City of Scottsbluff, Nebraska

Monday, March 18, 2024 Regular Meeting

Item Public Inp1

Council to discuss and consider action on three Special Designated Liquor Licenses for West Nebraska Arts Center, 106 E. 18th St., Scottsbluff, NE to serve beer and wine at a fundraiser on 4/13 from 6-11 p.m. and art exhibit receptions on 7/18 & 8/1 from 4-8 p.m.

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

West Nebraska Arts Center	
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)	
106 E. 18th Street, Scottsbluff, NE 69361	
Retail Liquor License Address or Non-Profit Business Address	
47-0499224	
Retail License Number or Non-Profit Federal ID #	
Event Date(s): Apple 13 2024	
Event Start Time(s): 6 pm	
Event End Time(s): 1 pm	
Alternate Date: None	
Alternate Location Building & Address: None	
Event Building Name: West Nebraska Arts Center	
Event Street Address/City: 106 E. 18th Street, Scottsbluff, NE 69361	
Indoor area to be licensed in length & width: $\frac{73.5}{x}$	
Outdoor area to be licensed in length & width: X (Diagram Form #109 must be attached)	
Type of Event: Wine Tasting Fundraiser Estimate # of attendees: 175	
Type of alcohol to be served: Beer X Wine X Distilled Spirits (If not marked, you will not be able to serve this type of alcohol)	
Event Contact Name: Michele Denton Event Contact Phone Number: 308-631-1625	- 1
Event Contact Email: michele@thewnac.com art center phone 432-	326
Printed Name McCe Dento I declare that I am the authorized representative of the above named license applicant and that the statements made on this application best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible of this Special Designated License.	rare true to the records. I agree fual releasing
*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 the issuance of a Special Designated License as requested above. (Only one should be written above)	_approves
Local Governing Body Authorized Signature Date	

M BRASKA LIQUOR CONTROL COMMISSION PHONE: (402) 4°1-25°1 Website www.lcc.nebruska.gov

Special Designated License

Local Recommendation (Form 200)

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West Nebraska Arts Center	
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)	
106 E. 18th Street, Scottsbluff, NE 69361	
Retail Liquor License Address or Non-Profit Business Address	
47-0499224	
Retail License Number or Non-Profit Federal ID #	
Event Date(s): July 18th	
Event Start Time(s): 4:00 p.m.	
Event End Time(s): 8:00 p.m.	
Alternate Date: None	
Alternate Location Building & Address: None	
Event Building Name: West Nebraska Arts Center	
Event Building Name: West Nebraska Arts Center Event Street Address/City: 106 E. 18th Street, Scottsbluff, NE 69361	
Indoor area to be licensed in length & width: 73.5 x 33	
Outdoor area to be licensed in length & width: X (Diagram Form #109 must be attached	ed)
Type of Event: Art Exhibit Reception Estimate # of attendees: 150	
Type of alcohol to be served: Beer X Wine X Distilled Spirits (If not marked, you will not be able to serve this type of alcohol)	
Event Contact Name: Michele Denton Event Contact Phone Number: 308-631-162 Event Contact Email: Michele@thewnac.com	25
Event Contact Email: michele@thewnac.com	
*Signature Authorized Representative: I declare that I am the authorized representative of the aboy humed bense applicant and that the statements made on best of my knowledge and belief. I also consent to in an stigation of my background including all records of every kind it to waive any rights or causes of action against the Nebraska Liquor Control Commission the Nebraska State Patrol of as said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied other person, group, organization or corporation for profit or not for profit and that the event will be supervised by person, holder of this Special Designated License.	including police records. Lagree ny other individual releasing Llor will not be used by any
*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 Scottsbluff the issuance of a Special Designated License as requested above. (Only one should be written about the issuance of a Special Designated License as requested above.	approves
Local Governing Body Authorized Signature D	ate

Special Designated License
Local Recommendation (Form 200)

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106 E. 18th Street, Scottsbluff, NE 69361	
Retail Liquor License Address or Non-Profit Business Address	
47-0499224	
Retail License Number or Non-Profit Federal ID #	
Consecutive Dates only Event Date(s): Aug 18+. 2024	
Event Start Time(s): 4:00 p.m.	
Event End Time(s): 8:00 p.m.	
Alternate Date: None	
Alternate Location Building & Address: None	
Event Building Name: West Nebraska Arts Center	
Event Street Address/City: 106 E. 18th Street, Scottsbluff, NE 69361	
Indoor area to be licensed in length & width: 73.5 X	
Outdoor area to be licensed in length & width: X (Diagram Form #109 must be attached)	
Type of Event: Art Exhibit Reception Estimate # of attendees: 150	
Type of alcohol to be served: Beer X Wine X Distilled Spirits (If not marked, you will not be able to serve this type of alcohol)	
Event Contact Name: Michele Denton Event Contact Phone Number: 308-631-1625	
Event Contact Email: michele@thewnac.com	
*Signature Authorized Representative of the above named license applicant and that the statements made on this application are true best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records to waive any rights or causes of action against the Nebraska Liquior Control Commission, the Nebraska State Patrol or any other individual relessaid information to the Liquior Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to holder of this Special Designated License.	s. I agree asing any
*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 Scottsbluff OR County ofappr the issuance of a Special Designated License as requested above. (Only one should be written above)	oves
Local Governing Body Authorized Signature Date	