

# **City of Scottsbluff, Nebraska**

**Monday, May 15, 2023**

**Regular Meeting**

## **Item Public Inp5**

**Council to discuss and consider action on eight Special Designated Liquor Licenses for Powerhouse on Broadway, LLC to serve beer, wine, and distilled spirits at Bands on Broadway June 15th, 22nd, 29th, July 6th, 13th, 20th, 27th, & Aug. 3rd from 4-10 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

**POWERHOUSE ON BROADWAY LLC**

**Retail Liquor License Name or \*Non-Profit Organization (\*Must include Form #201 as Page 2)**

**1721 Broadway, Scottsbluff**

**Retail Liquor License Address or Non-Profit Business Address**

**125015**

**Retail License Number or Non-Profit Federal ID #**

**Consecutive Dates only**

**Event Date(s):** June 15, 2023

**Event Start Time(s):** 4p

**Event End Time(s):** 10p

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

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

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

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

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

**Outdoor area to be licensed in length & width:** 260' X 155' (Diagram Form #109 must be attached)

**Type of Event:** Bands On Broadway **Estimate # of attendees:** 300

**Type of alcohol to be served:** Beer X Wine X Distilled Spirits X  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** Sharaya Toof **Event Contact Phone Number:** 308-632-0052

**Event Contact Email:** Stoof@scottsbluff.org

**\*Signature Authorized Representative:** Herri Schaff **Printed Name** Herri Schaff

*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**

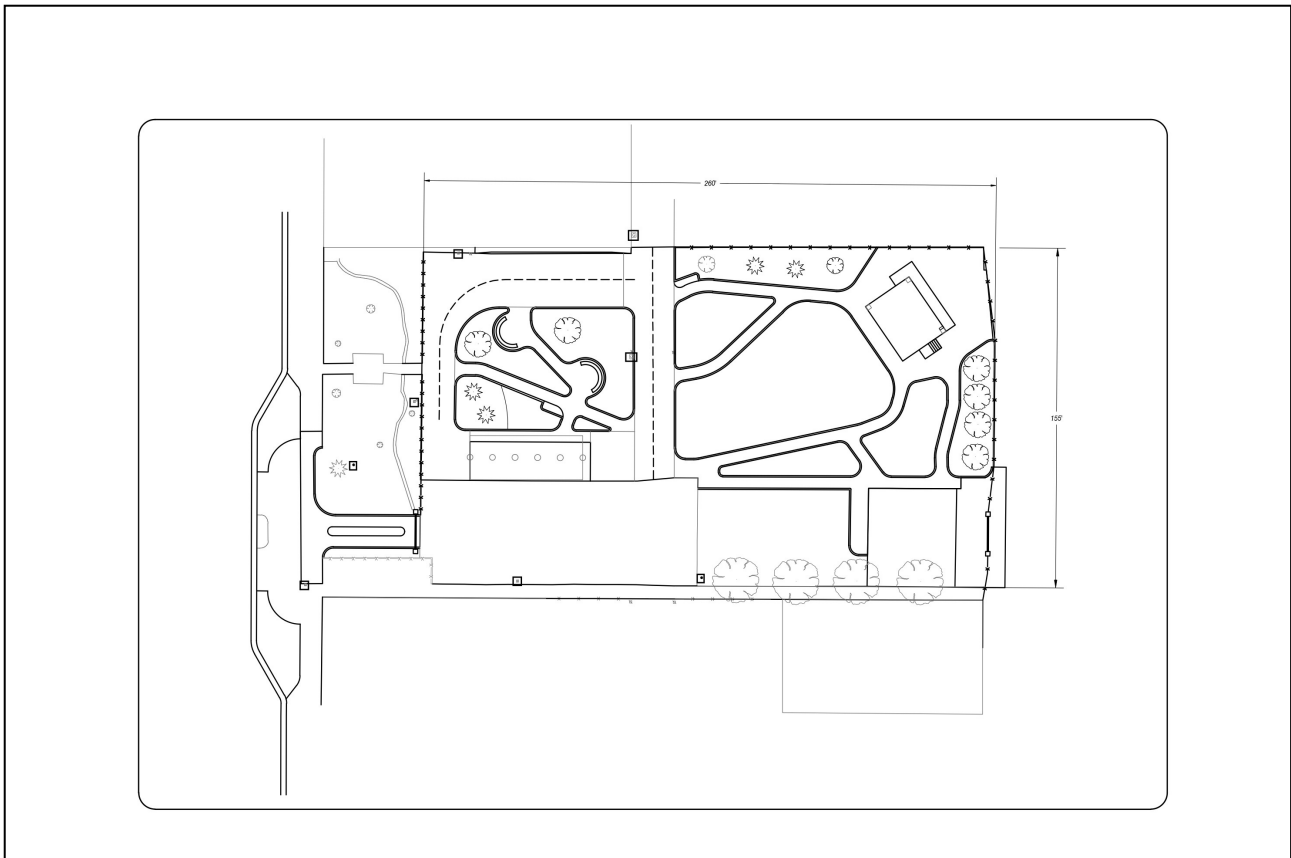
\_\_\_\_\_  
**Date**

# OUTDOOR AREA DIAGRAM

**HOW AREA WILL BE PATROLLED** Area is enclosed by fencing & an employee will be at each entrance.

- IF APPLICABLE, OUTDOOR AREA MUST BE CONNECTED TO INDOOR AREA IF INDOOR AREA IS TO LICENSED
- MEASUREMENT OF OUTER WALLS OF AREA TO BE LICENSED MUST INCLUDED LENGTH & WIDTH IN FEET
- DOUBLE FENCING IS REQUIRED FOR ALL NON-PROFIT ORGANIZATIONS UNLESS FORM #140 IS FILED WITH THIS FORM AND IS APPROVED BY THE COMMISSION
- RETAILER LIQUOR LICENSE HOLDERS ARE NOT REQUIRED TO DOUBLE FENCE, ALTHOUGH MEASURES NEED TO BE TAKEN TO SECURE THE AREA

**DIAGRAM OF PROPOSED AREA:**



Form 109  
Rev Nov 2016

**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

**POWERHOUSE ON BROADWAY LLC**

**Retail Liquor License Name or \*Non-Profit Organization (\*Must include Form #201 as Page 2)**

**1721 Broadway, Scottsbluff**

**Retail Liquor License Address or Non-Profit Business Address**

**125015**

**Retail License Number or Non-Profit Federal ID #**

**Consecutive Dates only**

**Event Date(s):** June 22, 2023

**Event Start Time(s):** 4p

**Event End Time(s):** 10p

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

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

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

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

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

