City of Scottsbluff, Nebraska

Monday, March 18, 2024 Regular Meeting

Item Public Inp4

Council to discuss and consider action on five Special Designated Liquor Licenses for BDS3C, LLC d/b/a Flyover Brewing Company to serve beer, wine and distilled spirits on 5/5; 6/2; 7/7; 8/4; & 9/1 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

NEBRASKA LIQUOR CONTROL COMMISSION

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

BDS3C, LLC (ab	a Fiyover Brewing	g Company)		
Retail Liquor License Na	ame <u>or</u> *Non-Profit Orgai	nization (* <u>Must include Form</u>	#201 as Page 2)	•
1824 Broadway	Scottsbluff,NE 693	361		
Retail Liquor License Ad	ddress <u>or</u> Non-Profit Busi	iness Address		•
	or Non-Profit Federal ID #	ш		-
_	or Non-Front Federal ID	"		
Consecutive Dates only Event Date(s):	05/05/2024			
Event Start Time(s):	01:00 pm			
Event End Time(s):	06:00 pm			
Alternate Date: 05/12	/2024			
Alternate Location Build	ling & Address:			,
Event Building Name:	8th Street Plaza			
Event Street Address/Ci	ty: 18th Street Pla	za Scottsbluff, NE 69) 361	
	ed in length & width:			
Outdoor area to be licen	sed in length & width: $\frac{60}{2}$	62 x 415 (Diagram Form	#109 must be attached)	
Type of Event: Comm	nunity gathering	Estimate #	of attendees: 250	
Type of alcohol to be ser		Wine X Distilled Spir you will not be able to serve the		
Event Contact Name:	Nicole Egan	Event Contact Phone Numbe		
Event Contact Email: _	niki@flyoverbrewir	ngco.com		
best of my knowledge and be to waive any rights or causes said information to the Liquor other person, group, organiza holder of this Special Designa *Retail licensee – Must be s	elief. I also conself to an investi of action against the Nebraska Control Commission or the Ne ation or corporation for profit or ated License. signed by a member listed on		all records of every kind includir ebraska State Patrol or any othe e that the license applied for wil	ng police records. I agree er individual releasing Il not be used by any
	- Must be signed by a Corpor			
Local Governing Body	completes below:			
The local governing be the issuance of a Speci	ody for the City/Village al Designated License a	of OR OR ONLY on OR	County ofe should be written above)	approves
Local Covern	ing Rody Authorized Si	<u>.</u> ignatura	Date	

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BDS3C, LLC (ab	a Flyover Brewing Company)
Retail Liquor License Na	ame or *Non-Profit Organization (*Must include Form #201 as Page 2)
1824 Broadway	Scottsbluff,NE 69361
-	ddress <u>or</u> Non-Profit Business Address
122206	
Retail License Number of	or Non-Profit Federal ID #
Consecutive Dates only Event Date(s):	06/02/24
Event Start Time(s):	01:00 pm
Event End Time(s):	06:00 pm
Alternate Date: 06/09	/2024
Alternate Location Build	ling & Address:
Event Building Name: _	8th Street Plaza
Event Street Address/Ci	ty: 18th Street Plaza Scottsbluff, NE 69361
	ed in length & width: X
Outdoor area to be licen	sed in length & width: 662 x 415 (Diagram Form #109 must be attached)
Type of Event: Comm	nunity gathering Estimate # of attendees: 250
	ved: Beer X Wine X Distilled Spirits X
	(If not marked, you will not be able to serve this type of alcohol)
Event Contact Name:	Vicole Egan Event Contact Phone Number: 308-672-1992
Event Contact Email: _	niki@flyoverbrewingco.com
best of my knowledge and be to waive any rights or causes said information to the Liquor other person, group, organiza holder of this Special Designa *Retail licensee – Must be s	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 be the issuance of a Speci	ody for the City/Village ofapproves al Designated License as requested above. (Only one should be written above)
Local Covern	ing Rody Authorized Signature

