City of Scottsbluff, Nebraska

Monday, June 6, 2022 Regular Meeting

Item Public Inp2

Council to discuss and consider action on six Special Designated Liquor Licenses for P.R.E.S. Inc., d/b/a Rosita's Restaurant to serve distilled spirits at the Bands on Broadway Summer Event at the 18th Street Plaza on June 23rd, 30th, July 7th, 14th, 21st, and 28th; 5:00-10:00 p.m.

Staff Contact: Kim Wright, City Clerk

NEBRASKA LIQUOR CONTROL COMMISSION 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

| PRESINC DBA Rositas Restaurant |
|---|
| Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2) |
| Retail Liquor License Address or Non-Profit Business Address |
| . 1 |
| Retail License Number or Non-Profit Federal ID # |
| Consecutive Dates only |
| Event Date(s): $\frac{C_0/2\sqrt{3}}{2}$ |
| Event Start Time(s): 5'O Opm |
| Event End Time(s): 10.00pm |
| Alternate Date: |
| Alternate Location Building & Address: |
| Event Building Name: 18th Street Downtown Plaza Event Street Address/City: 1806 Broadway, Scottsbluff |
| Event Street Address/City: 1806 Broadway, Scottsbluff |
| <u>Indoor</u> 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: 1000 |
| 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: Dosemary Florez Event Contact Phone Number: 308-641-003f |
| Event Contact Email: Rosyflve Ofmailicom |
| *Signature Authorized Representative: Printed Name OCM OCM I declare that I am the authorized representative of the above harded 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 Liduor 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 |

PHONE: (402) 471-2571 Website: www.lee.nebraska.gov

Special Designated License
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| PRESTING DBA ROS,46.5 Restaurande Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2) |
|--|
| 1205 E Overland Scottshliff, Ne 69861 |
| Retail Liquor License Address or Non-Profit Business Address |
| 025711 |
| Retail License Number or Non-Profit Federal ID # |
| Consecutive Dates only Event Date(s): 6/30/22 |
| Event Start Time(s): 5,'00pm |
| Event End Time(s): 10;00pm |
| Alternate Date: |
| Alternate Location Building & Address: |
| Event Building Name: 18th Street Downtown Plaza |
| Event Street Address/City: 1800 Broadway, Scottsbluff |
| 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: 1,000 |
| Type of alcohol to be served: Beer Wine Distilled Spirits X (If not marked, you will not be able to serve this type of alcohol) |
| Event Contact Name: Rosemans Florez Event Contact Phone Number: 305-641-003 f |
| Event Contact Email: ROSS flrc @ Small Com |
| *Signature Authorized Representative: Printed Name |
| *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 |

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| PRES Inc DBA ROSHAS Restaurant Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2) |
|--|
| Retail Liquor License Address or Non-Profit Business Address |
| 257 // Retail License Number or Non-Profit Federal ID # |
| Consecutive Dates only Event Date(s): 7/7/22 |
| Event Start Time(s): 5/00pr |
| Event End Time(s): 10:00 psq |
| Alternate Date: |
| Alternate Location Building & Address: 18th Street Downtown Plaza |
| Event Building Name: 18th Street Downtown Plaza |
| Event Street Address/City: 1800 Bloadway, Scottshuff |
| Indoor area to be licensed in length & width: X |
| Outdoor area to be licensed in length & width: 300 X [45] (Diagram Form #109 must be attached) |
| Type of Event: Bandson Broadway Estimate # of attendees: /1000 |
| 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: Rosemars Florez Event Contact Phone Number: 30f-641-0038 |
| Event Contact Email: 1054f/rc @gmail.gcm |
| *Signature Authorized Representative: Printed Name |
| *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 ofapproves the issuance of a Special Designated License as requested above. (Only one should be written above) |
| Local Governing Body Authorized Signature Date |

