

City of Scottsbluff, Nebraska

Monday, December 15, 2014

Regular Meeting

Item Public Inp1

Approve issuance of a special arts-related event wine permits for the West Nebraska Arts Center, 106 East 18th Street and special designated liquor licenses for events on 1/10/15 and 3/5/15.

Staff Contact: Cindy Dickinson, City Clerk

MEMORANDUM

TO: Rick Kuckkahn, City Manager

FROM: Kevin Spencer, Chief of Police

CC: Cindy Dickinson, City Clerk

DATE: December 10, 2014

RE: Request for a Special Designated License (SDL) – West Nebraska Arts Center 106 E 18th St Scottsbluff, NE

In regards to the West Nebraska Arts Center application for two Special Designated Licenses (SDL) for the dates of January 10, 2015 and March 5, 2015, the first event being a fundraiser winetasting and the second a gallery reception, there will be sufficient law enforcement officers on duty to handle regular patrol duties in the city and to respond to the 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 1-10-15 Starting Time 6:00 P.M. Termination Time 11:00 P.M.

Organization Name NEBRASKA ARTS CENTER

Address/Phone 106 EAST 18TH STREET, SCOTTSBLUFF NE 632-2226

Authorized Head of Organization - Name MASON BURBACH

Address/Phone 106 EAST 18TH STREET 308. 632. 2226

Description of Event: FUNDRAISER FOR WMAC, WINE TASTING

Estimated Attendance: 125

Event Chairman(s) Name(s) MASON BURBACH

Address/Phone 106 EAST 18TH ST. 632-2226

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

Signed: Mason Burbach Address: 106 E. 18TH ST.

Phone: 308-632-2226 Date of Application 12-5-14

REMARKS: Thank you!

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/

PLEASE USE CURRENT FORMS ON FUTURE SDLS.
THESE FORMS CAN BE DOWNLOADED FROM OUR
WEBSITE AT: www.lcc.ne.gov

Special Designated License (SDL) Application Quick Checklist

Requirements:

- ✓ Application must be received in Nebraska Liquor Control Commission (NLCC) office a **MINIMUM** of ten (10) working days prior to the date of event (when counting days exclude weekends and holidays) **NO EXCEPTIONS**
- ✓ Application **MUST** include approval from the local governing body (city, village or county clerk of where the event is to be held)
- ✓ When requesting an exemption from NLCC rules, i.e. waiver of double fencing, request must be received in (NLCC) office a **MINIMUM** of 30 days prior to the date of the event
- ✓ All questions on application must be completed legibly
- ✓ Include \$40 fee, for each day/area applying for, checks made payable to Nebraska Liquor Control Commission (NLCC), if liquor caterer no fees required
- ✓ When requesting alternate date(s) or location(s), approval from local governing body must include approval for these alternate date(s) or locations(s)
- ✓ When requesting an outdoor area you must include a sketch of area to be licensed

Non Profit Application **MUST**:

- ✓ Include page five (5) of application showing federal ID number

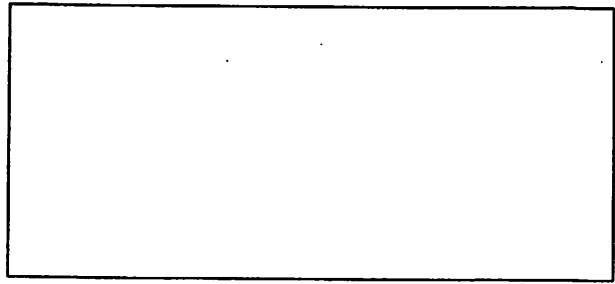
Information:

- ✓ Non caterer applicants are only allowed six (6) SDLs per calendar year, this includes consecutive days used on one application (i.e. July 4 – 9 = 6 days)
- ✓ Applications may be submitted via e-mail to michelle.porter@nebraska.gov or faxed to (402) 471-2814
- ✓ Must use the most current form 108. Forms are available on our web site at www.lcc.ne.gov/formsdiv.html, or by calling our main number (402) 471-2571
- ✓ Reference statutes: §53-124.11, rules 2-013.01 and 6-019.01W 1,2,3
- ✓ Only twelve (12) SDLs will be issued at any specific location that could otherwise hold a liquor license

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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: MASON BURBACH, WEST NEBRASKA ARTS CENTER

ADDRESS: 106 E. 18TH ST.

CITY SCOTTS BLUFF, NE

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 SCOTTS BLUFF

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>1-10-15</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

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? 125

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 ☐

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.

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.

sign here

Authorized Representative/Applicant Mason Buebach
Title Executive Director
Date 12-5-14
Print Name Mason Buebach

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.

Consent of Authorized Representative/Applicant

Print name of Event Supervisor Mason Buebach
Signature of Event Supervisor Mason Buebach
Phone of Event Supervisor: Before 308-632-2226 During 308-632-2226

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

13. Any other information or requests for exemptions:

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.

If so, describe activity

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

SPECIAL ARTS-RELATED EVENT WINE PERMIT APPLICATION

CITY OF SCOTTSBLUFF

Date of Event 3-5-15 Starting Time 5:00pm Termination Time 8:00pm

Organization Name WEST NEBRASKA ARTS CENTER

Address/Phone 106 EAST 18th STREET, SCOTTSBLUFF NE 69302-2226

Authorized Head of Organization - Name MASON BURBACH

Address/Phone 308.632.2226

Description of Event: GALLERY RECEPTION - RICHARD SCHAUERMAN EXHIBIT

Estimated Attendance: 100

Event Chairman(s) Name(s) MASON BURBACH

Address/Phone 106 EAST 18th ST. 632-2226

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

Signed: Mason Burbach Address: 106 E. 18th St.

Phone: 632-2226 Date of Application 12-5-14

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:

===== PERMIT =====

Approved by Mayor and City Council on _____

DATE: _____

CITY CLERK

cc: Police Chief

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DESIGNATED LICENSE

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PO BOX 95046
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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: MASON BUZBACH, WEST NEBRASKA ARTS CENTER

ADDRESS: 106 E. 18TH ST.

CITY SCOTTSBLUFF, NE 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 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>3-5-15</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours From <u>5:00 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
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(includes wineries)

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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 Burbach

Phone of Event Supervisor: Before 308-632-2226 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 Burbach EXECUTIVE DIRECTOR 12-5-14
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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