	Joe Margheim	rkea, you will not i	oe able to serve this type of alcoh 308-225-0	
Event Contact Name:			ct Phone Number:	
Event Contact Email:	joe@flyoverbrew	vingco.com		
		//	Printed Name Joe	M
best of my knowledge and it to waive any rights or cause said information to the Liqu	belief. I also consent to an es of action against the Ne or Control Commission or ization or corporation for p	i investigation of my ba braska Liquor Control the Nebraska State P	Printed Name e applicant and that the statements mand the process of every commission, the Nebraska State Patratrol. I further declare that the license and that the event will be supervised by process of the process	de on this application are true to the kind including police records. I agree of or any other individual releasing pplied for will not be used by any
*Retail licensee – Must be *Non-Profit Organization	•		cense	
Local Governing Boo	dy completes below:	<u>.</u>		
The local governing the issuance of a Spe			OR County ofabove. (Only one should be written	approves approves
Local Gover	rning Body Authoriz	zed Signature		Date

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•	Name <u>or</u> *Non-Profit Organization (* <u>Must incl</u> cottsbluff, NE. 69361	ude Form #201 as Page 2)	_
Retail Liquor License A	Address <u>or</u> Non-Profit Business Address		_
Retail License Number	or Non-Profit Federal ID#		=
Consecutive Dates only Event Date(s):			
Event Start Time(s):	5 pm		
Event End Time(s): None			
Alternate Date:			_
Alternate Location Bui	18th Street Plaza		-
Event Building Name:	18th Street Plaza, Scottsbluff		_ 1
Event Street Address/C	City:		<u>=</u>
	sed in length & width: X see 109		
Outdoor area to be lice	nsed in length & width:X (Diagram) nunity Concert	F00	
Type of Event:	X	Estimate # of attendees:	
Type of alcohol to be se	erved: Beer Wine Dis (If not marked, you will not be able	tilled Spirits to serve this type of alcohol)	
	Joe Margheim	308-225-0275 ne Number:	
Event Contact Email:	joe@flyoverbrewingco.com		
	Representative:	Printed Name Joe Mary V	nolication are true to the
best of my knowledge and to to waive any rights or cause said information to the Lique	pelief. I also consent to an investigation of my backgrour as of action against the Nebraska Liquor Control Commi- or Control Commission or the Nebraska State Patrol. I fu zation or corporation for profit or not for profit and that th	d including all records of every kind includ ssion, the Nebraska State Patrol or any oth rther declare that the license applied for w	ling police records. I agree her individual releasing rill not be used by any
	e signed by a member listed on permanent license a – Must be signed by a Corporate Officer		
Local Governing Boo	ly completes below:		
		OD County of	
	body for the City/Village of cial Designated License as requested above		approves
Local Gover	ning Body Authorized Signature	Date	

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Special Designated License

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	Name <u>or</u> *Non-Profit Orga Scottsbluff, NE. 69361	nization (*Must	include Form #201 as l	Page 2)	
Retail Liquor License 2	Address <u>or</u> Non-Profit Busi	ness Address	-		
Retail License Number	or Non-Profit Federal ID	#			
Consecutive Dates only Event Date(s):	1				
Event Start Time(s):	5 pm 10 pm				
Event End Time(s): None					
Alternate Date:					
Alternate Location Bu	ilding & Address: 18th Street Plaza				
Event Building Name: Event Street Address/G	18th Street Plaza	, Scottsbluff			
Indoor area to be licen	sed in length & width:	X see 109			
Outdoor area to be lice	ensed in length & width: _ munity Concert	X(D		E00	
	erved: X Beer (If not marked,	Wine	Distilled Spiritsable to serve this type o	f alcohol)	
Event Contact Name:	Joe Margheim joe@flyoverbrewingc	Event Contact	308-2 Phone Number:	225-0275	
Event Contact Email:					
best of my knowledge and to waive any rights or cause said information to the Liqu	Representative: orized representative of the above belief. I also consent to an invest es of action against the Nebraska or Control Commission or the Ne ization or corporation for profit or gnated License.	tigation of my backg a Liquor Control Co ebraska State Patro	ground including all records mmission, the Nebraska Sta I. I further declare that the li	ents made on this applica of every kind including po ate Patrol or any other inc icense applied for will not	olice records. I agree dividual releasing be used by any
	e signed by a member listed or n – Must be signed by a Corpo		se		
Local Governing Bo	dy completes below:				
The local governing the issuance of a Spe	body for the City/Village ecial Designated License	e of as requested al	OR County	ofe written above)	approves
Local Gover	rning Body Authorized S	ignature		Date	

