## City of Scottsbluff, Nebraska

Monday, October 21, 2013 Regular Meeting

## **Item Reports4**

Council to consider a new manager application for Brett Armstrong for the Elks BPO Lodge 1367 liquor license located at 1614 1st Ave., Scottsbluff.

Staff Contact: Rick Kuckkahn, City Manager



## STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION Hobert B. Rupe

Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814 or (402) 471-2374
TRS USER 800 833-7352 (TTY)
web address: http://www.lcc.ne.gov/

September 30, 2013

SCOTTSBLUFF CITY CLERK 2525 CIRCLE DR SCOTTSBLUFF NE 69361

RE: Elks BPO Lodge 1367

LICENSE #CK-01678

Dear Clerk:

Enclosed is a copy of a manager application for Brett Armstrong in connection with the Elks BPO Lodge 1367 located in Scottsbluff.

Please present this application for manager to your City/Village Council or County Commissioners and send us the results of their action.

Sincerely,

Jacqueline Rodriguez

Licensing Division

NEBRASKA LIQUOR CONTROL COMMISSION

Jacqueline Rodriquen

402-471-2572

encl.

Janice M. Wiebusch
Commissioner

Robert Batt

William F. Austin Commissioner

An Equal Opportunity Employer
Printed with soy ink on recycled paper

# MANAGER APPLICATION INSERT - FORM 3c

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 RECEIVED
SEP 2 4 2013

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information
Name of Corporation/LLC: Elks BPO Lodge #1367
Premise information
Premise License Number:O01478
(if new application leave blank) Premise Trade Name/DBA: E/Ks BPD Lodge # 1367
Premise Street Address: 1614 15+ Ave
City: Scotts b/n At State: NE Zip Code: 69361

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.

http://www.lcc.ne.gov/license search/licsearch.cgi

Premise Phone Number: 308 632 - 2622

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

4220021478

Form 103 ev 11/2012 Page 2 of 5

### MANAGER'S LAST TWO EMPLOYERS

YE FROM	AR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2013	Vertex	Jennifer Dinges	308-632-2879
2008	2609	Gering Garden Conte	Mike Kantz	30 <b>8</b> -432-5634

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has <u>anyone</u> who is a party to this application, or their spouse, <u>EVER</u> been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO
If yes, please explain below or attach a separate page.

J 1 1		18		"MANAISCIO
Name of Applicant	Date of	Where	Description of Charge	Disposition
	Conviction	Convicted		-
	(mm/yyyy)	( city & state)		,
Brett Armstrong	12/2008	Gering, NE	minor in possession of alcohol	Guity / fines
Brett Armstrong Brett Armstrong	07/2008	Gening NE	minor in possession	Guilty/ Fines
		<i>y</i>		/
			R	FOEIL
				POLIVED
			SI	P 2 4 2012

- 2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

  IF YES, list the name of the premise.
- 3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?
- Have you enclosed the required fingerprint cards and PROPER FEES with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

  ES

  NO
- 5. List any alcohol related training and/or experience (when and where).

Form 103 Rev 11/2012 Page 4 of 5

### PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Signature of Manager Applicant

( ) Signature or sp

ACKNOWLEDGEMENT

State of Nebraska
County of Scatts Blu Af

The foregoing instrument was acknowledged before me this

Sipt. 19.2013

name of person acknowledged

Notary Public signature

Affix Seal

A GENERAL NOTARY - State of Nebraska
SHERRY S. LARSON
My Comm. Exp. Jan 27, 2017

In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

RECEIVED

Form 103 Rev 11/2012 Page 5 of 5

NEBHHORH LIQUOR

RECEIVED

SEP 2 4 2013

NEBRADALIZUOR
CONTROL COMMISSION

## SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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 Office Use

RECEIVED

SEP 2 4 2013

NEBrason HUUOR

ANTENI COMMIS I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Signature of spouse asking for waiver (Spouse of individual listed below)

