City of Scottsbluff, Nebraska

Monday, June 5, 2023 Regular Meeting

Item Public Inp3

Council to discuss and consider action on seven Special Designated Liquor Licenses for Rosita's Restaurant to serve beer, wine, and distilled spirits at Bands on Broadway, June 22nd, 29th, July 6th, 13th, 20th, 27th, & Aug. 3rd from 4-10 p.m. at the 18th Street Plaza.

Staff Contact: Kim Wright, City Clerk

Special Designated License

Rosita's Restaurant
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
1205 East Overland
Retail Liquor License Address or Non-Profit Business Address
035711
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only Event Date(s): Tull 22 2023
Event Start Time(s): 4:00 pm
Event End Time(s): 10:00 pm
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 15th Street Plaza
Event Street Address/City: 18th Street Scotts bluff.
<u>Indoor</u> area to be licensed in length & width: X
Outdoor area to be licensed in length & width: $\frac{160}{100}$ X $\frac{245}{100}$ (Diagram Form #109 must be attached)
Type of Event: Bands on Broadway 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: Rosy Florez Event Contact Phone Number: 308-641-0038
Event Contact Email: ROSYFIYZ@gmail.COM
*Signature Authorized Representative: 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)

Special Designated License

Rosita's Restaurant
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
_ 1205 E. Overland
Retail Liquor License Address or Non-Profit Business Address
025711
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only Event Date(s): June 29 12023
Event Start Time(s): 4pm
Event End Time(s): 10pw
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 1846 Street Plaza T
Event Street Address/City: 18th Street Scottsbluff
<u>Indoor</u> area to be licensed in length & width: X
Outdoor area to be licensed in length & width: 140 X 245 (Diagram Form #109 must be attached)
Type of Event: Bands on Broadway 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: Rosy Florez Event Contact Phone Number: 308-641-0038
Event Contact Email: rosy flrz @ gmail COM
*Signature Authorized Representative: Printed Name O Se May T O Perinted Name O Se May O Se May
*Retail licensee – Must be signed by a member listed on permanent license *Non-Profit Organization – Must be signed by a Corporate Officer
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1205 East Overland
Retail Liquor License Address or Non-Profit Business Address
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only
Event Date(s): July 19, 2073
Event Start Time(s):
Event End Time(s): \(\frac{\lambda \lambda \lambda}{\lambda}\)
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th Street Plane
Event Street Address/City: 18 Stylet Scottsbluff
Indoor area to be licensed in length & width: X
Outdoor area to be licensed in length & width: $\frac{140}{5}$ x $\frac{245}{5}$ (Diagram Form #109 must be attached)
Type of Event: Bands on Broadway 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: RUSY 7/04-62 Event Contact Phone Number: 308-64-6038
Event Contact Email: RosyFlv2@gmailicom
*Signature Authorized Representative: Printed Name OS WUV OVE 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 agre 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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Roséda's Restamant
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
1205 E. Overland
Retail Liquor License Address or Non-Profit Business Address
025711
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only Event Date(s): July 13, 2023
Event Start Time(s): $\Box \rho M$
Event End Time(s):
Alternate Date:
Alternate Location Building & Address:
Event Building Name: BTY STreet Plaza
Event Street Address/City: 1844 Street Scottsbuff
<u>Indoor</u> area to be licensed in length & width: X
Outdoor area to be licensed in length & width: 100 X 245 (Diagram Form #109 must be attached)
Type of Event: Bands on Broadway 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: Rosy 710/2 Event Contact Phone Number: (308)641-0038
Event Contact Email: 1054 Flrz agmail. COM
*Signature Authorized Representative: Printed Name Semand Over I declare that I am the authorized representative of the above righted 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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Special Designated License

_ Rosatas Restaugut
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
1705 East Overland
Retail Liquor License Address or Non-Profit Business Address
096711
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only Event Date(s): Liquid 20, 7613 Event Start Time(s): Liquid 20, 7613
Event Start Time(s): 4pm
Event End Time(s): LOPM
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th Street Plaza
Event Street Address/City: 18th Street & Scottsbuff
Indoor area to be licensed in length & width: X
Outdoor area to be licensed in length & width: $\frac{160}{3}$ X $\frac{345}{3}$ (Diagram Form #109 must be attached)
Type of Event: Bands on Broadway 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: ROSY 710147 Event Contact Phone Number: 308-641-0038
Event Contact Email: 1054 Fly 2 amail Com
*Signature Authorized Representative: 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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Rosda's Rostaurant
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
1205 E. Overland
Retail Liquor License Address or Non-Profit Business Address
08571)
Retail License Number or Non-Profit Federal ID #
Event Date(s): July 27 7023
Event Start Time(s):
Event End Time(s):
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th Street Plaza
Event Street Address/City: 1844 St. Scottsbluff
Indoor area to be licensed in length & width: X
Outdoor area to be licensed in length & width: 100 x 245 (Diagram Form #109 must be attached)
Type of Event: Bands on Brandway 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: Bosy Flore & Event Contact Phone Number: 308) 641-0038
Event Contact Email: 7054 Flr Z Qgmail Com
*Signature Authorized Representative: Printed Name
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Rositas Restauat
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1205 E. alelland
Retail Liquor License Address or Non-Profit Business Address
Retail License Number or Non-Profit Federal ID#
Consecutive Dates only Event Date(s): Aug. 3rd 2023
Event Start Time(s): 4pm
Event End Time(s):
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th Street Plaza
Event Street Address/City: 1846 Street Scottsbuff
<u>Indoor</u> area to be licensed in length & width:X
Outdoor area to be licensed in length & width: \(\(\frac{\lambda \infty}{\text{Loo}} \) \(\text{X} \(\frac{\lambda \infty}{\text{D}} \) (Diagram Form #109 must be attached)
Type of Event: Bards on Broadway 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: ROSY FLOYEZ Event Contact Phone Number: 308)641 0038
Event Contact Email: VOSYFIR7 @ 9Mail COM
*Signature Authorized Representative: Printed Name OSe May OVe I declare that I am the authorized representative of the above parted 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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