

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

**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 include 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 _____ (Diagram Form #109 must be attached)

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: _____ Event Contact Phone Number: _____

Event Contact Email: _____

*Signature Authorized Representative: *Joseph Margheim* 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

**Special Designated License
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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 attendees: _____

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Retail License Number or Non-Profit Federal ID #

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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 attendees: _____

Type of alcohol to be served: Beer _____ Wine _____ Distilled Spirits _____
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Event Contact Name: _____ Event Contact Phone Number: _____

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Local Governing Body Authorized Signature

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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 attendees: _____

Type of alcohol to be served: Beer _____ Wine _____ Distilled Spirits _____
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Local Governing Body Authorized Signature

Date

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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 07/13/2023
Event Date(s): _____
Event Start Time(s): **1600**
Event End Time(s): **2200**

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: **18th Street Plaza**

Event Street Address/City: **18th Street Plaza Scottsbluff NE 69361**

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

Outdoor area to be licensed in length & width: **662** X **415** (Diagram Form #109 must be attached)

Type of Event: **Community Concert** 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)

Event Contact Name: **Nicole Egan** Event Contact Phone Number: **308-672-1992**

Event Contact Email: **niki@flyoverbrewingco.com**

*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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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 07/20/2023
Event Date(s): _____
Event Start Time(s): **1600**
Event End Time(s): **2200**

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: **18th Street Plaza**

Event Street Address/City: **18th Street Plaza Scottsbluff NE 69361**

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

Outdoor area to be licensed in length & width: **662** X **415** (Diagram Form #109 must be attached)

Type of Event: **Community Concert** Estimate # of attendees: **500**

Type of alcohol to be served: Beer Wine Distilled Spirits
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Event Contact Name: **Nicole Egan** Event Contact Phone Number: **308-672-1992**

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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 07/27/2023
Event Date(s): _____
Event Start Time(s): **1600**
Event End Time(s): **2200**

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: **18th Street Plaza**

Event Street Address/City: **18th Street Plaza Scottsbluff NE 69361**

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

Outdoor area to be licensed in length & width: **662** X **415** (Diagram Form #109 must be attached)

Type of Event: **Community Concert** Estimate # of attendees: **500**

Type of alcohol to be served: Beer Wine Distilled Spirits
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Event Contact Name: **Nicole Egan** Event Contact Phone Number: **308-672-1992**

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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 08/03/2023
Event Date(s): _____
Event Start Time(s): **1600**
Event End Time(s): **2200**

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: **18th Street Plaza**

Event Street Address/City: **18th Street Plaza Scottsbluff NE 69361**

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

Outdoor area to be licensed in length & width: **662** X **415** (Diagram Form #109 must be attached)

Type of Event: **Community Concert** Estimate # of attendees: **500**

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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 06/23/2023
Event Date(s): _____
Event Start Time(s): **1400**
Event End Time(s): **2200**

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: **18th Street Plaza**

Event Street Address/City: **18th Street Plaza Scottsbluff NE 69361**

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

Outdoor area to be licensed in length & width: **662** X **415** (Diagram Form #109 must be attached)

Type of Event: **Roadrace checkin/Community Concert** 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)

Event Contact Name: **Nicole Egan** Event Contact Phone Number: **308-672-1992**

Event Contact Email: **niki@flyoverbrewingco.com**

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