

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

**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

02571
Retail License Number or Non-Profit Federal ID #

Consecutive Dates only
Event Date(s): 6/6/24

Event Start Time(s): 5:00pm

Event End Time(s): 9:00pm

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: 18th Street 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 145 (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 X
(If not marked, you will not be able to serve this type of alcohol)

Event Contact Name: Rosemary Flores Event Contact Phone Number: 308-641-0038

Event Contact Email: Rosyflrz@gmail.com

*Signature Authorized Representative: [Signature] Printed Name Rosemary Flores

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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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): 6/13/24
Event Start Time(s): 5:00pm
Event End Time(s): 9:00pm

Alternate Date: _____
Alternate Location Building & Address: _____

Event Building Name: 18th St Down Town 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 145 (Diagram Form #109 must be attached)

Type of Event: Banquets 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: Rosemary Flores Event Contact Phone Number: 308-641-0038

Event Contact Email: ~~Rosemary~~ Rosyflr2@gmc.it.com

*Signature Authorized Representative: [Signature] Printed Name Rosemary Flores
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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Local Governing Body Authorized Signature Date

**Special Designated License
Local Recommendation (Form 200)**

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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 69381
Retail Liquor License Address or Non-Profit Business Address
02571
Retail License Number or Non-Profit Federal ID #

Consecutive Dates only
Event Date(s): 6/20/24
Event Start Time(s): 5:00pm
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 145 (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 X
(If not marked, you will not be able to serve this type of alcohol)

Event Contact Name: Rosemary Flores Event Contact Phone Number: 308-641-0038

Event Contact Email: Rosyflr@gmail.com

*Signature Authorized Representative: [Signature] Printed Name Rosemary Flores

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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Local Governing Body Authorized Signature Date

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PRES Inc DBA Rosita's Restaurant
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)

1205 E Overlander 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): 6/27/24

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 Scottsbluff

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: 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: Rosyflr2@gmail.com

*Signature Authorized Representative: [Signature] Printed Name: Rosemary Florez

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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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): 7/11/24

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 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: Bands on Broadway Estimate # of attendees: 4000

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 Flores Event Contact Phone Number: 308-641-0038

Event Contact Email: rosyf1r2@gmail.com

*Signature Authorized Representative: Ry Printed Name Rosemary Flores

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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Date

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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 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 145 (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 X
(If not marked, you will not be able to serve this type of alcohol)

Event Contact Name: Rosemary Flores Event Contact Phone Number: 308-641-0038

Event Contact Email: Rosyflr2@gmail.com

*Signature Authorized Representative: [Signature] Printed Name Rosemary Flores

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Local Governing Body Authorized Signature

Date

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PRES 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 681361
Retail Liquor License Address or Non-Profit Business Address

02571
Retail License Number or Non-Profit Federal ID #

Consecutive Dates only
Event Date(s): 7/25/24

Event Start Time(s): 5:00pm

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 145 (Diagram Form #109 must be attached)

Type of Event: Banca 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: Rosemary Florez Event Contact Phone Number: 308-641-0038

Event Contact Email: rosyf1r2@gmail.com

*Signature Authorized Representative: [Signature] Printed Name Rosemary Florez

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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): 8/1/24

Event Start Time(s): 5:00pm

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 145 (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 X
(If not marked, you will not be able to serve this type of alcohol)

Event Contact Name: Rosemary Florez Event Contact Phone Number: 6308-641-0038

Event Contact Email: Rosyflr2@gmail.com

*Signature Authorized Representative: [Signature] Printed Name Rosemary Florez

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_____ Date

Local Governing Body Authorized Signature

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PRES 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 68361
Retail Liquor License Address or Non-Profit Business Address
02571
Retail License Number or Non-Profit Federal ID #

Consecutive Dates only
Event Date(s): 8/8/24
Event Start Time(s): 5:00pm
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 145 (Diagram Form #109 must be attached)

Type of Event: Bands On Broadway Estimate # of attendees: 1000

Type of alcohol to be served: Beer ____ Wine ____ Distilled Spirits 6
(If not marked, you will not be able to serve this type of alcohol)

Event Contact Name: Rosemary Flores Event Contact Phone Number: 308-641-0038

Event Contact Email: rosyflr@gmail.com

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RR ES 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

02571
Retail License Number or Non-Profit Federal ID #

Consecutive Dates only
Event Date(s): 8/15/24

Event Start Time(s): 5:00pm

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

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: 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: Rosyflrz@gmail.com

*Signature Authorized Representative: [Signature] Printed Name Rosemary Florez

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