

September 15, 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 MLogic Holdings LLC, DBA as Tilted Kilt Pub & Eatery, 6100 O St, requesting a class I liquor license.

Seth T Lind has requested that he be approved as the manager of the liquor license.

No areas of concern were found.

The applicant has completed the required training.

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



**PREMISE INFORMATION**

Trade Name (doing business as) Tilted Kilt Pub & Eatery

Street Address #1 6100 "O" Street

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2 Zip Code 68505

Premise Telephone number 402-464-0022

Business e-mail address MUSA@Crownproperties.net

Is this location inside the city/village corporate limits:  YES  NO *city*

Mailing address (where you want to receive mail from the Commission) \_\_\_\_\_

Name MLogic Holdings LLC d/b/a Tilted Kilt Pub & Eatery

Street Address #1 903 S. Buttercreek Circle

Street Address #2 \_\_\_\_\_

City Frankfort State IL Zip Code 60423

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, 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. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length \_\_\_\_\_ x width \_\_\_\_\_ in feet  
Is there a basement to be licensed? Yes \_\_\_ No \_\_\_ If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet  
Is there an outdoor area? Yes \_\_\_ No \_\_\_ If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

*See attached  
(Ex. A-2 to Lease)*

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**APPLICANT INFORMATION**

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

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. Include traffic violations. 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. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

YES       NO

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
Musa P. Tadros	Approx. 3 years ago	Iowa	Speeding	Guilty

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2. Are you buying the business of a current retail liquor license?

YES       NO

If yes, give name of business and liquor license number Famous Brands Group LLC, Lic. # 098884  
 a) Submit a copy of the sales agreement  
 b) Include a list of alcohol being purchased, list the name brand, container size and how many  
 c) Submit a list of the furniture, fixtures and equipment

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3. Was this premise licensed as liquor licensed business within the last two (2) years?

YES       NO

If yes, give name and license number Famous Brands Group LLC, Lic. # 098884

4. Are you filing a temporary operating permit to operate during the application process?

YES       NO

If yes:  
 a) Attach temporary operating permit (TOP) (form 125)  
 b) TOP will only be accepted at a location that currently holds a valid liquor license.

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Musa P. Tadiou	2006	Illinois - No longer have copy of certificate
Seth Lind		2013 sensafe

For list of NLCC certified training programs see: [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business

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13. 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 in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- Lease: expiration date March 1, 2022
- Deed
- Purchase Agreement

14. When do you intend to open for business? Immediately Upon receipt of Temporary Operating Permit

15. What will be the main nature of business? Restaurant/Bar

16. What are the anticipated hours of operation? Mon-Thurs 11am-11pm, Fri-Sat 11am-1am Sun 11am-12am

17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, including spouses.

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Frankfort, IL	1984	Present	Frankfort, IL	1984	Present

If necessary attach a separate sheet.

*Water req, prints, PL signed*

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Lind First Name: Seth MI: T

Home Address (include PO Box if applicable): 1309 Madison St

City: Omaha County: Douglas Zip Code: 68107

Home Phone Number: 402-213-4177 Business Phone Number: 402-464-0022

Social Security Number: \_\_\_\_\_ Drivers License Number & State: N

Date Of Birth: \_\_\_\_\_ Place Of Birth: Omaha

Email address: tiltedkiltlincoln@yahoo.com

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

YES  NO

*Not Married*

Spouse's information

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

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
Omaha NE	1984	2014			

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**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	2014	Dave Busters	Angel Baca	402-778-3915
2006	2013	CUTCHALL MANAGEMENT	Greg Cutchall	402-558-3333

**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.

YES       NO

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
Seth Lind	09/2013	IL	speeding	
Seth Lind	08/2011	Omaha, NE	not follow traffic sign	
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**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):**

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**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

4. List the alcohol related training and/or experience (when and where) of the person making application.

\*NLCC Training Certificate Issued: \_\_\_\_\_ Name on Certificate: \_\_\_\_\_

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Seth Lind	04/2013	servsafe alcohol course + exam

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Seth Lind	02/2013 - 02/14	Dave & Buster's Omaha NE
Seth Lind	09/06 - 02/13	Critchall Management Co. Omaha, NE

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5. 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)

YES  NO

rolled at NSP

prints enclosed w/  
fees

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OMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT  
Vital Statistics Section  
CERTIFICATE OF LIVE BIRTH 126-

1. CHILD - NAME FIRST MIDDLE LAST <b>Seth Thomas Lind</b>			2. SEX <b>Male</b>	3. DATE OF BIRTH (Month, Day, Year) <b>3:25p</b>	
4a. HOSPITAL - NAME (if not in hospital, give street and number) <b>Methodist Hospital</b>			4b. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	4c. CITY, TOWN, OR LOCATION OF BIRTH <b>Omaha</b>	
4d. COUNTY OF BIRTH <b>Douglas</b>			5. DATE SIGNED (Month, Day, Year)		6. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER <b>M.D.</b>
7a. CERTIFIER - NAME AND TITLE (Type or print) <b>Craig Bassett, M.D.</b>			7b. MAKING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>720 North 87th Street Omaha, Nebr. 68111</b>		7c. DATE RECEIVED BY REGISTRAR MONTH DAY YEAR <b>APR 10 1984</b>
8. MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>Beth Marie Meister</b>			9a. AGE (at time of this birth) <b>22</b>	9b. CITY AND STATE OF BIRTH (if not in U.S.A., Name Country) <b>West Point, Nebraska</b>	
10a. RESIDENCE - STATE <b>Nebraska</b>	10b. COUNTY <b>Douglas</b>	10c. CITY, TOWN, OR LOCATION, (include zip code) <b>Omaha 68108</b>		10d. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
10e. MOTHER'S MAILING ADDRESS - Enter if not same as residence <b>1445 South 12th Street</b>			11. FATHER - NAME FIRST MIDDLE LAST <b>Thomas Fred Lind</b>		
11a. AGE (at time of this birth) <b>29</b>			11b. CITY AND STATE OF BIRTH (if not in U.S.A., Name Country) <b>Omaha, Nebraska</b>		
12a. SIGNATURE OF PERSON (Signature of Person) <b>Beth Lind</b>			12b. RELATION TO CHILD <b>Mother</b>		

TRUE CERTIFICATION OF  
A CERTIFIED VITAL STATIST

FEB 20 2014

VITAL STATISTICS, DOUGLAS  
604 FORTON JEFF. BLDG. NE

*Al Pour*  
REGISTRAR

*OR*

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](http://www.lcc.ne.gov)

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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: Resident Agents Inc., 530 S. 13th St., Suite 100, Lincoln, NE 68508

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

MLogic Holdings LLC

LLC Address: 903 S. Butternut Circle

City: Frankfort State: IL Zip Code: 60423

LLC Phone Number: 815-464-6661 LLC Fax Number 815-464-6662

Name of Managing/Contact Member

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

Last Name: Tadros First Name: Musa MI: P

Home Address: 903 S. Butternut Circle City: Frankfort

State: IL Zip Code: 60423 Home Phone Number: 815-464-6661

[Signature]  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska IL  
County of Will

The foregoing instrument was acknowledged before me this

June 23 2014  
Date

by Musa Tadros  
name of person acknowledged

[Signature]

OFFICIAL SEAL  
KATHLEEN M ZIELINSKI  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 10/30/14

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

Last Name: Tadros First Name: Musa MI: P  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): Paula Tadros  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership 100%

*signed  
passports  
prints  
spousal*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_



