

City of Scottsbluff, Nebraska

Monday, June 5, 2023

Regular Meeting

Item Public Inp2

Council to discuss and consider action on making a recommendation to the Nebraska Liquor Control Commission on an application for Catering Endorsement (Class K) for Powerhouse on Broadway, LLC d/b/a Powerhouse Social, 1721 Broadway, Scottsbluff, NE.

and reconsider SDL applications for June 23; 2-10 p.m. for the Robidoux Rendevous Check-in and July 27th & Aug. 3rd, 4-10 p.m. for Bands on Broadway at the 18th Street Plaza.

Staff Contact: Kim Wright, City Clerk

APPLICATION FOR CATERING ENDORSEMENT TO LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
website: www.lcc.nebraska.gov

License
Class: K

License
Number: 125015



- Application fee \$100.00
- Please pay online at: www.ne.gov/go/NLCCpayport
- Processing time is approx. 45-60 days from receipt of application by the Nebraska Liquor Control Commission

LICENSEE

Powerhouse On Broadway

TRADE NAME

Powerhouse Social

PREMISES ADDRESS

1721 Broadway

CITY

ZIP CODE

Scottsbluff 693101

CONTACT PERSON

Kerri Schaff

PHONE NUMBER

308-641-8008

EMAIL

Kerri@mcscchaff.com

Kerri H Schaff
Signature of **APPLICANT**

Kerri H Schaff
Printed Name of **APPLICANT**

Office use only

PAYMENT TYPE _____

AMOUNT _____ RCPT _____

RECEIVED: _____

DATE DEPOSITED _____



PAYPORT

NEBRASKA.GOV

PURCHASE RECEIPT

Nebraska Liquor Control Commission

P.O. Box 95046
Lincoln NE 68509-5046
(402)471-4881
brenda.hiland@nebraska.gov
OTC Local Ref ID: 82228098
5/10/2023 03:57 PM

Status: **APPROVED**
Customer Name: Kersch LLC, Kerri Schaff
Account Number: *****4218
Routing Number: 104900721

Items	Quantity	TPE Order ID	Total Amount
Catering Endorsement (Class K)	1	78316288	\$100.00

License Number:: **125015**

Trade Name (DBA):: **Powerhouse Social**

Address:: **1721 Broadway**

City:: **Scottsbluff**

State:: **NE**

Zip Code:: **69361**

Phone Number:: **(308)641-8068**

Email Address:: **Kerri@mcschaff.com**

Total remitted to the Nebraska Liquor Control Commission	\$100.00
Total Amount Charged	\$101.75

I authorize "" to electronically debit my account.

Customer Copy

**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 Social

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

1721 Broadway, Scottsbluff, NE 69361

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 23, 2023

Event Start Time(s): 2p

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: Robidoux Rendevous Check-In Estimate # of attendees: 300

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: Aaron Raines Event Contact Phone Number: _____

Event Contact Email: Aaron.Raines@specialized.com

*Signature Authorized Representative:  Printed Name Kerri 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)**
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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.

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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 Wine Distilled Spirits
(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

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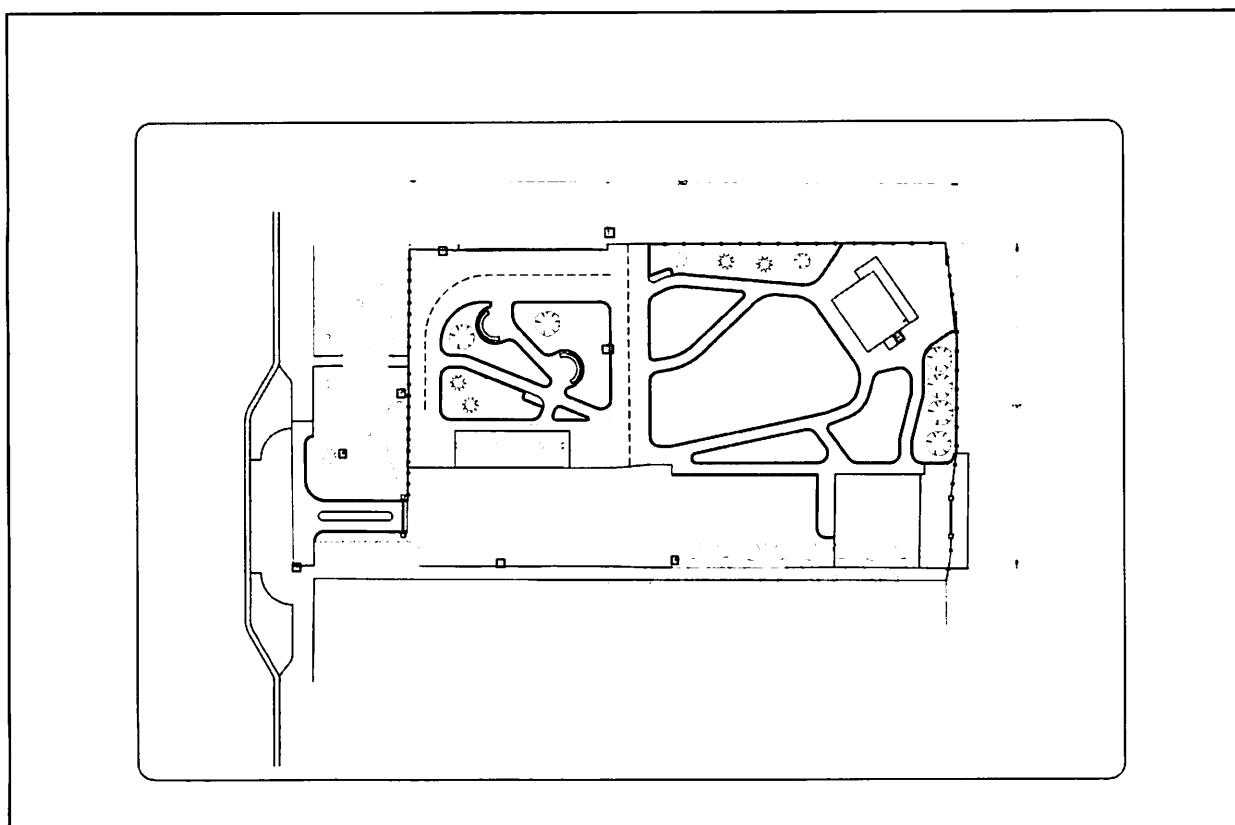
Date

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