City of Scottsbluff, Nebraska

Monday, May 15, 2023 Regular Meeting

Item Public Inp4

Council to discuss and consider action on nine Special Designated Liquor Licenses for Flyover Brewing Co. to serve beer, wine & distilled spirits at Bands on Broadway, June 15th, 22nd, 29th; July 6th, 13th, 20th, 27th & Aug. 3rd; 4-10 p.m. & Robidoux Check-in June 23rd; 2-10 p.m. at 18th St. Plaza.

Staff Contact: Kim Wright, City Clerk

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

Special Designated License Local Recommendation (Form 200)

Retail Liquor License Name or *Non-Pro	ofit Organization (*Must include Form #201 as Page 2)	
Retail Liquor License Address or Non-Pr	rofit Business Address	
Retail License Number or Non-Profit Fed	deral ID #	
Consecutive Dates only Event Date(s):		
Event Start Time(s):		
Event End Time(s):		
Alternate Date:		
Event Building Name:		
Event Street Address/City:		
<u>Indoor</u> area to be licensed in length & wie	idth:X	
Outdoor area to be licensed in length & v	width:X (Diagram Form #109 must be attached	·i)
Type of Event:	Estimate # of attendees:	
	Wine Distilled Spirits marked, you will not be able to serve this type of alcohol)	
Event Contact Name:	Event Contact Phone Number:	
Event Contact Email:		
to waive any rights or causes of action against the said information to the Liquor Control Commission	oseph Wargheim Printed Name of the above named license applicant and that the statements made on the statements of the above named license applicant and that the statements made on the state of the state of every kind in the Nebraska Liquor Control Commission, the Nebraska State Patrol or any on or the Nebraska State Patrol. I further declare that the license applied for profit or not for profit and that the event will be supervised by persons	cluding police records. I agree of other individual releasing for will not be used by any
*Retail licensee – Must be signed by a membe *Non-Profit Organization – Must be signed by		
Local Governing Body completes belo	ow:	
The local governing body for the City the issuance of a Special Designated I	y/Village of OR County of License as requested above. (Only one should be written abov	
Local Governing Body Author	orized Signature Da	te

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

Special Designated License Local Recommendation (Form 200)

Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Pa	<u>age 2</u>)
Retail Liquor License Address or Non-Profit Business Address	
Retail License Number or Non-Profit Federal ID #	
Consecutive Dates only Event Date(s):	
Event Start Time(s):	
Event End Time(s):	
Alternate Date:	
Alternate Location Building & Address:	
Event Building Name:	
Event Street Address/City:	
Indoor area to be licensed in length & width: X	
Outdoor area to be licensed in length & width: X (Diagram Form #109 must	be attached)
Type of Event: Estimate # of attended	ees:
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: Event Contact Phone Number:	
Event Contact Email:	
*Signature Authorized Representative: Joseph Wargheim Printed Name I declare that I am the authorized representative of the above named likense applicant and that the statement best of my knowledge and belief. I also consent to an investigation of my background including all records of to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the lice other person, group, organization or corporation for profit or not for profit and that the event will be supervised holder of this Special Designated License. *Retail licensee – Must be signed by a member listed on permanent license *Non Partiti Operation of the Normal Authorized Participation of the Normal Partition of the Normal Parti	f every kind including police records. I agre e Patrol or any other individual releasing ense applied for will not be used by any
*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 the issuance of a Special Designated License as requested above. (Only one should be	
Local Governing Body Authorized Signature	 Date