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	ba Flyover Brewing Company)	
•	ame or *Non-Profit Organization (*Must include Form #201 as Page 2)	
	Scottsbluff,NE 69361	
122206	ddress <u>or</u> Non-Profit Business Address	
	or Non-Profit Federal ID #	
_		
Consecutive Dates only Event Date(s):	<u> </u>	
Event Start Time(s):	01:00 pm	
Event End Time(s):	06:00 pm	
Alternate Date: 07/14	/2024	
Alternate Location Build	ding & Address:	
Event Building Name: 1	18th Street Plaza	
Event Street Address/Cit	18th Street Plaza Scottsbluff, NE 69361	
	ed in length & width: X	
Outdoor area to be licen	used in length & width: $\frac{662}{1}$ X $\frac{415}{1}$ (Diagram Form #109 must be attached)	
Type of Event: Comm	nunity gathering Estimate # of attendees: 250	
Type of alcohol to be ser	rved: Beer X Wine X Distilled Spirits X (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 R I declare that I am the authori best of my knowledge and be to waive any rights or causes said information to the Liquor other person, group, organiza holder of this Special Designat *Retail licensee – Must be s	Representative of the above named license applicant and that the statements made on this applicated. I also consent to an investigation of my background including all records of every kind including a cation against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other in a control Commission or the Nebraska State Patrol. I further declare that the license applied for will not altion or corporation for profit or not for profit and that the event will be supervised by persons directly atted License. Signed by a member listed on permanent license	police records. I agree individual releasing ot be used by any
	- Must be signed by a Corporate Officer	
Local Governing Body	y completes below:	
	ody for the City/Village of OR County of I County of OR County of I County of Only one should be written above)	approves
Local Covern	sing Rody Authorized Signature	

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Local Governing Rody A	uthorized Signature Date	
	City/Village of OR County of ted License as requested above. (Only one should be written above)	approves
Local Governing Body completes	s below:	
*Retail licensee – Must be signed by a me *Non-Profit Organization – Must be sign		
best of my knowledge and belief. I also cons to waive any rights or causes of action again said information to the Liquor Control Comm other person, group, organization or corpora holder of this Special Designated License.	tive Joseph Marghein Printed Name ative of the above named license applicant and that the statements made on this applicant to an investigation of my background including all records of every kind including and the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other including the Nebraska State Patrol. I further declare that the license applied for will not ation for profit or not for profit and that the event will be supervised by persons directly the new part of the Nebraska State Patrol.	police records. I agree individual releasing ot be used by any
Event Contact Email: niki@flyo	overbrewingco.com	
Event Contact Name: Nicole Eg	Event Contact Phone Number: 308-672-1992	
	eer X Wine X Distilled Spirits X Toot marked, you will not be able to serve this type of alcohol)	
Type of Event: Community ga	athering Estimate # of attendees: 250	
	h & width: 662 X 415 (Diagram Form #109 must be attached)	
Indoor area to be licensed in length &		
Event Street Address/City: 18th S	Street Plaza Scottsbluff, NE 69361	
Event Building Name: 18th Street		
Alternate Location Building & Addro	*955*	
Event End Time(s): 08/11/2024 Alternate Date:		
Event Start Time(s): 06:00 pm		
Event Date(s): 08/04/24 Oncomparison Oncomp	·	
Retail License Number or Non-Profit Consecutive Dates only OR/OA/24		
122206		
Retail Liquor License Address or No	· · · · · · · · · · · · · · · · · · ·	
1824 Broadway Scottsblu	n-Profit Organization (* <u>Must include Form #201 as Page 2</u>) uff.NF 69361	
BDS3C, LLC (dba Flyove		

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	Scottsbluff,NE 69			
	ddress <u>or</u> Non-Profit Bu	siness Address		
122206		· · · · · · · · · · · · · · · · · · ·		
_	<u>or</u> Non-Profit Federal ID) #		
Consecutive Dates only Event Date(s):				
Event Start Time(s):	01:00 pm			
Event End Time(s):	06:00 pm			<u> </u>
Alternate Date: 09/08	3/2024			
Alternate Location Build				
Event Building Name:	18th Street Plaza			
Event Street Address/Ci	ity: 18th Street Pla	aza Scottsbluf	f, NE 69361	
	ed in length & width:			
			ram Form #109 must be atta	
Type of Event: Comn	nunity gathering		Estimate # of attendees: 2	50 ——
Type of alcohol to be ser		Wine X Di I, you will not be able	stilled Spirits X to serve this type of alcohol	J)
Event Contact Name.	Nicole Egan	_ Event Contact Phe	one Number: 308-672-1	992
Event Contact Email: _	niki@flyoverbrew	ingco.com		
best of my knowledge and be to waive any rights or causes said information to the Liquor	elief. I also consent to an inve of action against the Nebras or Control Commission or the Nation or corporation for profit of	stigation of my backgrou ka Liquor Control Comm Nebraska State Patrol. I f	Printed Name Arrinted Name ant and that the statements made ind including all records of every ki ission, the Nebraska State Patrol of urther declare that the license app the event will be supervised by per	ind including police records. I agree or any other individual releasing blied for will not be used by any
	signed by a member listed of Must be signed by a Corp			
	***************************************		N	
Local Governing Body	y completes below:			
	ody for the City/Villag		OR County of e. (Only one should be written	
	vongenated Liteville	as requested abov	er (only one should be written	
Local Govern	ing Body Authorized S	Signature		Date