State of NERRASK

The foregoing instrument was acknowledged before me this

Affix Seal

GENERAL NOTARY - State of Nebraska SHERRY S. LARSON My Comm. Exp. Jan 27, 2017

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Signature of individual involved with application (Spouse of individual listed above)

The foregoing instrument was acknowledged before me this

Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska SHERRY S. LARSON My Comm. Exp. Jan 27, 2017

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

> SEP 3 0 2013 NEBRINORIA LIGUOR CONTROL COMMISSION

FORM 35-4178 Revised 1/2008

## STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

02/02/2006 LINCOLN, NEBRASKA CETANLEY S. COOPER ASSISTANT STATE REGISTRAR HEALTH AND HUMAN SERVICES

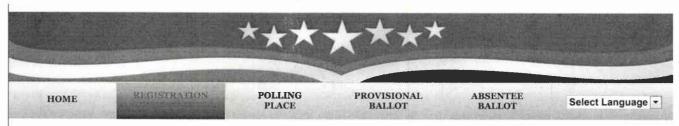
I. CHILD'S NAME	RST	MIDO	DLE		LAST			
Bre	tt	Eric		Arr	nstrong			
SEX	34. DATE OF BIRTH /Month, Da	y. Year)		36. HOUR OF E	IRTH		4. COUNTY	OF BIRTH
Male	January	18, 199	90		4;57	Ам	Scott	s Bluff
L PLACE OF BIRTH:								
X Hospital	ing Center   Clinic/Doctor's (	Office   Residence	Other (Specify)					
b. FACILITY NAME (If not inetitution, give	street and number		Se. CITY, TOWN, OR LO	CATION OF BIRTH				5d. INSIDE CITY LIMITS (Specify Yes or No)
Regional West	Medical Center		Scot	tsbluff				Yes
6a. I certify this child was born alive \$1			60. DATE SIGNED (MC		Sc. NAME AND	TITLE OF A	ATTENDANT IS	OTHER THAN CERTIF
	out bug M	n	1-20	7-90				
(Signature) TO CERTIFIER - NAME AND TITLE (Type			Se. MAILING ADDRESS	ISTREE	and NUMBER or	RED NO	CITY or TOW	N STATE ZIPI
			AN MICHELLIO LINES HOO	(arrice				
Fort Incom	. M.D.			1.			*	A MASTER DESCRIPTION
Kent Lacey	M.D.		3639 Aven	1.	ottsbluf	FF, N	lebras	KA 69361 MONTH, DAY, YEAR
74. REGISTRAR	M.D.	200018		1.	ottsbluf	FF, N	lebrasi	KA 69361 MONTH, DAY, YEAR
7 L. REGISTRAR (Signature)	M.D.  M.D.  Minlary S. (	2000er		ue B Sco	ottsbluf	FF, N	lebras EGISTRAR 261	Ka 69361 MONTH, DAY, YEAR 990
7s. REGISTRAR  (Signature)  8a. MOTHER'S NAME  F	tanley S. (		3639 Aven	ue B Sco	To DATE RECE	JAP	lebras REGISTRAR 26	KA 69361 MONTH, DAY, YEAR 1990
7s. REGISTRAR  (Sopnature)  Sa. MOTHER'S NAME  Ther	inst MIDDLE (	FOX OR LOCATION, (Include zip	3639 Aven 86. DATE OF BIRTH // May 28,	ue B Sco	To DATE RECE	JAP	lebras Egistras 1 2 6 1 State or Foreign Nebras	MONTH, DAY, YEAR  990  1 COUNDY)  3Ka  96. INSIDE CITY LIMITS
76. REGISTRAR  (Signature) 8a. MOTHER'S NAME  Ther 14. RESIDENCE-STATE 9b. COUNTY	esa Lynn	FOX OR LOCATION, (Include zip	3639 Aven  86. DATE OF BIRTH (I  May 28, code) 9c. STREET	UE B SCO Mo. Day. Yri 1956 IND NUMBER OF F	ttsbluf To DATE RECE  Be. BIRTHPLAC  Fairbu	JAP	lebras Egistras 1 2 6 1 State or Foreign Nebras	MONTH, DAY, YEAR  990  Country)  Ska  98. INSIDE CITY LIMIT! (Specify Yes or No)
