

# **City of Scottsbluff, Nebraska**

**Monday, September 16, 2013**

**Regular Meeting**

## **Item Public Inp1**

**Council to consider issuance of a special arts-related event wine permit for the West Nebraska Arts Center, 106 East 18th Street and special designated liquor license to serve wine at a gallery reception on October 3, 2013 from 5:00 p.m. to 7:00 p.m.**

**Staff Contact: Cindy Dickinson**

MEMORANDUM


---

TO: Rick Kuckkahn, City Manager  
FROM: Kevin Spencer, Chief of Police  
CC: Cindy Dickinson, City Clerk  
DATE: September 10, 2013  
RE: Request for a Special Designated License (SDL) – West Nebraska Arts Center

---

In regards to the West Nebraska Arts Center Special Designated License, October 3, 2013 and ~~November 1, 2013~~ there will be sufficient law enforcement officers on duty to handle regular patrol duties in the city and to assist the West Nebraska Arts Center in the event of a problem. As always, we would insist that management have adequate staff on hand to closely monitor the event and take steps to ensure minors do not drink.

The police department does not object to the issuance of the Special Designated License.

  
Kevin Spencer  
Chief of Police

SPECIAL ARTS-RELATED EVENT WINE PERMIT APPLICATION

CITY OF SCOTTSBLUFF

Date of Event 10-3-13 Starting Time 4:00 p.m. Termination Time 8:00 p.m.  
 Organization Name WEST NEBRASKA ARTS CENTER  
 Address/Phone 101 EAST 18<sup>th</sup> STREET, SCOTTSBLUFF, NE 69302-2226  
 Authorized Head of Organization - Name MASON BURBACH  
 Address/Phone 308.632.2226  
 Description of Event: Opening Reception for Gallery Exhibit

Estimated Attendance: 100

Event Chairman(s) Name(s) MASON BURBACH

Address/Phone 101 EAST 18<sup>th</sup> ST. 632-2226

The undersigned acknowledges reading a copy of the applicable ordinances and agrees to comply thereby:

Signed: Mason Burbach Address: 106 E. 18<sup>th</sup> ST.

Phone: 632-2226 Date of Application 9-11-13

REMARKS: THANK YOU!

APPLICANT

This permit authorizes the consumption of wine on the described premise by individuals who are of the drinking age. Other restrictions are as follows:

Approved by Mayor and City Council on \_\_\_\_\_

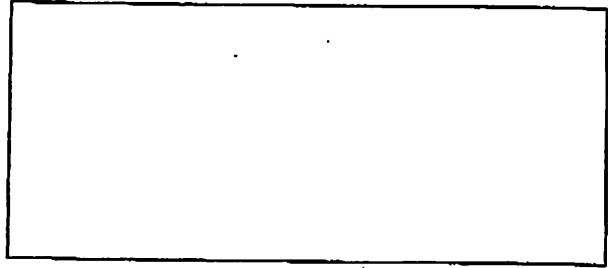
DATE: \_\_\_\_\_

CITY CLERK

cc: Police Chief

APPLICATION FOR SPECIAL  
DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

RETAIL LICENSE HOLDERS ☐DO YOU NEED POSTERS? YES ☒ NO ☐NON PROFIT APPLICANTS ☒

Non Profit Status (check one that best applies)

Municipal ☐ Political ☐ Fine Arts ☒ Fraternal ☐ Religious ☐ Charitable ☐ Public Service ☐

## COMPLETE ALL QUESTIONS

1. Type of alcohol to be served and/or consumed: Beer ☐ Wine ☒ Distilled Spirits ☐2. Liquor license number and class (i.e. C-55441)  
(If you're a nonprofit organization leave blank)
3. Licensee name (last, first,), corporate name or limited liability company (LLC) name  
(As it reads on your liquor license)NAME: WEST NEBRASKA ARTS CENTERADDRESS: 106 E. 18TH ST.CITY SCOTTSDUFF ZIP 69361

4. Location where event will be held; name, address, city, county, zip code

BUILDING NAME WEST NEBRASKA ARTS CENTERADDRESS: 106 E. 18TH ST. CITY SCOTTSDUFFZIP 69361 COUNTY and COUNTY# 21, SCOTTSDUFF COUNTY

a. Is this location within the city/village limits?

YES ☒ NO ☐b. Is this location within the 150' of church, school, hospital or home  
for aged/indigent or for veterans and/or wives?YES ☐ NO ☒

c. Is this location within 300' of any university or college campus?

YES ☐ NO ☒

FORM 108  
REV 5/12  
Page 2 of 5

Date 10-3-13 Hours 4 P.M. From 8 P.M. To	Date _____ Hours _____ From _____ To	Date _____ Hours _____ From _____ To	Date _____ Hours _____ From _____ To	Date _____ Hours _____ From _____ To	Date _____ Hours _____ From _____ To
--	--	--	--	--	--

5. Date(s) and Time(s) of event (no more than six (6) consecutive days on one application)

a. Alternate date: None

b. Alternate location: None  
 (Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☒ Dance  
☒ Reception  
☐ Fund Raiser  
☐ Beer Garden  
☐ Sampling/Tasting  
☐ Other

7. Description of area to be licensed

Inside building, dimensions of area to be covered IN FEET 73.5 x 33

\*Outdoor area dimensions of area to be covered IN FEET \_\_\_\_\_ x \_\_\_\_\_

\*SKETCH OF OUTDOOR AREA (or attach copy of sketch)

If outdoor area, how will premises be enclosed?

☐ Fence: snow fence ☐ chain link ☐ cattle panel ☐ other \_\_\_\_\_

☐ Tent

8. How many attendees do you expect at event? 100

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

a. Are there separate toilets for both men and women? YES ☒ NO ☐

11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES ☐ NO ☐  
 Non-Profit: Where will you be purchasing your alcohol? — WINE IS DONATED BY MEMBERS OF OUR BYO BOARD OF DIRECTORS.
- Wholesaler ☐ Retailer ☒ Both ☐  
 (includes wineries)
12. Will there be any games of chance operating during the event? YES ☐ NO ☒

If so, describe activity \_\_\_\_\_

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law. There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

13. Any other information or requests for exemptions: \_\_\_\_\_
14. Name and telephone number/cell phone number of immediate supervisor. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. PLEASE PRINT LEGIBLY

Print name of Event Supervisor MASON BURBACH

Signature of Event Supervisor Mason A. Burbach

Phone of Event Supervisor: Before 308-765-0353 During 308-632-2226

Consent of Authorized Representative/Applicant

15. 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.

sign  
here

Mason A. Burbach  
 Authorized Representative/Applicant

EXECUTIVE DIRECTOR 9-11-13  
 Title Date

MASON BURBACH  
 Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

FORM 108  
 REV 5/12  
 Page 4 of 5

This page is required to be completed by Non Profit applicants only.

Application for Special Designated License  
Under Nebraska Liquor Control Act  
Affidavit of Non-Profit Status

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

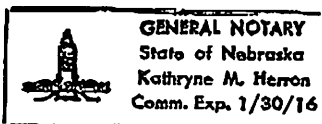
WEST NEBRASKA ARTS CENTER  
NAME OF CORPORATION

470 499 224  
FEDERAL ID NUMBER

[Signature]  
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT; IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 11 DAY OF Sept 2013



[Signature]  
NOTARY PUBLIC SIGNATURE & SEAL

FORM 108  
REV 5/12  
Page 5 of 5