

# **City of Scottsbluff, Nebraska**

**Monday, November 7, 2022**

**Regular Meeting**

## **Item Public Inp5**

**Council to discuss and consider action on approving a Special Designated Liquor License for BDS3C, LLC d/b/a Flyover Brewing Company to serve beer, wine and distilled spirits at the Very Merry Christmas Market on December 3rd from 11:00 a.m. to 6:00 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)  
122206

Retail Liquor License Address or Non-Profit Business Address  
1824 Broadway, Scottsbluff

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only 3 Dec 22

Event Date(s):  
1100  
Event Start Time(s):  
1800  
Event End Time(s):

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

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

Event Building Name: Broadway between 16th and 18th Streets

Event Street Address/City: Broadway between 16th and 18th Streets

Indoor area to be licensed in length & width: \_\_\_\_\_ X \_\_\_\_\_  
659 100

Outdoor area to be licensed in length & width: \_\_\_\_\_ X \_\_\_\_\_ (Diagram Form #109 must be attached)  
Christmas Market

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

Event Contact Email: joe@flyoverbrewingco.com

Event Contact Email: \_\_\_\_\_ Printed Name: Joseph Margheim

\*Signature Authorized Representative: \_\_\_\_\_ Printed Name: \_\_\_\_\_

*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 \_\_\_\_\_