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| Local Governing Body Authorized Signature Date |
|---|
| The local governing body for the City/Village of OR County of approve the issuance of a Special Designated License as requested above. (Only one should be written above) |
| Local Governing Body completes below: |
| |
| *Retail licensee – Must be signed by a member listed on permanent license *Non-Profit Organization – Must be signed by a Corporate Officer |
| *Signature Authorized Representative: Printed Name Selval |
| Event Contact Email: Rosyfleec Rosyflee Rosyfleen |
| Event Contact Name: ROSemars Florez Event Contact Phone Number: 30 f-C4/-03f |
| Type of alcohol to be served: Beer Wine Distilled Spirits (If not marked, you will not be able to serve this type of alcohol) |
| Type of Event: Bonces Cn Broadway Estimate # of attendees: 1,000 |
| Outdoor area to be licensed in length & width: 300 X 145 (Diagram Form #109 must be attached) |
| Indoor area to be licensed in length & width: X |
| Event Street Address/City: 1800 Brogerway, Scot+sbluff |
| Event Building Name: 18th Street Dountown Plaza |
| Alternate Location Building & Address: |
| Alternate Date: |
| Event End Time(s): /0/ocpm |
| Event Start Time(s): 5,00 p/n |
| Consecutive Dates only Event Date(s): 7/14/22 |
| Retail License Number or Non-Profit Federal ID# |
| Retail Liquor License Address of Non-Profit Business Address |
| Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2) |
| PRES Inc DBA ROSITAS Restaurant |

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| 4,14 |
|---|
| The local governing body for the City/Village of OR County of approve the issuance of a Special Designated License as requested above. (Only one should be written above) |
| Local Governing Body completes below: |
| |
| *Retail licensee – Must be signed by a member listed on permanent license *Non-Profit Organization – Must be signed by a Corporate Officer |
| *Signature Authorized Representative: 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 ag 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. |
| Event Contact Email: ROSSfire Cof Marka con |
| Event Contact Name: ROSe marg Florez Event Contact Phone Number: 308-641-0038 |
| Type of alcohol to be served: Beer Wine Distilled Spirits (If not marked, you will not be able to serve this type of alcohol) |
| Type of Event: Bands on Bracelleas Estimate # of attendees: 1,000 |
| Outdoor area to be licensed in length & width: 300 X 145 (Diagram Form #109 must be attached) |
| Indoor area to be licensed in length & width: X |
| Event Street Address/City: 1800 Broadway, Scottshluff |
| Event Building Name: 18th Street Downtown Plaza |
| Alternate Location Building & Address: |
| Alternate Date: |
| Event End Time(s): /O/Gopm |
| Event Date(s): Event Start Time(s): 5,00pm |
| Retail License Number or Non-Profit Federal ID # Consecutive Dates only |
| 025711 |
| Retail Liquor License Address or Non-Profit Business Address |
| Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2) |

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| Local Governing Body Authorized Signature Date |
|---|
| the issuance of a Special Designated License as requested above. (Only one should be written above) |
| The local governing body for the City/Village of OR County of approves |
| Local Governing Body completes below: |
| *Non-Profit Organization – Must be signed by a Corporate Officer |
| *Retail licensee - Must be signed by a member listed on permanent license |
| *Signature Authorized Representative |
| Event Contact Email: Rossflvz (Smailicom Rossina VI Flusco |
| Event Contact Name: Rosemary Florez Event Contact Phone Number: 306-641-0036 |
| (If not marked, you will not be able to serve this type of alcohol) |
| , |
| Type of Event: Rances on Brogatuce Estimate # of attendees: 4,000 |
| Outdoor area to be licensed in length & width: 300 x /45 (Diagram Form #109 must be attached) |
| Indoor area to be licensed in length & width: X |
| Event Street Address/City: 1800 Brocelway Scottshluft |
| Event Building Name: 18th Street Down Plaze |
| Alternate Location Building & Address: |
| Alternate Date: |
| Event End Time(s): 5700pp |
| Event Date(s): 7/28/25 |
| Consecutive Dates only |
| <u>0257//</u> Retail License Number or Non-Profit Federal ID# |
| Retail Liquor License Address or Non-Profit Business Address |
| Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2) |
| PRES Inc DBA Rositais Restaurant |