City of Scottsbluff, Nebraska

Monday, April 4, 2022 Regular Meeting

Item Public Inp7

Council to discuss and consider action on eight Special Designated Liquor Licenses for BDS3C d/b/a Flyover Brewing Company to serve beer at the Bands on Broadway summer event at the 18th Street Plaza on June 9th, 16th, 23rd, 30th, July 7th, 14th, 21st, & 28th; 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

	lame or *Non-Profit Organization (*M	ust include Form #201 as Page 2)	_
1824 Broadway, S	cottsbluff, NE. 69361		
Retail Liquor License A 122206	Address <u>or</u> Non-Profit Business Address	S	
Retail License Number	or Non-Profit Federal ID#		
Consecutive Dates only	6/9/22		
Event Date(s):	5 pm		
Event Start Time(s):			
	10 pm		
Event End Time(s):			
None Alternate Date:			
•	None		_
Alternate Location Bui	lding & Address:		
Event Ruilding Name	18th Street Plaza		
Event building Manie.	18th Street Plaza, Scottsblu	ıff	
Event Street Address/C	ity:		
	sed in length & width: X		
		(Diagram Form #109 must be attached)	
Type of Event:	nunity Concert	Estimate # of attendees:	
Type of Event.	X	Estimate # of attendees:	•
Type of alcohol to be se			
		be able to serve this type of alcohol)	
Event Contact Name:	Joe Margheim Event Conta	308-225-0275 act Phone Number:	
	joe@flyoverbrewingco.com		-
Event Contact Email:			- /
*Signature Authorized	Representative:	Printed Name Joseph	1 rdheim
I declare that I am the author best of my knowledge and be to waive any rights or cause said information to the Lique	nized representative of the above named licens elief. I also consent to an investigation of my b is of action against the Nebraska Liquor Contro or Control Commission or the Nebraska State P	the applicant and that the statements made on this ackground including all records of every kind including commission, the Nebraska State Patrol or any clatrol. I further declare that the license applied for any that the the event will be supervised by persons dis	iding poljće records. I agree other individual releasing will not be used by any
holder of this Special Design		id that the event will be supervised by persons di	ectly responsible to the
	signed by a member listed on permanent li – Must be signed by a Corporate Officer	cense	
Local Governing Boo	ly completes below:		
The local governing l	oody for the City/Village of	OR County of	approves
the issuance of a Spec	cial Designated License as requested	above. (Only one should be written above)	
Local Gover	ning Body Authorized Signature	Date	2

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	ame <u>or</u> *Non-Profit Organization (* <u>Mus</u> cottsbluff, NE. 69361	t include Form #201 as Page 2)	
Retail Liquor License A 122206	ddress <u>or</u> Non-Profit Business Address		
Retail License Number	or Non-Profit Federal ID #		
Consecutive Dates only Event Date(s):	6/16/22		
Event Start Time(s):	5 pm		
Event End Time(s): None	10 pm		
	None		
Alternate Location Build	ding & Address: 18th Street Plaza		_
Event Building Name: _	18th Street Plaza, Scottsbluff		
Event Street Address/Ci	18th Street Plaza, Scottsbluff ty:		
	ed in length & width: X 160 245		_
Outdoor area to be licen	sed in length & width: X (l		
Type of Event:	unity Concert	500 Estimate # of attendees:	
Type of alcohol to be ser	loe Margheim	able to serve this type of alcohol) 308-225-0275	
Event Contact Name:	oe@flyoverbrewingco.com	Phone Number:	
Event Contact Email:	es e injever en en injever en injeve en	-	- u
best of my knowledge and be to waive any rights or causes said information to the Liquor	ized representative of the above named license a lief. I also consent to an investigation of my back of action against the Nebraska Liquor Control C Control Commission or the Nebraska State Patr ation or corporation for profit or not for profit and	ground including all records of every kind includ ommission, the Nebraska State Patrol or any ol ol. I further declare that the license applied for v	ding pólide records. I agree ther individual releasing will not be used by any
	signed by a member listed on permanent lice - Must be signed by a Corporate Officer	nse	
Local Governing Body	y completes below:		
The local governing b	ody for the City/Village of	OR County of	approves
the issuance of a Speci	ial Designated License as requested a	bove. (Only one should be written above)	
Local Govern	ing Body Authorized Signature	Date	

