City of Scottsbluff, Nebraska Monday, March 18, 2024 Regular Meeting

Item Public Inp6

Council to discuss and consider action on ten Special Designated Liquor Licenses for BDS3C, LLC d/b/a Flyover Brewing Company to serve beer, wine and distilled spirits at Bands on Broadway 6/6; 6/13; 6/20; 6/27; 7/11; 7/18; 7/25; 8/1; 8/8; & 8/15 from 4:00-10:00 p.m. at the 18th Street Plaza.

Staff Contact: Kim Wright, City Clerk

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 (dba Flyover Brewing Company)

Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2) 1824 Broadway Scottsbluff,NE 69361

Retail Liquor License A 122206	e Address <u>or</u> Non-Profit Business Address	
Retail License Number	er <u>or</u> Non-Profit Federal ID #	
<u>Consecutive Dates only</u> Event Date(s):	<u>ly</u> <u>06/06/2024</u>	
Event Start Time(s):	04:00 pm	
Event End Time(s):	10:00 pm	
Alternate Date:	08/22/2024	
Alternate Location Bui		
Event Building Name:	18th Street Plaza	
Event Street Address/C	City: 18th Street Plaza Scottsbluff, NE 69361	
	nsed in length & width: X	
<u>Outdoor</u> area to be lice	censed in length & width: $\frac{662}{2} \times \frac{415}{2}$ (Diagram Form #109 must be attached)	
Type of Event: <u>Com</u>	Estimate # of attendees: 600	
Type of alcohol to be se	served: Beer $\frac{X}{(\text{If not marked, you will not be able to serve this type of alcohol)}}$	
Event Contact Name:	Nicole Egan Event Contact Phone Number: 308-672-1992	
Event Contact Email:	niki@flyoverbrewingco.com	
best of my knowledge and b to waive any rights or cause said information to the Liquo	d Representative <u>oseph Marghum</u> Printed Name horized representative of the above named litense applicant and that the statements made on this application and belief. I also consent to an investigation of my background including all records of every kind including police re ses of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individua uor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be use inization or corporation for profit or not for profit and that the event will be supervised by persons directly response gnated License.	ecords. I agree al releasing ed 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	e City/Village of	 OR County of	1	approves
the issuance of a Special Designation	ated License as requ		tten above)	••

Local	Governing	Body	Authorized	Signature
				- Human -

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 (dba Flyover Brewing Company)

Retail Liquor License Name or *Non-Profit Organization (*<u>Must include Form #201 as Page 2</u>) 1824 Broadway Scottsbluff,NE 69361

Retail Liquor License A 122206	ddress <u>or</u> Non-Profit Business Address
Retail License Number	or Non-Profit Federal ID #
<u>Consecutive Dates only</u> Event Date(s):	06/13/2024
Event Start Time(s):	04:00 pm
Event End Time(s):	10:00 pm
Alternate Date:	2/2024
Alternate Location Buil	
Event Building Name: _	8th Street Plaza
Event Street Address/C	ty:18th Street Plaza Scottsbluff, NE 69361
Indoor area to be licens	ed in length & width: X
<u>Outdoor</u> area to be licer	sed in length & width: $\frac{662}{2} \times \frac{415}{2}$ (Diagram Form #109 must be attached)
Type of Event:	Estimate # of attendees: 600
	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
I declare that I am the author best of my knowledge and be to waive any rights or causes said information to the Liquor	Representative <u>pare physical methods</u> ized representative of the above named license applicant and that the statements made on this application are true to the lief. I also consent to an investigation of my background including all records of every kind including police records. I agree of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any tion 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:

holder of this Special Designated License.

