City of Scottsbluff, Nebraska

Monday, March 4, 2024 Regular Meeting

Item Public Inp2

Council to discuss and consider action on ten Special Designated Liquor Licenses for Rosita's Restaurant to serve distilled spirits at the Bands on Broadway summer series, June 6th, 13th, 20th, 27th, July 11th,18th, 25th, Aug. 1st, 8th, & 15th from 5:00-9:00 p.m. at the 18th Street Plaza.

Staff Contact: Kim Wright, City Clerk

Website: www.lcc.nebraska.gov

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

PRFS Inc DBA Rosita's Restaurant
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
1205 E Overland Scottsbluff, Ne 69361
Retail Liquor License Address or Non-Profit Business Address
025//
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only Event Date(s):
Event Start Time(s): 5.0 Cpm
Event End Time(s):
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th Street Downtown Plaze
Event Street Address/City: 1808 Broadway Scottsblutt
Indoor area to be licensed in length & width: X
Outdoor area to be licensed in length & width: 300 X 145 (Diagram Form #109 must be attached)
Type of Event: Bands on Broadway Estimate # of attendees: 4,000
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: Rose Mary Flore Event Contact Phone Number: 308-64/-0038
Event Contact Email: ROSY FIVE QSMCHICOM
*Signature Authorized Representative: Printed Name Defended on this application are true to the least 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

PHONE: (402) 471-2571 Website: www.lcc.nebraska.gov

Special Designated License Local Recommendation (Form 200)

PRES Inc DBA Rosita's Restaurant
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
1205 E Overlance (copt shluffe We 69361
Retail Liquor License Address or Non-Profit Business Address
0257/
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only Event Date(s): ()/3/24
Event Start Time(s): 5/00pm
Event End Time(s): 9'60pm
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th St Down Town Plaza
Event Street Address/City: 1800 Browdlugy Scottsbuff
Indoor area to be licensed in length & width:X
Outdoor area to be licensed in length & width: 300 X J (Diagram Form #109 must be attached)
Type of Event: Bonch on Broadway Estimate # of attendees: 1,000
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: Rosemany Florez Event Contact Phone Number: 308-641-0038
Event Contact Email: Rosery BOSyflvz@gmcifycom
*Signature Authorized Representative: Printed Name OCM
*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 ofapproves the issuance of a Special Designated License as requested above. (Only one should be written above)
Local Governing Body Authorized Signature Date

Website: www.lcc.nebraska.gov

Special Designated License Local Recommendation (Form 200)

PRFS Inc DRA ROS/ta/5 Restaurant
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
1205 E Overlance Scottsblutt Ne 6/36/
Retail Liquor License Address or Non-Profit Business Address
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only
Event Date(s): 6/20/29
Event Start Time(s): 5. Opm
Event End Time(s): $2/\infty pm$
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th 5t Downtown Plaza
Event Street Address/City: 1800 Broadway Scottsbluft
Indoor area to be licensed in length & width: X
Outdoor area to be licensed in length & width: 300 X / Diagram Form #109 must be attached)
Type of Event: Bronds on Brondusz Estimate # of attendees: 1,000
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: Rosemary Florez Event Contact Phone Number: 308-641-0038
Event Contact Email: Royflez Ogmail.com
*Signature Authorized Representative: Printed Name DS CMQ f FOVE
*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 ofapproves
the issuance of a Special Designated License as requested above. (Only one should be written above)
Local Governing Body Authorized Signature Date

Website: www.lcc.nebraska.gov

Special Designated License Local Recommendation (Form 200)

Local Governing Body Authorized Signature Date
The local governing body for the City/Village ofapproves the issuance of a Special Designated License as requested above. (Only one should be written above)
Local Governing Body completes below:
*Retail licensee – Must be signed by a member listed on permanent license *Non-Profit Organization – Must be signed by a Corporate Officer
*Signature Authorized Representative: Printed Name OS MOY
Event Contact Email: Rosyfir2@gmail, com
Event Contact Name: ROSemary Flore Z Event Contact Phone Number: 308-641-0038
Type of alcohol to be served: Beer Wine Distilled Spirits (If not marked, you will not be able to serve this type of alcohol)
Type of Event: Bands on Broadway Estimate # of attendees: 1000
Outdoor area to be licensed in length & width: 300 X /45 (Diagram Form #109 must be attached)
<u>Indoor</u> area to be licensed in length & width: X
Event Street Address/City: 1800 Broadway ScottShluff
Event Building Name: 18th St Downtown Plaza
Alternate Location Building & Address:
Alternate Date:
Event End Time(s): 7,'00 pm
Event Date(s): 5,60 pm
Consecutive Dates only Event Date(s):
Retail License Number or Non-Profit Federal ID #
02.57/
Retail Liquor License Address or Non-Profit Business Address
1205 E Overland Scottshluff, Ne 69361
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
PRF Inc DRA ROSTOICHESterrent

PHONE: (402) 471-2571 Website: www.lcc.nebraska.gov

Special Designated License Local Recommendation (Form 200)

PRES Inc DBA ROS/ta'S Restaurant Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
10 - 1
Retail Liquor License Address or Non-Profit Business Address
Retail License Number or Non-Profit Federal ID#
Consecutive Dates only
Event Date(s): ////29
Event Start Time(s): 5,00 pm
Event End Time(s): 9.00 pm
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th St Downtown Plaza
Event Street Address/City: 1800 Broadway Scottsbluft
Indoor area to be licensed in length & width:X
Outdoor area to be licensed in length & width: 300 X/45 (Diagram Form #109 must be attached)
Type of Event: Bands on Broadway Estimate # of attendees: LOCO
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: Rosens Flores Event Contact Phone Number: 308-641-0038 Event Contact Email: No Seyflos & Mail COM
Event Contact Email: No Seyflvz @ gmaili COM
*Signature Authorized Representative: Printed Name
*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 ofapproves the issuance of a Special Designated License as requested above. (Only one should be written above)
Local Governing Body Authorized Signature Date

