



CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

LINCOLN
The Community of Opportunity

MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

February 9, 2004

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of ACR Corporation, d.b.a. Jake's Cigars, 114 North 14th Street requesting a class D liquor license.

Alex Roskelley, owner has requested that he be approved as the manager of the liquor license.

Background information on Alex Roskelley will be omitted as the Council approved Mr. Roskelley as the owner/manager of the Bricktop, holder of a class C liquor license, located at 1427 'O' Street.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

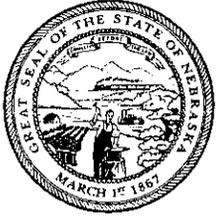


A nationally accredited law enforcement agency



STATE OF NEBRASKA

PH: 3-8-04



FILED
CITY CLERK'S OFFICE
'04 FEB 5 PM 2 01
CITY OF LINCOLN
February 4, 2004
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
TRS USER 800 833-7352 (TTY)
web address: http://www.nol.org/home/NLCC/

Mike Johanns
Governor
City Clerk of Lincoln
555 S 10 Street
Lincoln, NE 68508

Take's Cigars
114 N 14TH
84-014738
78

RE: License for D #62329

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE APROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS. A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

Jackie B. Matulka

58

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing Division

Enclosures Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
 PO Box 95046, 301 Centennial Mall South
 Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
 Phone: (402) 471-2571
 Fax: (402) 471-2814

D77 10 23 04

RECEIVED

JAN 29 2004

NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders/member holding over 25% stock/interest. 6. All applications must be typewritten or printed clearly. 7. Submit in Triplicate

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class)	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Indicate Inside or Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, on Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$ 50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

TYPE OF APPLICATION

CORPORATE SURETY BOND INFORMATION

Type of application being applied for (place appropriate number in box)

Bond Company - for Classes L V W X Y only

3

- 1= Individual License requires Form 1 to be attached.
- 2= Partnership License requires Form 2 to be attached.
- 3= Corporate License requires Form 3 and 4 and Manager Application be attached.

Start Date Month/Day/Year

Bond Number

SECTION A - LOCATION INFORMATION - Must be completed by all applicants

Trade Name (name of business)

Telephone Number at premise to be licensed

Jakes Lounge

402 435 8117

1) Street Address of Proposed licensed premise

2) Mailing Address for receipt of Liquor Control Commission mailings

114 N. 14th St

114 N. 14th St

Is this located inside the city limits

Circle **(YES)** NO

City County Zip Code

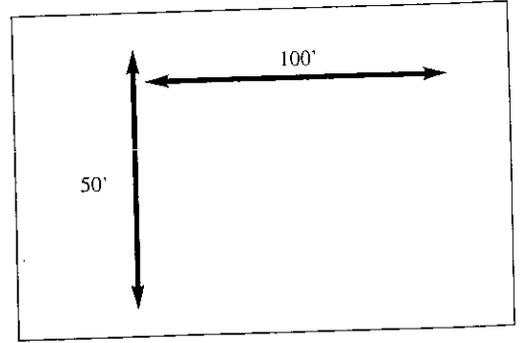
City County Zip Code

Lincoln NE Lancaster 68508

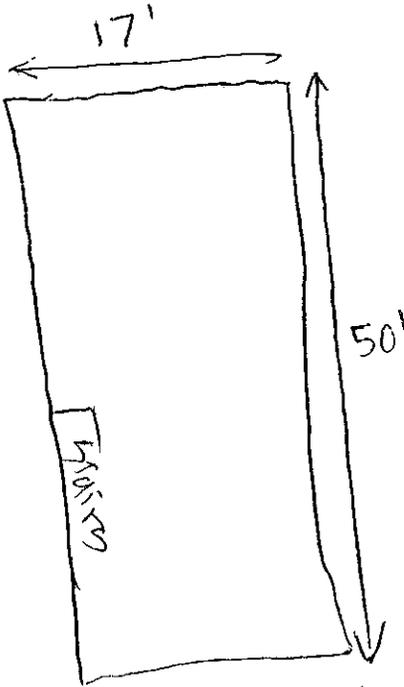
Lincoln NE Lancaster 68508

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement approximately 30' x 50' at the East end.



only upper floor to be used, down stairs office and storage only

1 story building plus basement approximately 17' x 50' same as 1ST Floor

SECTION B	OTHER INFORMATION REQUIRED		Explanation/Comments
	Yes	No	
<p>1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, <u>ever</u> been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor or violation of a federal or state law; or 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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

