



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

June 17, 2014

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

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Zipline Brewing, 2100 Magnum Circle requesting a class ABK liquor license.

This location has a current class L liquor license.

Marcus Powers is requesting that he be approved as the manager of the liquor license.

Marcus Powers was approved by Council on August 13th 2012 as an approved liquor license manager.

The required training was completed on October 11th 2012.

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.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**APPLICATION FOR CATERING (K)
TO LIQUOR 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

Office Use
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JUN 3 2014
NEBRASKA LIQUOR
CONTROL COMMISSION

Include application fee of \$100

(Check payable to Liquor Control Commission or pay online through PayPort found on our homepage)

LIQUOR LICENSE # 199673 CLASS TYPE L

LICENSEE NAME ZIPLINE BREWING CO.

TRADE NAME Same

PREMISE ADDRESS 2100 MAGNUM CIR STE 1

CITY LINCOLN

CONTACT PERSON MARCUS POWERS

PHONE NUMBER OF CONTACT PERSON 402.450.9804

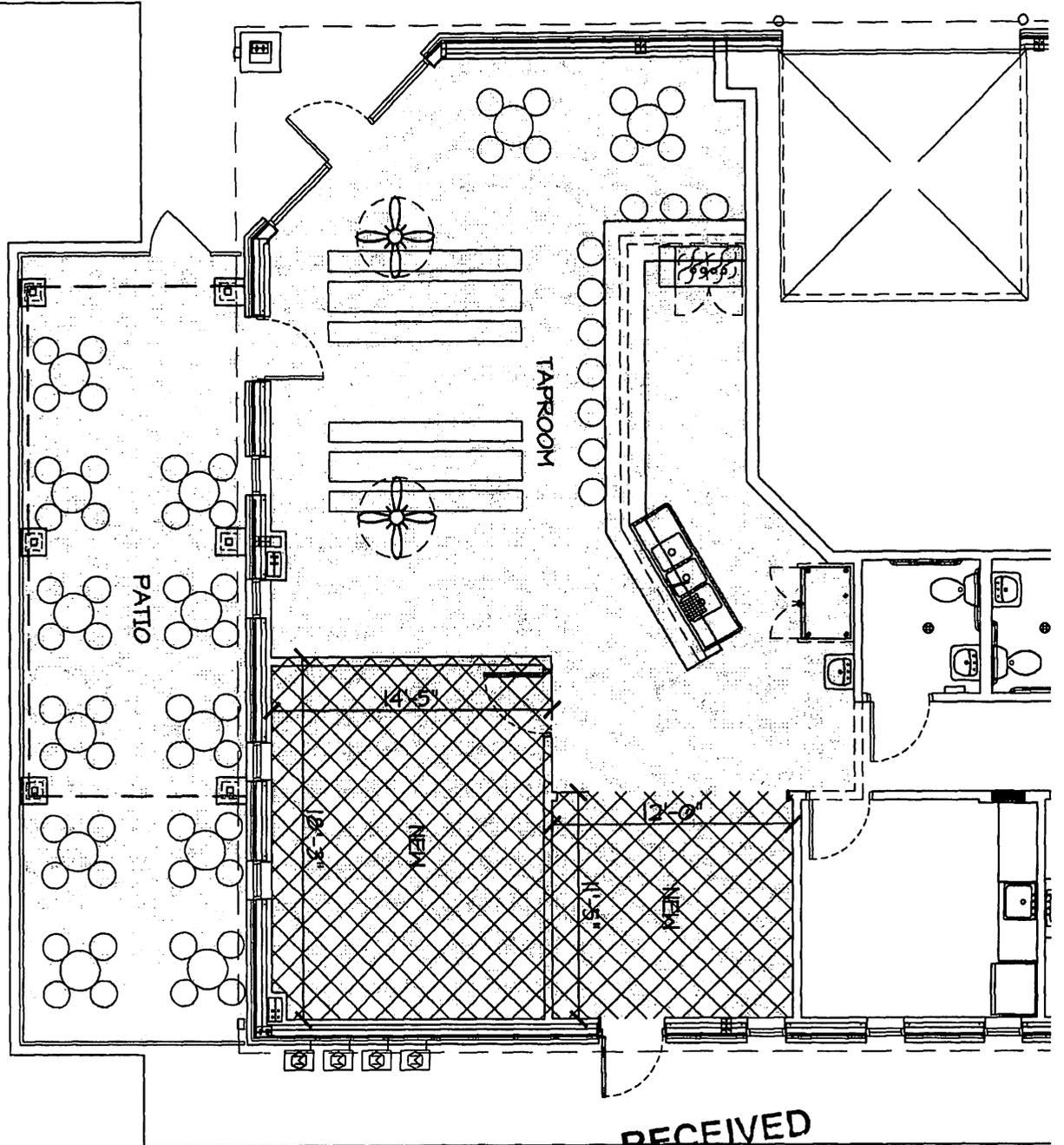
EMAIL ADDRESS OF CONTACT PERSON marcus@ziplinebrewing.com