/Signature)  8a MOTHER'S NAME  Ther  RESIDENCE-STATE  Nebraska Scotts	esa Lynn  Bluff Scotts	FOX OR LOCATION, (Include zip	3639 Aven  86. DATE OF BIRTH (I  May 28, code) 9c. STREET	ue B Sco Mo. Day. Yri 1956	To DATE RECE	JAP	lebras Egistras 1 2 6 1 State or Foreign Nebras	MONTH, DAY, YEAR  990  TOURDEY)  BKA  99. INSIDE CITY LIMIT.
/Signature)  8a MOTHER'S NAME  Ther  RESIDENCE-STATE  Nebraska Scotts	esa Lynn  Bluff Scotts	FOX OR LOCATION, (Include zip	3639 Aven  86. DATE OF BIRTH (I  May 28, code) 9c. STREET	UE B SCO Mo. Day. Yri 1956 IND NUMBER OF F	ttsbluf To DATE RECE  Be. BIRTHPLAC  Fairbu	JAP	lebras Egistras 1 2 6 1 State or Foreign Nebras	MONTH, DAY, YEAS  1990  1 Country)  3Ka  96. INSIDE CITY LIMIT (Specify Yes or No)
7& REGISTRAR  (Signature) 8a MOTHER'S NAME  Ther  RESIDENCE-STATE 9b. COUNTY  Nebraska Scotts	esa Lynn  Bluff Scotts	FOX OR LOCATION, (Include zip	3639 Aven  86. DATE OF BIRTH (I  May 28, code) 9c. STREET	UE B SCO Mo. Day. Yri 1956 IND NUMBER OF F	ttsbluf To DATE RECE  Be. BIRTHPLAC  Fairbu	JAN JAN JAN JAN JAN	lebras REGISTRAR (N 2 6 1 State or Foreign Nebras	MONTH, DAY, YEAR 1990 In Country) SIKA 98. INSIDE CITY LIMIT (Specify Yes or No)
72 REGISTRAR (Signature) 84 MOTHER'S NAME Ther A RESIDENCE-STATE 96. COUNTY NEDRASKA SCOTTS D. MOTHER'S MAILING ADDRESS - Ent	esa Lynn  Bluff Scotts  Hinos barne as residence	FOX OR LOCATION, (Include zip Bibluff 6936	3639 Aven  80. DATE OF BIRTH //  May 28 ,  code) 9d. STREET /  SI PO	UE B SCO  1956  AND NUMBER OF F  BOX  (Mo., Day, Yr.)	BE. BIRTHPLACE Fairbu ESIOENCE 1492	JAN	lebras REGISTRAR	Ka 69361 MONTH, DAY, YEA 990 n Country) 3ka 9e. INSIDE CITY LIMIT (Specify Yes or No Yes
(Signature)  8a MOTHER'S NAME  Ther  Oa. RESIDENCE-STATE 96. COUNTY  Nebraska Scotts 10. MOTHER'S MAILING ADDRESS - Ent.  11a FATHER'S NAME  Char	esa Lynn Be. CITY. TOWN. Bluff Scotts H H not same as residence FIRST MIDULE Les Bryan A	Fox OR LOCATION, finclude zip Sbluff 6936 LAST rmstrong	3639 Aven  8b. DATE OF BIRTH //  May 28 ,  code) 9d. STREET /  SI PO	UE B SCO  1956  AND NUMBER OF F  BOX  (Mo., Day, Yr.)	BC. BIRTHPLACE Fairbu ESCIOENCE 1492  11c. BIRTHPLA Aurora	JAN  ELICATE  CE  CE  CO  CO  CO  CO  CO  CO  CO  C	lebras REGISTRAR	Ka 69361 MONTH, DAY, YEA 990 In Country) 3Ka Se. INSIDE CITY LIMIT (Specify Yes or No Yes
(Signature)  8a. MOTHER'S NAME  Ther  9a. RESIDENCE-STATE 9b. COUNTY Nebraska Scotts 10. MOTHER'S MAILING ADDRESS - Ent	esa Lynn  Bluff Scotts  Hinos barne as residence	Fox OR LOCATION, finclude zip Sbluff 6936 LAST rmstrong	3639 Aven  8b. DATE OF BIRTH //  May 28 ,  code) 9d. STREET /  SI PO	UE B SCO  1956  AND NUMBER OF F  BOX  (Mo., Day, Yr.)	BC. BIRTHPLACE Fairbu ESCIOENCE 1492  11c. BIRTHPLA Aurora	JAN  ELICATE  CE  CE  CO  CO  CO  CO  CO  CO  CO  C	Iebras Nedistrar ( N 2 6 1 State or Foreign Nebras ICHY & State of Torado Tion to chil	Ka 69361 MONTH, DAY, YEA 990 In Country) 3Ka Se. INSIDE CITY LIMIT (Specify Yes or No. Yes

