

# **City of Scottsbluff, Nebraska**

**Monday, December 16, 2013**

**Regular Meeting**

## **Item Public Inp2**

**Council to consider issuance of a 2 special arts-related event wine permits for the West Nebraska Arts Center, 106 E. 18th Street and special designated liquor licenses to serve wine at 2 art receptions on January 3, 2014 from 4:00 p.m. to 8:00 p.m. and January 18, 2014 from 6:00 p.m. to 11:00 p.m.**

**Staff Contact: Rick Kuckkahn, City Manager**

**MEMORANDUM**

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**TO:** Rick Kuckkahn, City Manager

**FROM:** Kevin Spencer, Chief of Police

**CC:** Cindy Dickinson, City Clerk

**DATE:** December 6, 2013

**RE:** Request for a Special Designated License (SDL) – St. Agnes 2314 3<sup>rd</sup>  
Avenue Scottsbluff, NE. Fish Fry

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In regards to the St. Agnes Church application for four Special Designated Licenses (SDL) for the following dates; January 31, 2014, March 7<sup>th</sup>, 2014, March 28<sup>th</sup>, 2014 and April 11<sup>th</sup> 2014, all events being "Fish Fry." There will be sufficient law enforcement officers on duty to handle regular patrol duties in the city and to respond to St. Agnes 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

CITY OF SCOTTSBLUFF

SPECIAL ARTS-RELATED EVENT WINE PERMIT APPLICATION

Date of Event FRIDAY, JAN. 3, 2014 Starting Time 4:00 P.M. Termination Time 8:00 P.M.

Organization Name WEST NEBRASKA ARTS CENTER

Address/Phone 106 EAST 18<sup>th</sup> STREET, SCOTTSBLUFF, NE 632-2226

Authorized Head of Organization - Name MASON BURBACH

Address/Phone 106 EAST 18<sup>th</sup> STREET 308. 632. 2226

Description of Event: GALLERY OPENING RECEPTION FOR  
GRACE BLOWERS EXHIBIT

Estimated Attendance: 100

Event Chairman(s) Name(s) MASON BURBACH

Address/Phone 106 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> STREET

Phone: 308-632-2226 Date of Application 12-5-13

REMARKS: THANK YOU!

===== PERMIT =====

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 \_\_\_\_\_

CITY CLERK

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

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/

DO YOU NEED POSTERS? YES ☒ NO ☐

RETAIL LICENSE HOLDERS ☐

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 CENTER

ADDRESS: 106 E. 18<sup>TH</sup> STREET

CITY SCOTTSBLUFF ZIP 69361

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

BUILDING NAME WEST NEBRASKA ARTS CENTER

ADDRESS: 106 E. 18<sup>TH</sup> ST. CITY SCOTTSBLUFF

ZIP 69361 COUNTY and COUNTY # 21, SCOTTS BLUFF

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 ☒

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

Date <u>1-3-14</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours From <u>4:00 P.M.</u>	Hours From _____	Hours From _____	Hours From _____	Hours From _____	Hours From _____
To <u>8:00 P.M.</u>	To _____	To _____	To _____	To _____	To _____

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  
(not square feet or acres)

\*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 BOARD OF DIRECTORS  
Wholesaler ☐ Retailer ☒ Both ☐ BYO ☐ (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 EXECUTIVE DIRECTOR 12-5-13  
Authorized Representative/Applicant 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.

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CITY OF SCOTTSBLUFF

SPECIAL ARTS-RELATED EVENT WINE PERMIT APPLICATION

Date of Event SAT., JAN. 18, 2014 Starting Time 6:00 P.M. Termination Time 11:00 P.M.

Organization Name WEST NEBRASKA ARTS CENTER

Address/Phone 106 EAST 18<sup>th</sup> STREET, SCOTTSBLUFF, NE 632-2226

Authorized Head of Organization - Name MASON BURBACH

Address/Phone 106 EAST 18<sup>th</sup> STREET 308. 632. 2226

Description of Event: FUNDRAISER, WINE TASTING

Estimated Attendance: 125

Event Chairman(s) Name(s) MASON BURBACH

Address/Phone 106 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 12-5-13

REMARKS: THANK YOU!

===== PERMIT =====

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 \_\_\_\_\_

CITY CLERK

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

cc: Police Chief

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DESIGNATED LICENSE

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301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
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DO YOU NEED POSTERS? YES ☒ NO ☐

RETAIL LICENSE HOLDERS ☐

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 CENTER

ADDRESS: 106 E. 18TH ST.

CITY SCOTTSBUFF ZIP 69361

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

BUILDING NAME WEST NEBRASKA ARTS CENTER

ADDRESS: 106 E. 18TH ST. CITY SCOTTSBUFF

ZIP 69361 COUNTY and COUNTY # 21, SCOTTSBUFF

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 ☒

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Date <u>1-18-14</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours From <u>6:00 P.M.</u>	Hours From _____	Hours From _____	Hours From _____	Hours From _____	Hours From _____
To <u>11:00 P.M.</u>	To _____	To _____	To _____	To _____	To _____

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

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8. How many attendees do you expect at event? 125

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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 12-5-13  
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.

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