- Copy of this application will be forwarded to your local governing body for recommendation per Neb. Rev. Stat. §53-134(7), after receipt of recommendation there is a 10 day holding period for any citizen protests
- Processing may take approx. 45-60 days from receipt of application by the Nebraska Liquor Control Commission
- The holder of a catering license may deliver, sell, or dispense alcoholic liquor, including beer, for consumption at premises designed in a special designed license (SDL) issued pursuant to section §53-124.11
- SDL must be applied for and received 10 working days prior to the day of each event
- A holder of a catering license shall not cater an event unless such licensee receives a SDL
- SDL application form 108 may be found at this link:
<http://www.lcc.nebraska.gov/LicensingForms/108%20SDL%206-2013a.pdf>
- Only twelve (12) SDLs will be issued at any specific location that could otherwise hold a liquor license Rules and Regulations Chapter 2-013.06
- Renewal fee is \$100 payable at time of underlying liquor license

DATE RECEIVED	APPROVED
AMOUNT	
RECEIVED	
BY	

Design Associates
of Lincoln, Inc.
ARCHITECTS • ENGINEERS • PLANNERS

PERSHING SQUARE 1609 N STREET LINCOLN NEBRASKA 68508
voice: 402.474.3000 office: 402.474.4045 fax: 402.474.4045



ZIPLINE BREWING CO.
LICENSED PREMISES

SCALE: 1/8" = 1'-0"

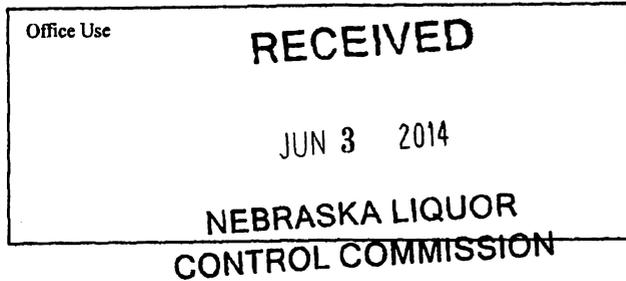
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03 JUN 2014

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

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



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Tom Wilmoth

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
Zipline Brewing Co

LLC Address: 2100 Magnum Cir Ste 1

City: Lincoln State: NE Zip Code: 68522

LLC Phone Number: 402.475.1001 LLC Fax Number: n/a

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Powers First Name: Marcus MI: A

Home Address: 5820 Randolph St City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402.450.9804

Signature of Managing/Contact Member

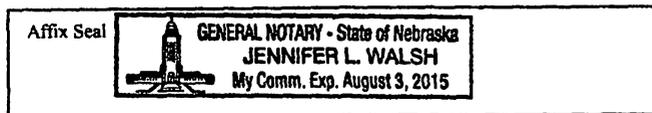
ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

June 3, 2014
Date

The foregoing instrument was acknowledged before me this

by Jennifer L. Walsh
name of person acknowledge



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Powers First Name: Marcus MI: A
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Ann M. Powers
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 15

Last Name: Gallentine First Name: James MI: W
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Sandra W. Gallentin
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 42.5

Last Name: Wilmoth First Name: Tom MI: R
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Heather N. Lundine
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 42.5

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: RECEIVED
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: JUN 3 2014
Percentage of member ownership _____

NEBRASKA LIQUOR
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**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



MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: **ZIPLINE BREWING CO**

Premise information

Liquor License Number: **099693** Class Type **L**
(if new application leave blank)

Premise Trade Name/DBA: **ZIPLINE BREWING CO**

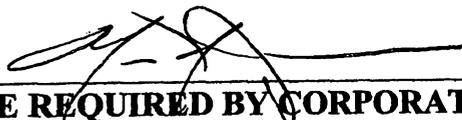
Premise Street Address: **2100 Magnum Cir Ste 1**

City: **Lincoln** County: **NE** Zip Code: **68522**

Premise Phone Number: **402.475.1001**

Email address: **marcus@ziplinebrewing.com**

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



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Powers First Name: Marcus MI: A
 Home Address (include PO Box if applicable): 5820 Randolph St
 City: Lincoln County: Lancaster Zip Code: 68510
 Home Phone Number: 402.450.9804 Business Phone Number: 402.475.1001
 Social Security Number: _____ Drivers License Number & State: _____ NE
 Date Of Birth: _____ Place Of Birth: Plainview, NE
 Email address: marcus@ziplinebrewing.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES NO

Spouse's information

Spouses Last Name: Powers First Name: Ann MI: M
 Social Security Number. _____ Drivers License Number & State: _____ NE
 Date Of Birth. _____ Place Of Birth: Minden, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS
 APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
See attached address form					

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2002	2007	Cada, Froscheiser, Cada & Hoffman	Ed Hoffman	402-477-2233
2007	2012	Attorney General's Office	Justin Lavene	402-471-2064

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 anyone who is a party to this application, or their spouse, EVER 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.

