

City of Scottsbluff, Nebraska

Monday, March 18, 2024

Regular Meeting

Item Public Inp3

Council to discuss and consider action on six Special Designated Liquor Licenses for Schulter Eats, Inc to serve beer, wine and distilled spirits on 5/5; 6/2; 7/7; 8/4; 9/1; & 10/6 at the Sundays in the Park with Fido event at the 18th Street Plaza from 1:00-6:00 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

SCHLOTZ BEATS INC.

Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)

1650 10TH ST. GERING NE 69341

Retail Liquor License Address or Non-Profit Business Address

124982

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only

Event Date(s): 5.5.24

Event Start Time(s): 1 PM

Event End Time(s): 6 PM

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: 18th Street Plaza

Event Street Address/City: 1801 BROADWAY 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: MONTHLY DOG MEET UP Estimate # of attendees: 200

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: ALEXANDRA SCHLOTZ Event Contact Phone Number: 347.603.6873

Event Contact Email: alexandriamoree@gmail.com

*Signature Authorized Representative: [Signature] Printed Name ALEXANDRA SCHLOTZ

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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SCHLOTTER BEATS INC

Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)

1650 10th St Loring NE 69361

Retail Liquor License Address or Non-Profit Business Address

1741982

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only

Event Date(s): 6.2.24 _____

Event Start Time(s): 1 PM _____

Event End Time(s): 6 PM _____

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: 18th Street Plaza

Event Street Address/City: 1801 BROADWAY SCOTTSBLUFF NE 69361

Indoor area to be licensed in length & width: _____ X _____

Outdoor area to be licensed in length & width: 602 X 415 (Diagram Form #109 must be attached)

Type of Event: MONTHLY DOG MEET UP Estimate # of attendees: 200

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: ALEXANDREA SCHLOTTER Event Contact Phone Number: 347.603.6873

Event Contact Email: alexandriamoroe@gmail.com

*Signature Authorized Representative: Alexandra Printed Name ALEXANDREA SCHLOTTER

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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SCHUSTER EATS INC

Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)

1650 10th St Loering NE 69361

Retail Liquor License Address or Non-Profit Business Address

124982

Retail License Number or Non-Profit Federal ID #

Consecutive Dates only

Event Date(s): 7.7.24

Event Start Time(s): 1 PM

Event End Time(s): 6 PM

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: 18th Street Plaza

Event Street Address/City: 1801 Broadway SCOTTSBLUFF NE 69361

Indoor area to be licensed in length & width: _____ X _____

Outdoor area to be licensed in length & width: 602 X 415 (Diagram Form #109 must be attached)

Type of Event: MONTHLY POG MEET UP Estimate # of attendees: 200

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: ALEXANDRIA SCHUSTER Event Contact Phone Number: 347.603.6873

Event Contact Email: alexandriamoree@gmail.com

*Signature Authorized Representative: Alex - [Signature] Printed Name ALEXANDRIA SCHUSTER

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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SCHLOTTER BATS INC.
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)

1650 10th Street Gering NE 69341
Retail Liquor License Address or Non-Profit Business Address

124982
Retail License Number or Non-Profit Federal ID #

Consecutive Dates only
Event Date(s): 8.4.24

Event Start Time(s): 1 PM

Event End Time(s): 6 PM

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: 18th Street Plaza

Event Street Address/City: 1801 Broadway SCOTTSBLUFF NE 69361

Indoor area to be licensed in length & width: _____ X _____

Outdoor area to be licensed in length & width: 162 X 415 (Diagram Form #109 must be attached)

Type of Event: MONTHLY DOB MEET UP Estimate # of attendees: 200

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: ALEXANDRIA SCHLOTTER Event Contact Phone Number: 347.603.6873

Event Contact Email: alexandriamoree@gmail.com

*Signature Authorized Representative: Alex - KA Printed Name ALEXANDRIA SCHLOTTER

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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*Non-Profit Organization – Must be signed by a Corporate Officer

Local Governing Body completes below:

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Local Governing Body Authorized Signature

Date

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SCHOUTER EATS INC
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)

1650 10th St Council NE 69341
Retail Liquor License Address or Non-Profit Business Address

124982
Retail License Number or Non-Profit Federal ID #

Consecutive Dates only
Event Date(s): 9.1.24 _____

Event Start Time(s): 1PM _____

Event End Time(s): 6PM _____

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: 18th Street Plaza

Event Street Address/City: 1801 Broadway SCOTTSBLUFF NE 69361

Indoor area to be licensed in length & width: _____ X _____

Outdoor area to be licensed in length & width: 602 X 45 (Diagram Form #109 must be attached)

Type of Event: MONTHLY DOG MEET UP Estimate # of attendees: 200

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: ALEXANDREA SCHLÖTER Event Contact Phone Number: 347.603.6875

Event Contact Email: alexandriamoree@gmail.com

*Signature Authorized Representative: Alexia Printed Name ALEXANDREA SCHLÖTER

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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*Non-Profit Organization – Must be signed by a Corporate Officer

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Local Governing Body Authorized Signature

Date

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SCHWUTER EATS INC
Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)
1650 10th St Bering NB 69341
Retail Liquor License Address or Non-Profit Business Address
124982
Retail License Number or Non-Profit Federal ID #

Consecutive Dates only
Event Date(s): 10.6.24 _____
Event Start Time(s): 1 PM _____
Event End Time(s): 6 PM _____

Alternate Date: _____

Alternate Location Building & Address: _____

Event Building Name: 18th Street Plaza
Event Street Address/City: 1801 Broadway SCOTTSBLUFF NB 69361

Indoor area to be licensed in length & width: _____ X _____

Outdoor area to be licensed in length & width: 62 X 45 (Diagram Form #109 must be attached)

Type of Event: MONTHLY DOB MEET UP Estimate # of attendees: 200

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: ALEXANDRA SCHWUTER Event Contact Phone Number: 347.603.6873

Event Contact Email: alexandriamoree@gmail.com

*Signature Authorized Representative: Alexia Printed Name ALEXANDRA SCHWUTER

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:

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Local Governing Body Authorized Signature Date