RECEIVED

SEP 2 4 2013

NEBRHONALIQUOR

CONTROL COMMISSION



## **Registrant Search Information**

## **Registrant Detail**

Name:

Brett Armstrong

Party: Polling Place:

Nonpartisan Civic Center 1050 M Street

Gering, Ne, NE 69341

## **Districts**

#### **DISTRICT NAME**

Gering Public Schools
Western Com College Dist 4
U.S. Congressional District 3
Appeals Court Judge Dist 6
County Judge Dist 12
District Judge, Dist 12
Supreme Court Judge Dist 6
Legislative District 48
North Platte NRD SubD 3
Nebraska PPD SubD 5
PSC District 5

Board of Regents District 7
ESU 13 District 8
County Airport Authority
Gering City Council II
County Commissioner District 3

Mayor of Gering

State Board of Education Dist7

#### DISTRICT TYPE

School District

Community College District
U.S. Congressional District
Judge of Appeals Court Dist.
Judge of County Court Dist.
Judge of District Court Dist.
Judge of Supreme Court Dist.
Legislative District

Natural Resources District Public Power District Public Service Comm District

Board of Regents ESU District Airport Authority City Council (Ward)

County Board (Commiss./Superv)

Mayor

State Board of Education

Registration Information Polling Place Provisional Ballot Absentee Ballot

© Copyright 2013 Election Systems and Software. All rights reserved. VoterView 2.4,1021.1

RECEIVED

SEP 2 4 2013

NEBRASKA LIQUOR CONTROL COMMISSION

https://www.votercheck.necvr.ne.gov/VoterView/RegistrantSearch.do

9/24/2013

## Memorandum

TO: THE HONORABLE MAYOR AND MEMBERS OF THE CITY COUNCIL

From: Kevin Spencer, Chief of Police

**Date:** 10/18/2013

Re: Manager Application for Brett Armstrong, Elks BPO Lodge1367 1614 1st Ave Scottsbluff, NE

License number CK-01678

**AUTHORITY:** The Scottsbluff Police Department reports specific information to the City Council whenever a liquor license application is presented. The information furnished by the Police Department conforms to Chapter 53, Reissue Revised Statutes of Nebraska 1943, and Section 53-132, which outlines the factors which the Commission may consider in granting a liquor license.

#### COMMENTARY

#### 53-132: Section 2

(A) The applicant is fit, willing and able to properly provide the service proposed within the city where the premises described in the application are located:

A background check was conducted on Brett Armstrong as a means to determine his fitness to hold a liquor license. Brett reported two convictions both for minor in possession one in July of 2008 and another in December of 2008.

Brett appeared before the City of Scottsbluff Liquor Committee on October 16<sup>th</sup>, 2013 at 1600 hours, where the committee asked several questions of Brett and offered advice in regards to policy and training.