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

Retail Liquor License Name or *Non-Profit Organization	ation (*Must include Form #201 as Page 2)	
Retail Liquor License Address or Non-Profit Business	s Address	
Retail License Number <u>or</u> Non-Profit Federal ID #		
Consecutive Dates only Event Date(s):		
Event Start Time(s):		
Event End Time(s):		
Alternate Date:		
Alternate Location Building & Address:		
Event Building Name:		
Event Street Address/City:		
<u>Indoor</u> area to be licensed in length & width: X	X	
Outdoor area to be licensed in length & width:	_X (Diagram Form #109 must be attached)	
Type of Event:	Estimate # of attendees:	
Type of alcohol to be served: Beer Win (If not marked, you	ne Distilled Spirits will not be able to serve this type of alcohol)	
Event Contact Name: Eve	rent Contact Phone Number:	
Event Contact Email:		
best of my knowledge and belief. I also conser to an investigation to waive any rights or causes of action against the Nebraska Liquisaid information to the Liquor Control Commission or the Nebras	Printed Name	police records. I agre ndividual releasing of be used by any
*Non-Profit Organization – Must be signed by a Corporate		
		<u></u>
Local Governing Body completes below:		
The local governing body for the City/Village of the issuance of a Special Designated License as re		approves
Local Governing Body Authorized Signa	ature Date	

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

Retail Liquor License Name or *Non-Profit Organization (*Must in	nclude Form #201 as Page 2)
Retail Liquor License Address or Non-Profit Business Address	
Retail License Number or Non-Profit Federal ID #	
Consecutive Dates only Event Date(s):	
Event Start Time(s):	
Event End Time(s):	
Alternate Date:	
Alternate Location Building & Address:	
Event Building Name:	
Event Street Address/City:	
Indoor area to be licensed in length & width: X	
Outdoor area to be licensed in length & width: X (Dia	agram Form #109 must be attached)
Type of Event:	Estimate # of attendees:
Type of alcohol to be served: Beer Wine D (If not marked, you will not be ab	
Event Contact Name: Event Contact Pl	hone Number:
Event Contact Email:	
*Signature Authorized Representative: Joseph Margheim I declare that I am the authorized representative of the above named license apply best of my knowledge and belief. I also consent to an investigation of my background to waive any rights or causes of action against the Nebraska Liquor Control Commission or the Nebraska State Patrol. In other person, group, organization or corporation for profit or not for profit and that holder of this Special Designated License. *Retail licensee – Must be signed by a member listed on permanent license	ound including all records of every kind including police records. I agre amission, the Nebraska State Patrol or any other individual releasing I further declare that the license applied for will not be used by any at the event will be supervised by persons directly responsible to the
*Non-Profit Organization – Must be signed by a Corporate Officer	
Local Governing Body completes below:	
The local governing body for the City/Village of the issuance of a Special Designated License as requested abo	
Local Governing Body Authorized Signature	

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

Special Designated License Local Recommendation (Form 200)

Local Governi	ing Body Authorized	Signature		Date	
			OR County of Ove. (Only one should be written		pproves
Local Governing Body			OD Commune of		
*Non-Profit Organization -	- Must be signed by a Cor	porate Officer		<u></u>	
*Retail licensee – Must be s	= -	=			
to waive any rights or causes said information to the Liquor	s of action against the Nebras r Control Commission or the ation or corporation for profit	ska Liquor Control Com Nebraska State Patrol.	ilicant and that the statements made ound including all records of every mission, the Nebraska State Patro I further declare that the license ap t the event will be supervised by pe	l or any other individual i oplied for will not be used	releasing d by any
*Signature Authorized F	Representative: Jose	oh Marghein	Printed Name Joseph licant and that the statements made ound including all records of every	Margheim	tones to the
Event Contact Email:	niki@flyoverbrew	vingco.com			
Event Contact Name:	Vicole Egan	_ Event Contact P	hone Number: 308-672-	1992	
Type of alcohol to be ser	ved: Beer X (If not market	Wine X I	Distilled Spirits X le to serve this type of alcoho	ol)	
			_ Estimate # of attendees: 5	·UU 	
			ngram Form #109 must be att		
<u>Indoor</u> area to be license	_				
Event Street Address/Ci	ty: 18th Street Pl	aza Scottsblu	Iff NE 69361		
Event Building Name: _	18th Street Plaza	0	((NE 0004		
Alternate Date:					
Event End Time(s):	2200				
Event Start Time(s):	1600				
Consecutive Dates only Event Date(s):	07/13/2023				
Retail License Number <u>o</u>	or Non-Profit Federal II	D #			
122206	uuress <u>or</u> 11011-110111 De	isiness Audress			
1824 Broadway S Retail Liquor License Ad					
-	<u> </u>	· 	nclude Form #201 as Page 2)		
BDS3C LLC DBA	A Flyover Brewir	ng Company			

