

# **City of Scottsbluff, Nebraska**

**Monday, November 6, 2023**

**Regular Meeting**

## **Item Public Inp2**

**Council to discuss and consider action on a Special Designated Liquor License for BDS3C, LLC d/b/a Flyover Brewery to serve beer, wine, and distilled spirits at the Very Merry Christmas Market on December 2, 2023 from 10:00 a.m. to 5:00 p.m. at the 18th Street 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

**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**

**Event Date(s):** 12/02/23 \_\_\_\_\_

**Event Start Time(s):** 10 am \_\_\_\_\_

**Event End Time(s):** 5 pm \_\_\_\_\_

**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 holiday event 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.*

**\*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**