

Lincoln



Nebraska's Capital City

March 28, 2002

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

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Jason Kuhr d.b.a. Main Street Cafe, 1325 'O' Street requesting a class I liquor license for this location.

Jason Kuhr has purchased this business which currently holds a class I liquor license.

Background information on Jason Kuhr is as follows:

Jason Kuhr was born in Blair, Nebraska. He attended the University of Nebraska graduating in 2001 with a degree in finance.

Jason Kuhr employment history is as follows:

| | | |
|-------------|-------------------------------|--------------|
| 1999 – 2002 | Teller, Wells Fargo | Lincoln, NE. |
| 1997 – 1999 | Supervisor, Hinky Dinky | Lincoln, NE. |
| 1997 | Attendant, Knolls County Club | Lincoln, NE. |

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



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



Liquor License Business Report / Completed by Inv Fosler Date: _____

DBA: MAIN STREET CAFE

ADDRESS 1325 O' ST PHONE 435-1717

TYPE OF INVESTIGATION:

PURCHASE UPGRADE EXPANSION NEW
OWNER MANAGER OTHER _____

TYPE OF BUSINESS BAR/CAFE

CLASS: A B C D I J K CATERING OTHER _____

OWNERSHIP CORPORATION PARTNERSHIP INDIVIDUAL

PURCHASE PRICE 160,000 PROPERTY EQUIPMENT VALUE _____

AMOUNT FINANCED 140,000 SOURCE SBA - PAST OWNER

COLLATERAL Personal COSIGNER(S) NONE

LEASE AGREEMENT 3100 - per month 60 Till 2026

EST INCOME %FOOD 25 %LIQUOR 75

COMMERCIAL INDUSTRIAL RESIDENTIAL

TRAFFIC Heavy PARKING ON-STREET

READY FOR OPERATION: YES NO, EST DATE _____

FOOD SERVICE Full service # OF EMPLOYEES FIT 2 PIT 20+

DOES LICENSE COMPLY WITH LEGAL DISTANCES: YES
NO _____

EST SEATING 190 EST # DAILY CUSTOMERS 200

HOURS OF OPERATION 11AM - 2AM - Liquor sales cease @ 1:00 AM

HUMAN RIGHTS COMMISSION CHECKED- YES NO N/A

Liquor License Investigation

Business (DBA) MAIN STREET

Manager Owner Other _____

Name: JASON KUHT

US Citizen? Yes No

Has applicant ever been cited for liquor law violations? No Yes
Explain _____

Does applicant have an interest in another liquor license? No Yes
Explain _____

Is spouse qualified to hold a license? Yes No N/A

How is applicant if not an owner to be paid? Salary Hourly N/A

How many hours will applicant be at the establishment? 50-60

Any other employment? No Yes, explain _____

Any previous experience with a liquor license? Yes No

Any criminal convictions? No Yes
Comments _____

Is applicant a property owner in Lincoln? Yes No

Is applicant involved in any civil litigation? No Yes
Comments _____

Photo Records Check References
Comments _____

Interview Date 3/28/02

STATE OF NEBRASKA

PH: 4-15-02



CERTIFIED

March 18, 2002

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman
Executive Director

Joan Ross, City Clerk
County/City Bldg
555 So. 10th St., Ste 103
Lincoln, NE 68508

A2-032085
78

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)

Mike Johanns
Governor

RE: Class I Application (Jason T. Kuhr)

dba Main Street Cafe
1325 'O' St.

