

City of Scottsbluff, Nebraska

Monday, July 17, 2023

Regular Meeting

Item Public Inp4

Council to discuss and consider action on a Special Designated Liquor License for BDS3C, LLC d/b/a Flyover Brewing Company to serve beer on Aug. 4th; 12-11 p.m.; Aug. 5th, 10 a.m.-11 p.m. & Aug. 6th, 10 a.m.-12 p.m. for "Flyover Days" at 1824 Broadway to include 19th St. from the alley to Broadway.

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

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 #

<u>Consecutive Dates only</u>	<u>8/4/23</u>	<u>8/5/23</u>	<u>8/6/23</u>	_____	_____	_____
Event Date(s):	_____	_____	_____	_____	_____	_____
Event Start Time(s):	<u>12:00</u>	<u>10:00</u>	<u>10:00</u>	_____	_____	_____
Event End Time(s):	<u>23:00</u>	<u>23:00</u>	<u>12:00</u>	_____	_____	_____

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: Flyover Brewing Company

Event Street Address/City: 1824 Broadway Scottsbluff NE and adjacent street

Indoor area to be licensed in length & width: X

Outdoor area to be licensed in length & width: 165' X 65' (Diagram Form #109 must be attached)

Type of Event: Live music and beer garden for Business Birthday Celebration Estimate # of attendees: 400

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.

***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