The local governing body for the Ci	y/Village of	OR County of	approves
the issuance of a Special Designated	License as requested al		e)

Local Governing Body Authorized Signature

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 (dba Flyover Brewing Company)

Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page	<u>e 2</u>)
1824 Broadway Scottsbluff,NE 69361	

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-	ddress <u>or</u> Non-Profit Business Address
122206	
Retail License Number	or Non-Profit Federal ID #
Consecutive Dates only Event Date(s):	06/20/2024
Event Start Time(s):	04:00 pm
Event End Time(s):	10:00 pm
Alternate Date: 08/2	2/2024
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
<u>Outdoor</u> area to be licen	sed in length & width: $\frac{662}{2} \times \frac{415}{2}$ (Diagram Form #109 must be attached)
Type of Event: <u>Comn</u>	Estimate # of attendees: 600
Type of alcohol to be ser	ved: Beer $\frac{X}{(If not marked, you will not be able to serve this type of alcohol)}$
Event Contact Name:	Vicole Egan Event Contact Phone Number: 308-672-1992
Event Contact Email:	niki@flyoverbrewingco.com
I declare that I am the author best of my knowledge and be to waive any rights or causes said information to the Liquor	Representative of the above named livense applicant and that the statements made on this application are true to the liven and investigation of my background including all records of every kind including police records. I agree of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any tion or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the ated 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 Desig	gnated License as requested	above. (Only one should be written above))

Local Governing	Body	Authorized	Signature
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Local Recommendation (Form 200) <u>Applications must be entered on the portal after local approval – no exceptions</u> <u>Late applications are non-refundable and will be rejected</u>

BDS3C, LLC (dba Flyover Brewing Company)

Retail Liquor License Name or *Non-Profit Organization (*<u>Must include Form #201 as Page 2</u>) 1824 Broadway Scottsbluff,NE 69361

Retail Liquor License	Address <u>or</u> Non-Profit Bu	isiness Address	
122206		,	
Retail License Number	or Non-Profit Federal ID	D #	
<u>Consecutive Dates only</u> Event Date(s):			
Event Start Time(s):	04:00 pm		
Event End Time(s):	10:00 pm		
Alternate Date:08/	/22/2024		
	18th Street Plaza		
Event Street Address/C	City: 18th Street Pla	aza Scottsbluff, NE 69361	
	sed in length & width:		
<u>Outdoor</u> area to be lice	nsed in length & width:	<u>662</u> x <u>415</u> (Diagram Form #109 must be attached)	
Type of Event: <u>COM</u>	munity concert	Estimate # of attendees:	
Type of alcohol to be se	erved: Beer X	Wine $\frac{X}{2}$ Distilled Spirits $\frac{X}{2}$ d, 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@flyoverbrew	/ingco.com	
best of my knowledge and b to waive any rights or cause said information to the Lique	elief. I also consent to an invest s of action against the Nebrash or Control Commission or the N zation or corporation for profit o	Standard State Parton I for the event will be supervised by persons directly by the state of	police records. I agree individual releasing 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	OR County of	approves
the issuance of a Special Designated License as requested		

Local Governing Body Authorized Signature

Local Recommendation (Form 200) <u>Applications must be entered on the portal after local approval – no exceptions</u> <u>Late applications are non-refundable and will be rejected</u>

BDS3C, LLC (dba Flyover Brewing Company)

Retail Liquor License N	ame or *Non-Profit Organization	(*Must include	Form #201 as Page 2)
1824 Broadway	Scottsbluff,NE 69361		

Retail Liquor License A	ddress <u>or</u> Non-Profit B	usiness Address
122206		
Retail License Number	or Non-Profit Federal I	D #
<u>Consecutive Dates only</u> Event Date(s):	07/11/2024	
Event Start Time(s):	04:00 pm	
Event End Time(s):	10:00 pm	
Alternate Date: 08/2	2/2024	
Alternate Location Build	ding & Address:	
Event Building Name: _		
Event Street Address/Ci	ty: 18th Street Pl	laza Scottsbluff, NE 69361
Indoor area to be license		
		<u>662</u> x <u>415</u> (Diagram Form #109 must be attached)
Type of Event: <u>Comn</u>	nunity concert	Estimate # of attendees:
Type of alcohol to be ser		Wine $\frac{X}{2}$ Distilled Spirits $\frac{X}{2}$ d, you will not be able to serve this type of alcohol)
Event Contact Name:	Nicole Egan	_ Event Contact Phone Number:
Event Contact Email: _	niki@flyoverbrew	
	_	