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

Special Designated License Local Recommendation (Form 200)

Local Governi	ing Body Authorized	Signature		Date
			Ve. (Only one should be written	
Local Governing Body				
*Retail licensee – Must be s *Non-Profit Organization -		-		·····
to waive any rights or causes said information to the Liquor other person, group, organiza holder of this Special Designa	of action against the Nebras r Control Commission or the ation or corporation for profit ated License.	ska Liquor Control Com Nebraska State Patrol. or not for profit and tha	Printed Name Joseph N licant and that the statements made and including all records of every k mission, the Nebraska State Patrol further declare that the license app the event will be supervised by per	or any other individual releasing plied for will not be used by any
			Printed NameJoseph N	Margheim
Event Contact Name: Event Contact Email: _	niki@flyoverbrew	/ingco.com	none rumber.	
Event Contact Name:		-	le to serve this type of alcohol none Number: 308-672-1	
Type of alcohol to be ser	ved: Beer X	Wine X I	Distilled Spirits X	
			_ Estimate # of attendees: 50	
	_		gram Form #109 must be atta	ached)
Indoor area to be license				
Event Street Address/Cit	18th Street Pl	aza Scottsblu	ff NE 69361	
Event Building Name: _				
Alternate Location Ruile				
Event End Time(s):				
Event Start Time(s):	2200			
Event Date(s):	1600			
Consecutive Dates only	07/20/2023	υ π		
122206 Retail License Number o	or Non Profit Eddard II			
Retail Liquor License A	ddress <u>or</u> Non-Profit Bu	isiness Address		
1824 Broadway	Scottsbluff NE 6	9361		
			nclude Form #201 as Page 2)	
BDS3C LLC DBA	A FIVOVER Brewir	nd (Company		

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

BDS3C LLC DB/	A Flyover Brewii	ng Company			
Retail Liquor License Na 1824 Broadway		·	nclude Form #201	as Page 2)	-
Retail Liquor License A					-
Retail License Number o	or Non-Profit Federal I	D #			-
Consecutive Dates only Event Date(s):	07/27/2023				
Event Start Time(s):	1600				
Event End Time(s):	2200				
Alternate Date:					-
Alternate Location Build	_				-
Event Building Name: _	18th Street Plaza	a			
Event Street Address/Ci	ty: 18th Street P	laza Scottsblu	ff NE 69361		
<u>Indoor</u> area to be license	~				
Outdoor area to be licen					
Type of Event: Comn	nunity Concert		_ Estimate # of att	tendees: 500	
Type of alcohol to be ser		Wine X I		oe of alcohol)	
Event Contact Name: _	Nicole Egan	_ Event Contact P	hone Number: 30	8-672-1992	
Event Contact Email:					
*Signature Authorized I I declare that I am the author best of my knowledge and be to waive any rights or causes said information to the Liquor other person, group, organiza holder of this Special Designa *Retail licensee – Must be s *Non-Profit Organization -	elief. I also consent to an invalue of action against the Nebra r Control Commission or the ation or corporation for profit ated License. signed by a member listed	restigation of my backgroska Liquor Control Com Nebraska State Patrol. t or not for profit and tha l on permanent license	ound including all reco mission, the Nebraska I further declare that t	ords of every kind including State Patrol or any othe The license applied for wil	ng police records. I agree er individual releasing Il not be used by any
					<u></u>
Local Governing Body	y completes below:				
The local governing be the issuance of a Speci	ody for the City/Villa ial Designated Licens	nge of se as requested abo	OR Cou	nty of	approves
Local Govern	ing Body Authorized	Signature		Date	

