

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

**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 6/9/22

Event Date(s): _____

Event Start Time(s): 5 pm _____

Event End Time(s): 10 pm _____

Event End Time(s): _____

Event End Time(s): _____

Event End Time(s): _____

Event End Time(s): _____

Event End Time(s): _____

Event End Time(s): _____

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Event End Time(s): _____

Event End Time(s): _____

Event End Time(s): _____

Event End Time(s): _____

Event End Time(s): _____

*Signature Authorized Representative: _____ Printed Name Joseph 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 6/16/22

Event Date(s): _____

Event Start Time(s): 5 pm _____

Event End Time(s): 10 pm _____

Event End Time(s): _____

Event End Time(s): _____

Event End Time(s): None _____

Alternate Date: _____

Alternate Location Building & Address: None _____

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 _____

Indoor area to be licensed in length & width: 160 X 245

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 Joseph 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.

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Local Governing Body completes below:

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Local Governing Body Authorized Signature _____ Date _____

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

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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 6/23/22

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: 160 X 245

Outdoor area to be licensed in length & width: 160 X 245 (Diagram Form #109 must be attached)

Community Concert

Type of Event: Estimate # of attendees: 500

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: Joseph Margheim Printed Name Joseph 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.

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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
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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 6/30/22

Event Date(s): _____

Event Start Time(s): 5 pm _____

Event End Time(s): 10 pm _____

Event End Time(s): _____

Event End Time(s): None _____

Alternate Date: _____

Alternate Location Building & Address: None _____

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 _____

Outdoor area to be licensed in length & width: 160 X 245 _____

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)

Joe Margheim 308-225-0275

Event Contact Name: _____ Event Contact Phone Number: _____

Event Contact Email: joe@flyoverbrewingco.com _____

*Signature Authorized Representative: _____ Printed Name Joseph 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.

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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 7/7/22

Event Date(s): _____

Event Start Time(s): 5 pm _____

Event End Time(s): 10 pm _____

Event End Time(s): None _____

Alternate Date: _____

Alternate Location Building & Address: None _____

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 _____
160 245

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)

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

Event Contact Email: joe@flyoverbrewingco.com

Event Contact Email: _____

Event Contact Email: _____

*Signature Authorized Representative: _____ Printed Name Joseph 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.

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Local Governing Body Authorized Signature

Date

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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 7/14/22

Event Date(s): _____

Event Start Time(s): 5 pm _____

Event End Time(s): 10 pm _____

Event End Time(s): _____

Event End Time(s): _____

Event End Time(s): None _____

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: 18th Street Plaza

Event Building Name: _____

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

Event Street Address/City: _____

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

Indoor area to be licensed in length & width: 160 X 245

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: _____

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 Joseph Margheim

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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

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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

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122206

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only 7/21/22

Event Date(s): _____

Event Start Time(s): 5 pm _____

Event End Time(s): 10 pm _____

Event End Time(s): _____

Event End Time(s): _____

Event End Time(s): _____

Alternate Date: _____

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: 18th Street Plaza

Event Building Name: 18th Street Plaza, Scottsbluff

Event Street Address/City: _____

Event Street Address/City: _____

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

Indoor area to be licensed in length & width: 160 245

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 Event: _____

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

Event Contact Email: joe@flyoverbrewingco.com

Event Contact Email: _____

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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 7/28/22

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 _____

160 245

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 Joseph Margheim

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