**Outdoor area to be licensed in length & width:** 260' X 155' (Diagram Form #109 must be attached)

**Type of Event:** Bands On Broadway **Estimate # of attendees:** 300

**Type of alcohol to be served:** Beer X Wine X Distilled Spirits X  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** Sharaya Toof **Event Contact Phone Number:** 308-632-0052

**Event Contact Email:** Stoof@scottsbluff.org

**\*Signature Authorized Representative:** Herri Schaff **Printed Name** Herri Schaff

*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)**

Applications must be entered on the portal after local approval – no exceptions  
Late applications are non-refundable and will be rejected

**POWERHOUSE ON BROADWAY LLC**

**Retail Liquor License Name or \*Non-Profit Organization (\*Must include Form #201 as Page 2)**

**1721 Broadway, Scottsbluff**

**Retail Liquor License Address or Non-Profit Business Address**

**125015**

**Retail License Number or Non-Profit Federal ID #**

**Consecutive Dates only**

**Event Date(s):** June 29, 2023

**Event Start Time(s):** 4p

**Event End Time(s):** 10p

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

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

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

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

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

**Outdoor area to be licensed in length & width:** 260' X 155' (Diagram Form #109 must be attached)

**Type of Event:** Bands On Broadway **Estimate # of attendees:** 300

**Type of alcohol to be served:** **Beer** X **Wine** X **Distilled Spirits** X  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** Sharaya Toof **Event Contact Phone Number:** 308-632-0052

**Event Contact Email:** Stoof@scottsbluff.org

**\*Signature Authorized Representative:** Herri Schaff **Printed Name** Herri Schaff

*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)**

Applications must be entered on the portal after local approval – no exceptions  
Late applications are non-refundable and will be rejected

**POWERHOUSE ON BROADWAY LLC**

**Retail Liquor License Name or \*Non-Profit Organization (\*Must include Form #201 as Page 2)**

**1721 Broadway, Scottsbluff**

**Retail Liquor License Address or Non-Profit Business Address**

**125015**

**Retail License Number or Non-Profit Federal ID #**

**Consecutive Dates only**

**Event Date(s):** July 6, 2023

**Event Start Time(s):** 4p

**Event End Time(s):** 10p

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

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

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

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

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

**Outdoor area to be licensed in length & width:** 260' X 155' (Diagram Form #109 must be attached)

**Type of Event:** Bands On Broadway **Estimate # of attendees:** 300

**Type of alcohol to be served:** Beer X Wine X Distilled Spirits X  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** Sharaya Toof **Event Contact Phone Number:** 308-632-0052