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Retail Liquor License Ac 122206	ddress <u>or</u> Non-Profit Business Address		-
Retail License Number of	or Non-Profit Federal ID #		-
Consecutive Dates only Event Date(s):			
Event Start Time(s):	5 pm		
Event End Time(s): None			
Alternate Date:	None		-
Alternate Location Build	None ling & Address: 8th Street Plaza		-
Event Building Name: _	18th Street Plaza, Scottsbluff		
Event Street Address/Ci	18th Street Plaza, Scottsbluff ty:		
	ed in length & width: X		
Outdoor area to be licen	sed in length & width: X (Dis	ngram Form #109 must be attached) 500	
Type of Event:	unity Concert	_ Estimate # of attendees:	
Type of alcohol to be ser	ved: X Wine Wine I will not be al	Distilled Spirits	
Event Contact Name: _	loe Margheim Event Contact P	308-225-0275 hone Number:	
Event Contact Email:	oe@flyoverbrewingco.com		2
I declare that I am the author best of my knowledge and be to waive any rights or causes said information to the Liquor	ized representative of the above/named license app dief. I also consent to an investigation of my backgr of action against the Nebraska Liquor Control Com Control Commission of the Nebraska State Patrol. ation or corporation for profit or not for profit and tha	ound including all records of every kind includi mission, the Nebraska State Patrol or any oth I further declare that the license applied for wi	ng pólice records. I agree er individual releasing ill not be used by any
	signed by a member listed on permanent license - Must be signed by a Corporate Officer		
Local Governing Body	y completes below:		
	ody for the City/Village of al Designated License as requested abo		approves
	•	40 m 40 0 3 000 000 0 0 0 0 0	
Local Govern	ing Body Authorized Signature	Date	

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	Name <u>or</u> *Non-Profit Organization (* <u>Must include Form #201 as Pa</u> Scottsbluff, NE. 69361	ge 2)
Retail Liquor License A 122206	Address <u>or</u> Non-Profit Business Address	
Retail License Number	r <u>or</u> Non-Profit Federal ID #	
Consecutive Dates only Event Date(s):		
Event Start Time(s):	5 pm	
Event End Time(s): None	10 pm	
Alternate Date:		
Alternate Location Buil	None ilding & Address: 18th Street Plaza	
Event Building Name: _	18th Street Plaza, Scottsbluff	
Event Street Address/C	City:	
Indoor area to be licens	sed in length & width: X	
Outdoor area to be licer	ensed in length & width: X (Diagram Form #109 must	500
Type of Event:	Estimate # of attended	es:
Type of alcohol to be se	erved: Beer Wine Distilled Spirits (If not marked, you will not be able to serve this type of a	ilcohol)
Event Contact Name:	Joe Margheim 308-22 Event Contact Phone Number: joe@flyoverbrewingco.eqm	5-0275
Event Contact Email:	joe enjeverbrenningsersynn	
best of my knowledge and be to waive any rights or causes said information to the Liquo	orized representative of the above named license applicant and that the statement belief. I also consent to an investigation of my background including all records of es of action against the Nebraska Liquor Control Commission, the Nebraska State for Control Commission or the Nebraska State Patrol. I further declare that the licent ization or corporation for profit or not for profit and that the event will be supervised.	is made on this application are true to the every kind including police records. I agree Patrol or any other individual releasing nse applied for will not be used by any
*Retail licensee – Must be *Non-Profit Organization	e signed by a member listed on permanent license n – Must be signed by a Corporate Officer	
Local Governing Bod		
The local governing be the issuance of a Spec	body for the City/Village of OR County of cial Designated License as requested above. (Only one should be very control of the City/Village of OR County or City/Village or City/Village of OR County or City/Village or City/V	fapproves written above)
Local Govern	rning Body Authorized Signature	Date

