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

Scottsbluff Police Department

Memorandum

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

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.

K. Spencer 100

Kevin Spencer Chief of Police

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CITY CLERK DATE:
Approved by Mayor and City Council on
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vent Chairman(s) Name(s) MAScon BARC And Altress Phone Loc EAST 18 ⁴ ¹ ST. The undersigned acknowledges reading a copy of the applicable ordinances and agrees to comply thereby: Signed: Marce Strowledges reading a copy of the applicable ordinances and agrees to Phone: Loc E. 18 ⁷ ST. Strowledges to Phone: Loc E. 18 ⁷ ST. Strowledges to Phone: Loc E. 18 ⁷ ST. Strowledges to Signed: Marce Strowledges reading a copy of the application G. 18 ⁷ ST. Strowledges to Phone: Loc E. 18 ⁷ Strowledges to Signed: Marce Strowledges reading a copy of the application G. 18 ⁷ Strowledges to Signed: Strowledges Strowledges to Signed: Strowledges
Specific RRTS-RELATED EVENT WINE PERMIT RPPLICATION te of Event 10-3-13 Starting Time 4:00 p.m. Termination Time 8:00 p.m. ganization Name USE RASASKA ARTS CENTER dress/Phone USE 18 ^{+h} STREET, Scottsfult NE Lo33-2220 thorized Head of Organization - Name MASCON BURGACH dress/Phone LOLe EAST 18 ^{+h} STREET blocess/Phone LOLE
CITY OF SCOTTSBLUFF

APPLICATION FOR SPH DESIGNATED LICENSE NEBRASKA LIQUOR CONTROL COM 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2514 Website: www.lcc.ne.gov/			
RETAIL LICENSE HOLDE	RS ()	O YOU NEED POSTERS:	YES \bigotimes NO \bigcirc
	Non Profit Status (check or	•	
Municipal O Political O	Fine Arts \bigotimes Fraternal \bigotimes R	eligious O Charitable O	Public Service
COMPLETE ALL QUEST	IONS		
1. Type of alcohol to be	served and/or consumed: Bee	er 🗌 Wine 🔀 Distilled Sp	pirits 📃
 Liquor license number (If you're a nonprofit 	r and class (i.e. C-55441) organization leave blank)		
 Licensee name (last, last, la	irst,), corporate name or limite quor licensc)	ed liability company (LLC)	name
NAME: WEST	NEBRASKA A	RTS CENTER	· · · · · · · · · · · · · · · · · · ·
ADDRESS: _106	E. 187 ST		·
CITY Scott	SBLUFF	ZIP6°	1361
4. Location where event	will be held; name, address, c	ity, county, zip code	· ·
BUILDING NAME	WEST NEBRA	SEA ARTS CE	~TER
ADDRESS: 106	E. 18th ST.	CITY <u>Seo</u>	TSBLUFA
ZIP <u>6936</u>	COUNTY and <u>C(</u>	<u>DUNTY # 21, 50</u>	OTTS BLUFF COUNTY
a. Is this location	within the city/village limits?		YES
b. Is this location for aged/indige	within the 150' of church, sch nt or for veterans and/or wive:	ool, hospital or home s?	YESNOX
c. Is this location	within 300' of any university	or college campus?	YESNOX
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Regular Meeting - 9/16/2013

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Scottsbluff

9/11/201	13 WED 16:55 FAX 6321731 West Nebraska Arts Cntr	Ø005/011
11.	Retailer: Will you be purchasing your alcohol from a wholesaler? YES NO Non-Profit: Where will you be purchasing your alcohol? - WINE IS DENATED BY MEMBERS OF Wholesaler O Retailer Both O BYO BOARD OF DO	602
12.	(includes wineries) 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 for gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charitable is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application	ms of parity.
13.	Any other information or requests for exemptions:	
14.	Name and telephone number/cell phone number of immediate supervisor. This person will be the location of the event when it occurs, able to answer any questions from Commission and/or enforcement before and during the event, and who will be responsible for ensuring that any applic laws, ordinances, rules and regulations are adhered to. PLEASE PRINT LEGIBLY Print name of Event Supervisor MASON BURGECH	•
	Signature of Event Supervisor Mason 1 Back	
	Phone of Event Supervisor: Before 308-765-0353 During 308-632-222	-6
	Consent of Authorized Representative/Applicant	
	I declare that I am the authorized representative of the above named license applicant and that statements made on this application are true to the best of my knowledge and belief. I also conser an investigation of my background including all records of every kind including police records agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, Nebraska State Patrol or any other individual releasing said information to the Liquor Cor Commission or the Nebraska State Patrol. I further declare that the license applied for will no used by any other person, group, organization or corporation for profit or not for profit and that event will be supervised by persons directly responsible to the holder of this Special Designal	nt to s. I the ntrol t be

sign here <u>Authorized Representative/Applicant</u>	<u>Erecurive</u> Director Title	
MASON BURBACH Print Name		Date

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.

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State of Nebraska Kathryne M. Herron Comm. Exp. 1/30/16

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.

BRASLA NAME OF CORPORATION 99 271 FEDERAL ID NUMBER SIGNATURE OF TITLE OF CORPORATE OFFICER 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 PERIURY 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 DAY OF GENERAL NOTARY NOTARY PUBLIC SIGNATURE & SEAL

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