I met with Brett October 17<sup>th</sup>, 2013 at 1500 hours in my office. I asked Brett specifically about the convictions on his criminal history. Brett told me that he was 18 years of age at the time adding that he pled guilty both times and paid a fine. I asked Brett about his experience in working with alcohol. Brett told me that he has 3 weeks experience that this is his first job in the business.

Although I have concerns about Brett's lack of experience considering all the information I find nothing that would disqualify him or deem him unfit to hold a liquor license.

(B) The applicant can conform to all provisions, requirements, rules and regulations provided for in the Nebraska Liquor Control Act:

Any operator must adhere to the existing laws while doing business in the community and adhere to acceptable business practices.

Brett Armstrong told me that he would attend the Nebraska State Patrol's training on November 13<sup>th</sup> here in Scottsbluff, adding that he will require all employees to attend as well. Brett told me that if an employee commits a violation it would be his desire to terminate that employee adding that he was unsure of his authority.

1

The applicant appears to have the ability and willingness to conform to language within the Nebraska Liguor Control Act.

(C) The applicant has demonstrated that the type of management and control exercised over the licensed premises will be sufficient to insure that the licensed business can conform to all provisions, requirements, rules and regulations provided for in the Nebraska Liquor Control Act:

Brett told me that the liquor inventory is kept in a locked room with key access only. Brett told me that the exalted ruler conducts the liquor inventory adding that he additionally keeps an inventory of the alcohol that is used. Brett told me that he inventories the beer once a week as part of his weekly order.

The applicant stated that the business does have video cameras on the interior but they are not currently working. Brett stated to gain entry a member has to use a card, a number code or contact an employee on the inside using the intercom. Brett stated that most of the customers are members and obviously of legal age. Brett stated that anyone unknown to them or that looks under aged will be asked to provide legal identification.

The applicant appears committed to complying with all provisions, requirements, rules and regulations provided for in the Nebraska Liquor Control Act.

(D) The issuance of the license is or will be required by the present or future public convenience and necessity:

The hours of operation of the establishment will be from 03:00 pm to 10:00 pm Sunday thru Friday, 12:00 pm to 11:00 pm on Saturday. In the occurrence of a special event the business can stay open until 01:00 am.

Oversight and accountability will be a priority for the applicants as it relates to the sale of alcoholic beverages.

### SPECIFIC ISSUES COMMISSION MAY CONSIDER

(E) The existence of a citizen's protest made in accordance with Section 53-133:

There have been no known citizen protests of this business.

(F) The nature of the neighborhood or community of the location of the proposed licensed premises:

The business is located at 1614 1st Avenue Scottsbluff, NE. It is a business that will attract customers during the evening hours. Its location is easily accessible and convenient for customers. I would not anticipate any issues with location.

(G) The existence or absence of other retail licenses or bottle club licenses with similar privilege within the neighborhood or community of the location or the proposed licensed premises.

There are no other businesses of this nature in the immediate area.

Page 2

# (H) The existing motor vehicle and pedestrian traffic flow in the vicinity of the proposed licensed premises:

Although no recent traffic studies have been completed regarding motor vehicle traffic of the general area, the traffic flow is not of a concern at this time nor is pedestrian traffic.

### (I) The adequacy of existing law enforcement:

The Scottsbluff Police Department is allowed 32 full time officers in the department and handled approximately 15,000 incidents, not including traffic citations during 2012. The number of liquor licenses within the jurisdictional boundaries of the Police Department, regardless of the class, continues to be a concern to the Police Department and even routine monitoring of their business practices is difficult. Compliance checks continue to remain a concern to those businesses that sell alcohol to minors. The Nebraska State Patrol has assumed liquor law enforcement duties and their wide jurisdiction generally precludes any particular focus in the city.

# (J) Whether the type of business or activity proposed to be operated in conjunction with the proposed license is and will be consistent with the public interest:

The Police Department would reserve making any statement which would indicate that the sale of alcohol is consistent with the public interest.

Adequate staffing and training, as well as close supervision of patrons are important. Cooperation with the Police Department by management will help to eliminate or diminish potential problems with violations.