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	Name <u>or</u> *Non-Profit Organization (* <u>N</u> Cottsbluff, NE. 69361	Aust include Form #201 as Page 2)	
	Address <u>or</u> Non-Profit Business Addres	ss	
Retail License Number	or Non-Profit Federal ID#		
Consecutive Dates only	7/7/22		
Event Date(s):			-
Event Start Time(s):	5 pm		
Event End Time(s):	10 pm		
None Alternate Date:			
Property and the Company of the Comp	None		
Alternate Location Bui	Iding & Address:		
Event Building Name:	18th Street Plaza		
	18th Street Plaza, Scottsbl	uff	
Event Street Address/C	City:		_
Indoor area to be licens	red in length & width:XX		
	nsed in length & width: X	_(Diagram Form #109 must be attached))
Comn	nunity Concert	500 Estimate # of attendess:	
Type of Event.	X	Estimate # of attendees:	_
Type of alcohol to be se	rved: Beer Wine	Distilled Spirits	
	(If not marked, you will not Joe Margheim	be able to serve this type of alcohol) 308-225-0275	
Event Contact Name:	Event Con	tact Phone Number:	_
	joe@flyoverbrewingco.com		
Event Contact Email:			- ₁ , 1
*Signature Authorized	Representative:	Printed Name Joseph	Margheim
best of my knowledge and be to waive any rights or cause said information to the Lique	elief. I also consent to an javestigation of my less of action against the Nebraska Liquor Control or Control Commission or the Nebraska State le tation or corporation for profit or not for profit a	ise applicant and that the statements made on this background including all records of every kind including Commission, the Nebraska State Patrol or any Patrol. I further declare that the license applied found that the event will be supervised by persons d	luding police fecords. I agree other individual releasing r will not be used by any
	signed by a member listed on permanent – Must be signed by a Corporate Officer	license	
Local Governing Bod	ly completes below:		
The local governing the issuance of a Spec	oody for the City/Village of cial Designated License as requeste	OR County of dabove. (Only one should be written above	approves
Local Govern	ning Body Authorized Signature	Dat	e

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Retail Liquor License A 122206	ddress <u>or</u> Non-Profit Business Addre	ess	
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	10 pm		
Alternate Date:			
Alternate Location Buil	None ding & Address:		
Event Building Name: _	18th Street Plaza, Scottsb	luff	
Event Street Address/C	ity:		
<u>Indoor</u> area to be licens	ed in length & width:X	5	
Outdoor area to be licer Comm	nsed in length & width: X nunity Concert	(Diagram Form #109 must be attac 50	0
Type of Event:	×	Estimate # of attendees:	
Type of alcohol to be se	rved: Beer Wine (If not marked, you will no	Distilled Spirits of the able to serve this type of alcohol)	
Event Contact Name: _	Joe MargheimEvent Cor ioe@flyoverbrewingco.øgm	308-225-027	
Event Contact Email: _			
I declare that I am the author best of my knowledge and be to waive any rights or causes said information to the Liquo	elief. I also consent to ap investigation of my s of action against the Nebraska Liquor Cont r Control Commission or the Nebraska State ation or corporation for profit or not for profit	Printed Name nse applicant and that the statements made of background including all records of every king rol Commission, the Nebraska State Patrol of Patrol. I further declare that the license appliand that the event will be supervised by pers	on this application are true to the ad including police records. I agree r any other individual releasing ied for will not be used by any
	signed by a member listed on permanent – Must be signed by a Corporate Officer		
Local Governing Bod	y completes below:		
The local governing b the issuance of a Spec	ody for the City/Village ofial Designated License as request	OR County ofed above. (Only one should be written a	approves
Local Govern	ning Body Authorized Signature		Date