	Yes	No	Explanation/Comments
2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).		X	
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.		X	
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.		X	
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		X	
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.		X	
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?		X	
8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.		X	
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.		X	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.			Wells Fargo Alex Roskelley
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.			Alex Roskelley 1427 1011st Bricktop # 54218
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.			Alex Roskelley 40 hrs.
13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.			owner/manager 2yrs @ Bricktop
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed).			Lease 6-30-08
15. When do you intend to open for business?			we are currently open with no alcohol sales

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Alex Roskelley			
	2007	2004	Lincoln NE
	1999	2002	Lincoln NE
	1998	1999	Lincoln NE
	1977	1998	SLC VT

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. 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 and/or inaccurate.

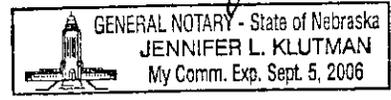
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here _____
 sign here _____
 sign here _____
 sign here _____

sign here _____
 sign here _____
 sign here _____
 sign here _____

Subscribed in my presence and sworn to before me this 27th day of January, 2004.



(SEAL)

sign here _____
 Jennifer L. Klutman
 Notary Public Signature

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

Must Be A Nebraska Resident
Please submit in Triplicate

RECEIVED

Return to: Nebraska Liquor Control Commission, PO Box 95046
 301 Centennial Mall So., Lincoln NE 68509

JAN 29 2004

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

LIQUOR LICENSE INFORMATION

NEBRASKA LIQUOR CONTROL COMMISSION

NAME OF LICENSED CORPORATION <i>ACR corp. DBA Jakes Cigars</i>		CLASS & LICENSE NUMBER <i>D</i>	
TRADE NAME OF LICENSED PREMISE <i>Jakes Cigars</i>			
STREET ADDRESS OF LICENSED PREMISE <i>114 N. 14th st</i>	CITY <i>Lincoln</i>	COUNTY <i>Lancaster</i>	ZIP CODE <i>68508</i>

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO: 

APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, FIRST, MIDDLE, MAIDEN) <i>Alex Charles Roskelley</i>	SEX F <input checked="" type="radio"/> M	SOCIAL SECURITY NUMBER -	DATE OF BIRTH	PLACE OF BIRTH <i>UT</i>
HOME STREET ADDRESS <i>4221 S. 32nd</i>	CITY <i>Lincoln</i>	COUNTY <i>Lancaster</i>	STATE <i>NE</i>	ZIP CODE <i>685082</i>
HOME TELEPHONE NUMBER <i>(402) 327 9028</i>	BUSINESS TELEPHONE NUMBER <i>(402) 435 8117</i>	DRIVERS LICENSE NUMBER & STATE <i>NE</i>		

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE
DATE OF BIRTH:	PLACE OF BIRTH	

1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law, or 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

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

YES NO

Bricktop # 54218

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

RECEIVED

JAN 29 2004

NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation		Total Number of Shares (if corporation)	
ACR Corp.		100% 100	
Corporate Street Address (1)		Mailing address for receipt of Liquor Control Commission Mailings	
114 N. 14th st		114 N. 14th	
City	County	State	Zip Code
Lincoln	Lancaster	NE	68508
Name of Registered Agent		Name of Proposed Manager	
Alex Roskelley		Alex Roskelley	
IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER			
Name	Title	Date of Birth	Social Security Number
Alex Roskelley	owner		
Home Address (1)		State	
4221 S. 32nd		NE	
City	State	Zip Code	Home Telephone Number
Lincoln	NE	68508	402-328-9028

Corporation/LLC Application for License - Form 3

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES					
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title	Number of Shares/ %	
NAME Alex Ruskelley			owner	100%	
Spouse Name N/A					
NAME					
Spouse Name					
NAME					
Spouse Name					
NAME					
Spouse Name					
NAME					
Spouse Name					
NAME					
Spouse Name					

(If Necessary, Continue on Separate Sheet)

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

Is this Corporation/LLC controlled by another Corporation? YES NO

Name of Control Corporation

IF YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LLC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned

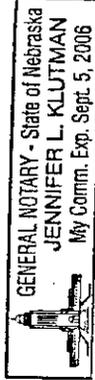
Please indicate below your corporate tax year with the IRS

Starting Date: 9/1 Ending Date: 8/31

STATE OF Nebraska)
)
) ss.)
)
)

Lancaster County

Jennifer L. Klutman
Notary Public Signature & Seal



By [Signature]
PRESIDENT/MEMBER

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

SECRETARY/MEMBER