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Retail Liquor License N 1824 Broadway, So			st include Form #201 as Page 2	()
		Profit Business Address		
Retail License Number	or Non-Profit F	ederal ID#		
Consecutive Dates only Event Date(s):	8/6/20		*	
Event Start Time(s):	5 pm			
Event End Time(s): None	10 pm			
Alternate Date:				
Alternate Location Buil	ding & Address	None ::		
Event Building Name: _	10111 0110011	1020	f	
Event Street Address/C	18th Stre	et Plaza, Scottsbluf	f 	
<u>Indoor</u> area to be licens Outdoor area to be licer		see 109	Diagram Form #109 must be a	ittached)
	nunity Conce	rt	Estimate # of attendees:	500
Type of alcohol to be se	rved: Beer	· ·	Distilled Spirits e able to serve this type of alcol 308-225-0	
Event Contact Name:			et Phone Number:	
Event Contact Email:		orewingco.com/		MA 1
best of my knowledge and be to waive any rights or causes said information to the Liquo	rized representative elief. I also consen s of action against or Control Commiss eation or corporation	e of the above named license t to an investigation of my bac the Mebraska Liquor Control (iou or the Nebraska State Pa	applicant and that the statements ma	applied for will not be used by any
*Retail licensee – Must be *Non-Profit Organization		ber listed on permanent lice by a Corporate Officer	ense	
Local Governing Bod	ly completes be	elow:		
		ity/Village of License as requested	OR County ofabove. (Only one should be writt	
Local Govern	ning Body Aut	horized Signature		Date

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	ame <u>or</u> *Non-Profit Organization (* <u>Must i</u> ottsbluff, NE. 69361	nclude Form #201 as Page 2)	_
Retail Liquor License Ac	ddress <u>or</u> Non-Profit Business Address		_
Retail License Number of	or Non-Profit Federal ID #		_
Consecutive Dates only Event Date(s):	attical transferred constitution		
Event Start Time(s):	5 pm		
Event End Time(s): None	10 pm		
Alternate Date:	News		_
-1	None ling & Address: 8th Street Plaza		-
Event Street Address/Ci	18th Street Plaza, Scottsbluff		-
	ed in length & width: X see 109		
	sed in length & width:X(Di unity Concert		
Type of alcohol to be ser	ved: Beer Wine (If not marked, you will not be a loe Margheim	Distilled Spirits ble to serve this type of alcohol) 308-225-0275	
	Event Contact loe@flyoverbrewingco.com	Phone Number:	
*Signature Authorized I I declare that I am the author best of my knowledge and be to waive any rights or causes said information to the Liquor	Representative: ized representative of the above named license ap lief. I also consent to an investigation of my backg of action against the Nebraska Liquor Control Con Control Commission or the Nebraska State Patrol ation or corporation for profit or not for profit and the	round including all records of every kind includ nmission, the Nebraska State Patrol or any otl . I further declare that the license applied for w	pplication are true to the ling police records. I agree ner individual releasing rill not be used by any
	signed by a member listed on permanent licens - Must be signed by a Corporate Officer	e 	
Local Governing Body	y completes below:		
	ody for the City/Village ofial Designated License as requested ab		approves
Local Govern	ing Body Authorized Signature	Date	