**Event Contact Email:** Stoof@scottsbluff.org

**\*Signature Authorized Representative:** Herri Schaff **Printed Name** Herri Schaff

*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)**

Applications must be entered on the portal after local approval – no exceptions  
Late applications are non-refundable and will be rejected

**POWERHOUSE ON BROADWAY LLC**

**Retail Liquor License Name or \*Non-Profit Organization (\*Must include Form #201 as Page 2)**

**1721 Broadway, Scottsbluff**

**Retail Liquor License Address or Non-Profit Business Address**

**125015**

**Retail License Number or Non-Profit Federal ID #**

**Consecutive Dates only**

**Event Date(s):** July 13, 2023

**Event Start Time(s):** 4p

**Event End Time(s):** 10p

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

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

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

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

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

**Outdoor area to be licensed in length & width:** 260' X 155' (Diagram Form #109 must be attached)

**Type of Event:** Bands On Broadway **Estimate # of attendees:** 300

**Type of alcohol to be served:** Beer X Wine X Distilled Spirits X  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** Sharaya Toof **Event Contact Phone Number:** 308-632-0052

**Event Contact Email:** Stoof@scottsbluff.org

**\*Signature Authorized Representative:** Herri Schaff **Printed Name** Herri Schaff

*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)**

Applications must be entered on the portal after local approval – no exceptions  
Late applications are non-refundable and will be rejected

**POWERHOUSE ON BROADWAY LLC**

**Retail Liquor License Name or \*Non-Profit Organization (\*Must include Form #201 as Page 2)**

**1721 Broadway, Scottsbluff**

**Retail Liquor License Address or Non-Profit Business Address**

**125015**

**Retail License Number or Non-Profit Federal ID #**

**Consecutive Dates only**

**Event Date(s):** July 20, 2023

**Event Start Time(s):** 4p

**Event End Time(s):** 10p

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

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

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

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

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

**Outdoor area to be licensed in length & width:** 260' X 155' (Diagram Form #109 must be attached)

**Type of Event:** Bands On Broadway **Estimate # of attendees:** 300

**Type of alcohol to be served:** Beer X Wine X Distilled Spirits X  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** Sharaya Toof **Event Contact Phone Number:** 308-632-0052

**Event Contact Email:** Stoof@scottsbluff.org

**\*Signature Authorized Representative:** Herri Schaff **Printed Name** Herri Schaff

*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)**

Applications must be entered on the portal after local approval – no exceptions  
Late applications are non-refundable and will be rejected

**POWERHOUSE ON BROADWAY LLC**

**Retail Liquor License Name or \*Non-Profit Organization (\*Must include Form #201 as Page 2)**

**1721 Broadway, Scottsbluff**

**Retail Liquor License Address or Non-Profit Business Address**

**125015**

**Retail License Number or Non-Profit Federal ID #**

**Consecutive Dates only**

**Event Date(s):** July 27, 2023

**Event Start Time(s):** 4p

**Event End Time(s):** 10p

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

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

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

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

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

**Outdoor area to be licensed in length & width:** 260' X 155' (Diagram Form #109 must be attached)

**Type of Event:** Bands On Broadway **Estimate # of attendees:** 300

**Type of alcohol to be served:** Beer X Wine X Distilled Spirits X  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** Sharaya Toof **Event Contact Phone Number:** 308-632-0052

**Event Contact Email:** Stoof@scottsbluff.org

**\*Signature Authorized Representative:** Herri Schaff **Printed Name** Herri Schaff

*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)**

Applications must be entered on the portal after local approval – no exceptions  
Late applications are non-refundable and will be rejected

**POWERHOUSE ON BROADWAY LLC**

**Retail Liquor License Name or \*Non-Profit Organization (\*Must include Form #201 as Page 2)**

**1721 Broadway, Scottsbluff**

**Retail Liquor License Address or Non-Profit Business Address**

**125015**

**Retail License Number or Non-Profit Federal ID #**

**Consecutive Dates only**

**Event Date(s):** Aug. 3, 2023

**Event Start Time(s):** 4p

**Event End Time(s):** 10p

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

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

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

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

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

**Outdoor area to be licensed in length & width:** 260' X 155' (Diagram Form #109 must be attached)

**Type of Event:** Bands On Broadway **Estimate # of attendees:** 300

**Type of alcohol to be served:** Beer X Wine X Distilled Spirits X  
(If not marked, you will not be able to serve this type of alcohol)

**Event Contact Name:** Sharaya Toof **Event Contact Phone Number:** 308-632-0052

**Event Contact Email:** Stoof@scottsbluff.org

**\*Signature Authorized Representative:** Herri Schaff **Printed Name** Herri Schaff

*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**