*Signature Authorized Representative <u>oracph Marghain</u> Printed Name I declare that I am the authorized representative of the above named lifense 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 completes below:

The local governing body for the City/Village of	OR County of	approves
the issuance of a Special Designated License as reque	sted above. (Only one should be written above)	

Local Governing Body Authorized Signature

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BDS3C, LLC (dba Flyover Brewing Company)

Retail Liquor License Name or *Non-Profit Organization (*<u>Must include Form #201 as Page 2</u>) 1824 Broadway Scottsbluff,NE 69361

Retail Liquor License A	ddress or Non-Profit Business Address
122206	adress <u>or</u> role i folk busiless Address
Retail License Number	or Non-Profit Federal ID #
<u>Consecutive Dates only</u> Event Date(s):	07/18/2024
Event Start Time(s):	04:00 pm
Event End Time(s):	10:00 pm
Alternate Date: 08/22	2/2024
Alternate Location Buil	
Event Building Name: _	18th Street Plaza
Event Street Address/C	ity: 18th Street Plaza Scottsbluff, NE 69361
	ed in length & width: X
Outdoor area to be licer	used in length & width: X (Diagram Form #109 must be attached)
Type of Event: Comr	
Type of alcohol to be se	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
best of my knowledge and be to waive any rights or causes said information to the Liquo	Representative Joseph Margheim Printed Name rized representative of the bove named lidense applicant and that the statements made on this application are true to the elief. I also consent to an investigation of my background including all records of every kind including police records. I agree s of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing r Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any ation or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the nated License.
	signed by a member listed on permanent license – 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 reques	ted above. (Only one should be written above)	

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Retail Liquor License A	ddress <u>or</u> Non-Profit Business Address
122206	_
Retail License Number	or Non-Profit Federal ID #
<u>Consecutive Dates only</u> Event Date(s):	07/25/2024
Event Start Time(s):	04:00 pm
Event End Time(s):	10:00 pm
Alternate Date:	22/2024
Alternate Location Buil	ding & Address:
_ Event Building Name:	18th Street Plaza
Event Street Address/Ci	ity: 18th Street Plaza Scottsbluff, NE 69361
	ed in length & width: X
	used in length & width: $\frac{662}{2} \times \frac{415}{2}$ (Diagram Form #109 must be attached)
Type of Event: <u>Com</u>	nunity concert Estimate # of attendees:
	rved: Beer X Wine 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 I I declare that I am the author best of my knowledge and be to waive any rights or causes said information to the Liquor	Representative of the above named lidense applicant and that the statements made on this application are true to the elief. I also consent to an investigation of my background including all records of every kind including police records. I agree to of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any ation or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the

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The local governing body for the City/V	/illage of	OR County of	approves
the issuance of a Special Designated Lic	ense as requested above. ((Only one should be write	en above)

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	ocai	00	verning	Duuy		utiloi izcu	Sig	nature

Local Recommendation (Form 200)

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Retail Liquor License Name or *Non-Profit Organization (*<u>Must include Form #201 as Page 2</u>) 1824 Broadway Scottsbluff,NE 69361

Retail Liquor License A 122206	Address <u>or</u> Non-Profit Business Address	
Retail License Number	<u>or</u> Non-Profit Federal ID #	
<u>Consecutive Dates only</u> Event Date(s):	08/01/2024	
Event Start Time(s):	04:00 pm	
Event End Time(s):	10:00 pm	
Alternate Date:	2/2024	
Alternate Location Buil	ding & Address:	
Event Building Name: _	18th Street Plaza	
Event Street Address/C	ity: 18th Street Plaza Scottsbluff, NE 69361	
	ed in length & width: X	
Outdoor area to be licer	ased in length & width: $\frac{662}{2} \times \frac{415}{2}$ (Diagram Form #109 must be attach	ied)
Type of Event: Comr	nunity concert Estimate # of attendees:)
Type of alcohol to be se	V V V	
Event Contact Name:	Nicole Egan Event Contact Phone Number: 308-672-198) 2
	niki@flyoverbrewingco.com	
best of my knowledge and be to waive any rights or causes	Representative: <u>par Marghaim</u> Printed Name rized representative of the above named livense applicant and that the statements made or elief. I also consent to an investigation of my background including all records of every kind s of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or a r Control Commission or the Nebraska State Patrol. I further declare that the license applied	including police records. I agree any other individual releasing