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

Special Designated License Local Recommendation (Form 200)

BD23C FFC DB	A Fiyover Brewir	ng Company		
Retail Liquor License N	ame <u>or</u> *Non-Profit Org	ganization (*Must ir	nclude Form #201 as Page 2)	
1824 Broadway	Scottsbluff NE 6	9361		
Retail Liquor License A	ddress <u>or</u> Non-Profit Bu	usiness Address		
122206				
Retail License Number o	<u>or</u> Non-Profit Federal II	D #		
Consecutive Dates only Event Date(s):	08/03/2023			
Event Start Time(s):	1600		- 	_
Event End Time(s):	2200			
Alternate Date:				
Event Building Name: _	18th Street Plaza	a 	·	
Event Street Address/Ci	ity: 18th Street Pl	aza Scottsblu	ff NE 69361	
<u>Indoor</u> area to be license	_			
Outdoor area to be licen	nsed in length & width:	662 X 415 (Dia	gram Form #109 must be atta	ached)
Type of Event: Comn	nunity Concert		_ Estimate # of attendees:	00
Type of alcohol to be ser		Wine X I d, you will not be ab	Distilled Spirits X le to serve this type of alcohol	1)
Event Contact Name: _	Nicole Egan	_ Event Contact Pl	hone Number: 308-672-1	992
Event Contact Email:	niki@flyoverbrew	vingco.com		
best of my knowledge and be to waive any rights or causes said information to the Liquor	elief. I also consent to an inve s of action against the Nebras r Control Commission or the ation or corporation for profit	estigation of my backgro ska Liquor Control Com Nebraska State Patrol. I	Printed Name Licant and that the statements made found including all records of every kemission, the Nebraska State Patrol I further declare that the license appet the event will be supervised by performance.	ind including police records. I agree or any other individual releasing olied for will not be used by any
*Retail licensee – Must be s *Non-Profit Organization -				
Local Governing Body	y completes below:			
			OR County of ve. (Only one should be written	
ine issuance of a speci	iai Designateu License	c as requested and	ve. (Omy one should be written	abuve)
Local Govern	ing Body Authorized	Signature		Date

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

Special Designated License Local Recommendation (Form 200)

Local Governi	ing Body Authorized	Signature		Date
			OVE. (Only one should be written	
Local Governing Body			OD Com 4 C	
*Non-Profit Organization –	- Must be signed by a Corp	porate Officer		<u></u>
*Retail licensee – Must be s	= -	_	2	
to waive any rights or causes said information to the Liquor	of action against the Nebras Control Commission or the lation or corporation for profit	ska Liquor Control Con Nebraska State Patrol.	Printed Name Discant and that the statements made ound including all records of every amission, the Nebraska State Patrol I further declare that the license application to the event will be supervised by performance.	I or any other individual releasing oplied for will not be used by any
			Printed Name	Margheim
Event Contact Email:	niki@flyoverbrew	ringco.com		
Event Contact Name: _	Nicole Egan	_ Event Contact F	hone Number: <u>308-672-</u> 1	1992
Type of alcohol to be ser	ved: Beer X (If not market	Wine X d, you will not be al	Distilled Spirits $\frac{X}{\text{ble to serve this type of alcohol}}$	ol)
			Estimate # of attendees: _5	
			agram Form #109 must be att	
<u>Indoor</u> area to be license				
Event Street Address/Cit	ty: 18th Street Pl	aza Scottsblu	ıff NE 69361	
Event Building Name: _	8th Street Plaza	<u> </u>	***	
Alternate Date:				
Event End Time(s):	2200			
Event Start Time(s):	1400			
Consecutive Dates only Event Date(s):	06/23/2023			
Retail License Number <u>o</u>	<u>or</u> Non-Profit Federal II) #		
122206				
1824 Broadway S Retail Liquor License Ac				
-	_	· —	nclude Form #201 as Page 2)	
BDS3C LLC DBA				