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그래 그렇게 하면 있었다. 이번에 하면 하는데 하는데 하면 보고 있다면 하는데 되었다면 하는데 없다. 얼마나 없는데 없다면 하는데	nme <u>or</u> *Non-Profit Organization (* <u>Must i</u> ottsbluff, NE. 69361	nclude Form #201 as Page 2)	_
Retail Liquor License Ac 122206	ldress <u>or</u> Non-Profit Business Address		
Retail License Number o	<u>r</u> Non-Profit Federal ID #		
Consecutive Dates only Event Date(s):			agt one, come on the gat alone.
Event Start Time(s):	5 pm		
Event End Time(s): None	10 pm		-
Alternate Date:			_
	None		
Alternate Location Build	ling & Address: 8th Street Plaza		
Event Building Name:	18th Street Plaza, Scottsbluff		_
Event Street Address/Ci	18th Street Plaza, Scottsbluff		
Event Street Address/Ci	ty:		
Indoor area to be license	ed in length & width:X		
	sed in length & width: X (Di unity Concert	agram Form #109 must be attached) 500	
Type of Event:			
	X		
Type of alcohol to be ser	ved: Beer Wine (If not marked, you will not be a	ble to serve this type of alcohol)	
	loe Margheim	308-225-0275	
Event Contact Name: _	Event Contact I	Phone Number:	
Event Contact Email:	oe@flyoverbrewingco.com		
Event Contact Eman		1 / 4/	ī .i
best of my knowledge and be to waive any rights or causes said information to the Liquoi	ized representative of the above named license ap elief. 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 th	round including all records of every kind inclu nmission, the Nebraska State Patrol or any o . I further declare that the license applied for	ding police records. I agree ther individual releasing will not be used by any
	signed by a member listed on permanent licens – Must be signed by a Corporate Officer	e	
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the issuance of a Spec	ial Designated License as requested ab	ove. (Only one should be written above)	
Local Govern	ing Body Authorized Signature	Date	!

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Retail Liquor License 1 122206	Address or Non-Profit Business Address	-
Retail License Number	r <u>or</u> Non-Profit Federal ID #	_
Consecutive Dates only Event Date(s):		
Event Start Time(s):	5 pm 10 pm	
Event End Time(s): None		-
Alternate Date:	None	-
Alternate Location Bu	ilding & Address:	-
Event Building Name:	18th Street Plaza, Scottsbluff	-
Event Street Address/C	City:	-
Indoor area to be licen	nsed in length & width: X 160 245	
Outdoor area to be lice	ensed in length & width: X (Diagram Form #109 must be attached)	
Type of Event:	munity Concert 500 Estimate # of attendees:	
Type of alcohol to be s	X	
Event Contact Name:	Joe Margheim 308-225-0275 Event Contact Phone Number:	
Event Contact Email:	joe@flyoverbrewingco.com	
*Signature Authorized	d Representative: Printed Name Joseph N	ladheim
I declare that I am the auth- best of my knowledge and to waive any rights or cause said information to the Liqu	ionized representative of the above framed license applicant into that the statements made on this a belief. I also consent to an investigation of my background including all records of every kind includ ses of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any oft for Control Commission or the Nebraska State Patrol. I further declare that the license applied for w inizization or corporation for profit or not for profit and that the event will be supervised by persons dire	ling police records. I agree ner individual releasing rill not be used by any
	ne signed by a member listed on permanent license on – Must be signed by a Corporate Officer	
Local Governing Bo	dy completes below:	
The local governing the issuance of a Spe	body for the City/Village ofOR County ofecial Designated License as requested above. (Only one should be written above)	approves
Local Gover	rning Body Authorized Signature Date	