

# **City of Scottsbluff, Nebraska**

**Tuesday, July 6, 2021**

**Regular Meeting**

## **Item Public Inp3**

**Council to discuss and consider action on four Special Designated Liquor Licenses for P.R.E.S. Inc. d/b/a Rosita's Restaurant to serve distilled spirits at the 18th Street Plaza for the Bands on Broadway Summer Series July 21, 29, August 5, & August 12, 2021 from 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

**P.R.E.S Inc DBA Rositas Restaurant**

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

**1205 East Overland Scottsbluff Ne, 69361**

Retail Liquor License Address or Non-Profit Business Address

**025711**

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only

Event Date(s):			<u>7/22/21</u>	<u>7/29/21</u>	<u>8/5/21</u>	<u>8/12/21</u>
Event Start Time(s):			<u>5:00pm</u>	<u>5:00pm</u>	<u>5:00pm</u>	<u>5:00pm</u>
Event End Time(s):			<u>10:00pm</u>	<u>10:00pm</u>	<u>10:00pm</u>	<u>10:00pm</u>

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

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

Event Building Name: **Scottsbluff Down Town 18Th Street Plaza**

Event Street Address/City: **1801 Broadway Scottsbluff Ne, 69361**

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

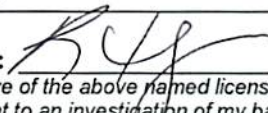
Outdoor area to be licensed in length & width: 300 X 145 (Diagram Form #109 must be attached)

Type of Event: **Bands on Broadway** 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: **Rosemary Florez** Event Contact Phone Number: **308-641-0038**

Event Contact Email: **rosyflrz@gmail.com**

\*Signature Authorized Representative:  Printed Name **Rosemary Florez**

*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