JUN 3 2014

YES NO

**NEBRASKA LIQUOR
CONTROL COMMISSION**

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Marcus Powers	6/2001	Lincoln, NE	Urinating in Public	Misdemeanor disposed of on \$73 fine
Ann Powers	10/2001	Minden, NE	Violation of School Permit	Def. driving course/6 mo unsup. prob

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

YES NO

IF YES, list the name of the premise(s):

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?

YES NO

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
08/21/2007
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

128-

81

1. CHILD—NAME FIRST MIDDLE LAST Marcus Allen Powers			2. SEX Male	DATE OF BIRTH (Month, Day, Year)		3. HOUR 7:07 A M
4a. HOSPITAL—NAME (if not in hospital, give street and number) Plainview Public Hospital		4b. INSIDE CITY LIMITS (Specify Yes or No) Yes	4c. CITY, TOWN, OR LOCATION OF BIRTH Plainview		4d. COUNTY OF BIRTH Pierce	
5a. (Signature) <i>R. P. Massie, M.D.</i>			5b. DATE SIGNED (Month, Day, Year) 5/26/88		3c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
6a. CERTIFIER—NAME AND TITLE (Type or print) R. P. Massie, M.D.			6b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Plainview, Nebraska 68769			
7a. REGISTRAR—SIGNATURE <i>Anna Rae Riedel</i>			7b. DATE RECEIVED BY REGISTRAR MONTH DAY YEAR 4 1 88			
8a. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Nancy Lee Romberg			8b. AGE (At time of this birth) 28	8c. CITY AND STATE OF BIRTH (if not in U.S.A., Name Country) Newman Grove, Nebraska		
9a. RESIDENCE—STATE Nebraska	9b. COUNTY Pierce	9c. CITY, TOWN, OR LOCATION, (include zip code) Plainview 68769		9d. INSIDE CITY LIMITS (Specify Yes or No) Yes	9e. STREET AND NUMBER	
10. MOTHER'S MAILING ADDRESS—Enter if not same as residence Same						
11a. FATHER—NAME FIRST MIDDLE LAST Dale Clifford Powers II			11b. AGE (At time of this birth) 31	11c. CITY AND STATE OF BIRTH (if not in U.S.A., Name Country) Wayne, Nebraska		
12a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other Informant) <i>Nancy Powers</i>				12b. RELATION TO CHILD Mother		

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NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA

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DATE OF ISSUANCE
08/23/2007
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH 128- E

1. CHILD - NAME FIRST MIDDLE LAST Ann McKenzie Alderman			2. SEX Female	3. DATE OF BIRTH (Month, Day, Year)		3b. HOUR 9:43 p.m.
4a. HOSPITAL - NAME (If not in hospital, give street and number) Kearney County Community Hospital			4b. INSIDE CITY LIMITS (Specify Yes or No) Yes	4c. CITY, TOWN, OR LOCATION OF BIRTH Minden		4d. COUNTY OF BIRTH Kearney
5a. I certify that the stated information concerning this child is true to the best of my knowledge and belief. (Signature) <i>J.R. Finkner</i>			5b. DATE SIGNED (Month, Day, Year) 11-30-85		5c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
6a. CERTIFIER - NAME AND TITLE (Type or print) J. R. Finkner, M.D.			6b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 244 N. Minden Ave. Minden, NE 68959			
7a. REGISTRAR - SIGNATURE <i>Stanley S. Cooper</i>			7b. RECEIVED MONTH DAY YEAR DEC 6 1985			
8a. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Gail Ann Bischoff			8b. AGE (At time of this birth) 28	8c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Youngstown, Ohio 36		
9a. RESIDENCE - STATE Nebraska	9b. COUNTY Kearney	9c. CITY, TOWN, OR LOCATION, (include zip code) Minden 68959		9d. INSIDE CITY LIMITS (Specify Yes or No) Yes	9e. STREET AND NUMBER 771 East Holland	
MOTHER'S MAILING ADDRESS - Enter if not same as residence						
10. FATHER - NAME FIRST MIDDLE LAST Edgar Harry Alderman			10b. AGE (At time of this birth) 33	10c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Bassett, Nebraska		
11a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant) <i>Gail A. Alderman</i>					11b. RELATION TO CHILD mother	

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