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 completes below:

The local governing body for the City/Village of	OR County of	approves
the issuance of a Special Designated License as reque	ested above. (Only one should be writte	en above)

Local	Governing	Body	Authorized	Signature
		2003		S-Busider C

Special Designated License Local Recommendation (Form 200)

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BDS3C, LLC (dba Flyover Brewing Company)

Retail Liquor License Name or *Non-Profit Organization (*Must include Form #201 as Page 2)	
1824 Broadway Scottsbluff,NE 69361	

i oz i Biodaliaj		
Retail Liquor License A	Address <u>or</u> Non-Profit Business Address	-
122206		
Retail License Number	<u>or</u> Non-Profit Federal ID #	-
<u>Consecutive Dates only</u> Event Date(s):	08/08/2024	
Event Start Time(s):	04:00 pm	
Event End Time(s):	10:00 pm	
Alternate Date:08/	/22/2024	_
Alternate Location Buil	lding & Address:	_
Event Building Name:	18th Street Plaza	-
Event Street Address/Ci	ity: 18th Street Plaza Scottsbluff, NE 69361	
Indoor area to be licens	ed in length & width: X	
<u>Outdoor</u> area to be licer	nsed in length & width: $\frac{662}{2} \times \frac{415}{2}$ (Diagram Form #109 must be attached)	
Type of Event: Com	munity concert Estimate # of attendees: 600	
Type of alcohol to be se	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	
	niki@flyoverbrewingco.com	
	Representative Joseph MargheumPrinted Name Joseph Margheurized representative of the above named license applicant and that the statements made on this applied. I also consent to an investigation of my background including all records of every kind includin	

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 completes below:

The local governing body for the City/Villag	e of <u>OR</u> Coun	ty ofapproves
the issuance of a Special Designated License	as requested above. (Only one should	be written above)

Local G	overning	Body	Authorized	Signature

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Retail Liquor License Name or *Non-Profit Organization (*<u>Must include Form #201 as Page 2</u>) 1824 Broadway Scottsbluff,NE 69361

Retail Liquor License A	Address <u>or</u> Non-Profit Business Address
122206	
Retail License Number	or Non-Profit Federal ID #
<u>Consecutive Dates only</u> Event Date(s):	08/15/2024
Event Start Time(s):	04:00 pm
Event End Time(s):	10:00 pm
Alternate Date:	22/2024
Alternate Location Bui	ding & Address:
	18th Street Plaza
Event Street Address/C	ity:18th Street Plaza Scottsbluff, NE 69361
	ed in length & width: X
<u>Outdoor</u> area to be lice	nsed in length & width: $\frac{662}{2} \times \frac{415}{2}$ (Diagram Form #109 must be attached)
Type of Event: <u>COM</u>	nunity concert Estimate # of attendees:
Type of alcohol to be se	(If not montrod you will not be able to some this time of also hal)
Event Contact Name:	Nicole Egan Event Contact Phone Number: 308-672-1992
Event Contact Email:	niki@flyoverbrewingco.com
*Signature Authorized I declare that I am the author best of my knowledge and b to waive any rights or cause said information to the Liquo	Representative of the above named license applicant and that the statements made on this application are true to the elief. I also consent to an investigation of my background including all records of every kind including police records. I agree s of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing or Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any ration 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
	00.01 mmP	2045	/ Lacitor incom	Signature