

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

**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

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 7/16/20

Event Date(s): 5 pm

Event Start Time(s): 10 pm

Event End Time(s): None

Alternate Date: None

Alternate Location Building & Address: 18th Street Plaza

Event Building Name: 18th Street Plaza, Scottsbluff

Event Street Address/City:

Indoor area to be licensed in length & width: ☒ X ☐ see 109

Outdoor area to be licensed in length & width: ☐ X ☒ (Diagram Form #109 must be attached)
Community Concert 500

Type of Event: Estimate # of attendees:

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

Joe Margheim 308-225-0275

Event Contact Name: Event Contact Phone Number:

joe@flyoverbrewingco.com

Event Contact Email:

*Signature Authorized Representative:  Printed Name Joe Margheim

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

**Special Designated License
Local Recommendation (Form 200)**

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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 7/23/20

Event Date(s): 5 pm

Event Start Time(s): 10 pm

Event End Time(s): None

Alternate Date: None

Alternate Location Building & Address: 18th Street Plaza

Event Building Name: 18th Street Plaza, Scottsbluff

Event Street Address/City:

Indoor area to be licensed in length & width: ☒ X see 109

Outdoor area to be licensed in length & width: ☒ X 500 (Diagram Form #109 must be attached)
Community Concert

Type of Event: Estimate # of attendees:

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: Joe Margheim Event Contact Phone Number: 308-225-0275

Event Contact Email: joe@flyoverbrewingco.com

*Signature Authorized Representative:  Printed Name Joe Margheim

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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 7/30/20

Event Date(s): _____

Event Start Time(s): 5 pm _____

Event End Time(s): 10 pm _____

Event End Time(s): _____

None

Alternate Date: _____

None

Alternate Location Building & Address: _____

Event Building Name: 18th Street Plaza

Event Street Address/City: 18th Street Plaza, Scottsbluff

Event Street Address/City: _____

Indoor area to be licensed in length & width: _____ X _____

see 109

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

Community Concert 500

Type of Event: _____ Estimate # of attendees: _____

Type of alcohol to be served: _____ X _____

Beer _____ Wine _____ Distilled Spirits _____

(If not marked, you will not be able to serve this type of alcohol)

Joe Margheim 308-225-0275

Event Contact Name: _____ Event Contact Phone Number: _____

joe@flyoverbrewingco.com

Event Contact Email: _____

*Signature Authorized Representative: _____ Printed Name Joe Margheim

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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 8/6/20

Event Date(s): 5 pm

Event Start Time(s): 10 pm

Event End Time(s): None

Alternate Date: None

Alternate Location Building & Address: 18th Street Plaza

Event Building Name: 18th Street Plaza, Scottsbluff

Event Street Address/City:

Indoor area to be licensed in length & width: ☒ X see 109

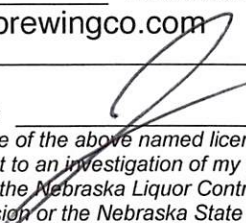
Outdoor area to be licensed in length & width: ☐ X 500 (Diagram Form #109 must be attached)
Community Concert

Type of Event: Estimate # of attendees: 500

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: Joe Margheim Event Contact Phone Number: 308-225-0275

Event Contact Email: joe@flyoverbrewingco.com

*Signature Authorized Representative:  Printed Name Joe Margheim

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Retail License Number or Non-Profit Federal ID #

Consecutive Dates only 8/13/20

Event Date(s): _____

Event Start Time(s): 5 pm _____

Event End Time(s): 10 pm _____

Event End Time(s): _____

None

Alternate Date: _____

None

Alternate Location Building & Address: _____

18th Street Plaza

Event Building Name: _____

18th Street Plaza, Scottsbluff

Event Street Address/City: _____

Indoor area to be licensed in length & width: _____ X _____

see 109

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

Community Concert 500

Type of Event: _____ Estimate # of attendees: _____

X

Type of alcohol to be served: Beer _____ Wine _____ Distilled Spirits _____

(If not marked, you will not be able to serve this type of alcohol)

Joe Margheim 308-225-0275

Event Contact Name: _____ Event Contact Phone Number: _____

joe@flyoverbrewingco.com

Event Contact Email: _____

*Signature Authorized Representative: _____ Printed Name Joe Margheim

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