PHONE: (402) 471-2571 Website: www.lcc.nebraska.gov

Special Designated License Local Recommendation (Form 200)

Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
1205 E Overland Scottsbluff, Ne 69361
Retail Liquor License Address or Non-Profit Business Address
02571
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only Event Date(s): 7/18/24
Event Start Time(s): 5.00pm
Event Start Time(s): 5.00pm
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th St Downtown Plaza
Event Street Address/City: 1800 Brockway Scottshict
Indoor area to be licensed in length & width: X
Outdoor area to be licensed in length & width: 300 X 14 (Diagram Form #109 must be attached)
Type of Event: Bands on Broadway Estimate # of attendees: 1,000
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: Rosemany Flore Z Event Contact Phone Number: 30 7-641-0038
Event Contact Email: Rosyflr2@gmailicom Proposition Event Contact Email: Rosyflr2@gmailicom Proposition P
*Signature Authorized Representative: declare that I am the authorized representative of the above itemed 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

Website: www.lcc.nebraska.gov

Special Designated License Local Recommendation (Form 200)

PRES Inc DBA Rosita's Restaurant
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
Retail Liquor License Address or Non-Profit Business Address
Company the state of the state
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only Event Date(s): 7/25/2 4
Event Start Time(s): 5/00/19
Event End Time(s): 9,00pm
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th St Downtown Plaza
Event Street Address/City: 1800 Broadway Scottsbluff
Indoor area to be licensed in length & width: X
Outdoor area to be licensed in length & width: 300 X /45 (Diagram Form #109 must be attached)
Type of Event: Bances on Broadlex & Estimate # of attendees: 1,000
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: ROSeMary Florez Event Contact Phone Number: 305-64/-0638
*Signature Authorized Representative: Printed Name Roseway Flore
*Signature Authorized Representative: Printed Name OCWALL OCUA Ideclare 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

PHONE: (402) 471-2571 Website: www.lcc.nebraska.gov

Special Designated License Local Recommendation (Form 200)

PRES Inc DBA Rosita's Restaurant
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
Retail Liquor License Address or Non-Profit Business Address
_02571
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only Event Date(s): 8/1/24
Event Start Time(s): 5, OOPM
Event End Time(s): \(\frac{100\rho}{M}\) \(\frac{100\rho}{M}\)
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th St Downtown Plaza Event Street Address/City: 1800 Broadway Scottshluft
Event Street Address/City: 150 1500 GOLWGY SCOTTS blutt
Indoor area to be licensed in length & width: X
Outdoor area to be licensed in length & width: 300 X (Diagram Form #109 must be attached)
Type of Event: Bance on Broadway Estimate # of attendees: 1,000
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: NoseMas Flores Event Contact Phone Number: 6308-641-0038
Event Contact Email: Rosyflyzagmailicom
*Signature Authorized Representative: Printed Name OSE MOID OF C2 I declare that I am the authorized representative of the above figmed 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

PHONE: (402) 471-2571 Website: www.lcc.nebraska.gov

Special Designated License Local Recommendation (Form 200)

PRESIACOBA ROSITEIS RESTAURANT
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
1205 F Overland Scott Shluff, Ne 69361
Rétail Liquor License Address or Non-Profit Business Address
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only
Event Date(s): $\frac{2}{3}$
Event Start Time(s): 5,'00pm
Event End Time(s): 7,000
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th St Downtown Plaza
Event Street Address/City: 1800 Broadway Scottsblaff
Indoor area to be licensed in length & width: X
Outdoor area to be licensed in length & width: 360x 145 (Diagram Form #109 must be attached)
Type of Event: Bands Oh Broadway Estimate # of attendees: 2000
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: ROSCNG/4Flore Event Contact Phone Number: 308-641-0038
Event Contact Email: NOSyflvz @Smailicom
*Signature Authorized Representative: Printed Name: OS CMAY 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 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

PHONE: (402) 471-2571 Website: www.lcc.nebraska.gov

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

DRFS Inc DBA Posita's Nestaurant
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
1205 E Overland Scottsbluff, Ne 69361
Rétail Liquor License Address or Non-Profit Business Address
0257/
Retail License Number or Non-Profit Federal ID #
Consecutive Dates only Event Date(s): S S S S S S S S S
Event Start Time(s): 5.'66pm Event End Time(s): 9.00pm
Event End Time(s): $9^{CC} p^{m}$
Alternate Date:
Alternate Location Building & Address:
Event Building Name: 18th St Downtown Plaza Event Street Address/City: 1808 Broadway
Event Street Address/City: 1808 Broadway
Indoor area to be licensed in length & width: X
Outdoor area to be licensed in length & width: 30c X 14 (Diagram Form #109 must be attached)
Type of Event: Bahels On Brogoungy Estimate # of attendees: 2000
Type of alcohol to be served: Beer Wine Distilled Spirits type of alcohol) (If not marked, you will not be able to serve this type of alcohol)
Event Contact Name: Rosemany Flare Event Contact Phone Number: 308-641-003
Event Contact Name: Rosenary Place Event Contact Phone Number: SOF-697-8038 Event Contact Email: Rosenary Place Event Contact Phone Number: SOF-697-8038 *Signature Authorized Representative: Printed Name Rose Mary Flores
I declare that I am the authorized representative of the above naged 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
*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