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 "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

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

FILED
CITY CLERK'S OFFICE
02 MAR 19 PM 4 08
CITY OF LINCOLN
NEBRASKA

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

[Signature]
Licensing Division

Enclosures
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

54963

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MAR 15 2002

NEBRASKA LIQUOR
CONTROL COMMISSION

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

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 holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk (*)

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 - Inside/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 checked="" type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits | \$45.00 | Collected at Local Level | exempt |
| <input 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. |

| SECTION B | | OTHER INFORMATION REQUIRED * | | Explanation/Comments |
|--|---|--|---|----------------------|
| | Yes | No | Note: Only what is visible on screen will be printed | |
| <p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>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. Include any DWIs or DUIs. 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> | <p>Yes <input type="radio"/></p> | <p>No <input checked="" type="radio"/></p> | <div style="border: 1px solid black; height: 100px;"></div> | |
| <p>* 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).</p> | <p>Yes <input checked="" type="radio"/></p> | <p>No <input type="radio"/></p> | <p><i>7-35972</i> <i>Main Street Deli Inc.</i> <i>Leasing Bldg. Purchasing</i> <i>from gov. equip. etc.</i></p> | |
| <p>* 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.</p> | <p>Yes <input checked="" type="radio"/></p> | <p>No <input type="radio"/></p> | <div style="border: 1px solid black; height: 100px;"></div> | |
| <p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p> | <p>Yes <input checked="" type="radio"/></p> | <p>No <input type="radio"/></p> | <p>Wells Fargo Bank</p> | |
| <p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p> | <p>Yes <input type="radio"/></p> | <p>No <input checked="" type="radio"/></p> | <div style="border: 1px solid black; height: 100px;"></div> | |

| | | | |
|---|--------------------------------------|--|---|
| <p>* 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.</p> | <p>Yes <input type="radio"/></p> | <p>No <input checked="" type="radio"/></p> | |
| <p>* 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?</p> | <p>Yes <input type="radio"/></p> | <p>No <input checked="" type="radio"/></p> | |
| <p>* 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.</p> | <p>Yes <input type="radio"/></p> | <p>No <input checked="" type="radio"/></p> | |
| <p>* 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.</p> | <p>Yes <input type="radio"/></p> | <p>No <input checked="" type="radio"/></p> | |
| <p>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.</p> | | | <p>Wells Fargo Bank 13th and O branch</p> |
| <p>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.</p> | | | <p>n/a</p> |
| <p>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.</p> | | | <p>Jason Kuhr 60 hours/week</p> |

| | |
|---|---|
| <p>13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.</p> | <p>Front-End Supervisor at a grocery store. Made sales of off-sale alcohol and trained new employees for the sale of alcohol.</p> |
| <p>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)</p> | |
| <p>15. When do you intend to open for business?</p> | |

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) |
|------------|-------------|-----------|-------------------------|
| Jason Kuhr | 1996 | 2002 | Lincoln, NE |
| Jason Kuhr | 1991 | 1996 | West Point, NE |
| | | | |
| | | | |
| | | | |
| | | | |

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.

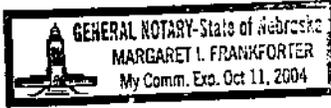
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person 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 (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign here [Signature]

Sign Here _____

Subscribed in my presence and sworn to before me this 15th day of March, 2002



(SEAL)

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 alternative format.

Sign here Margaret I. Frankforter
Notary Public Signature

Verify & Print form

FORM 35-4010
1
REV 1/01

NEBRASKA LIQUOR CONTROL COMMISSION
Individual Application
for License
FORM 1

RECEIVED

MAR 15 2002

INSTRUCTIONS:

- 1) An Individual Licensee Must be a Resident of the State of Nebraska.
 - 2) Each Applicant and Spouse must attach fingerprint cards (2 cards per person) and proper fees
 - 3) All applications must be typewritten and submitted in triplicate.
- Required areas marked by a red asterisk (*)

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant (Last, First, Middle, Maiden). List any Previous Names or Aliases Used. *

Kuhr, Jason travis

Social Security Number

Date of Birth

Applicant's Home Address (1)

3203 Starr St. *

Applicant's Home Address (2)

City

Lincoln *

County

Lancaster *

Zip Code

68503 * -

Driver's License Number

State

NE *

Home Telephone Number

402/325-9269 *

Business Telephone Number

402/435-1717 *

* Are You Married? Yes No If Yes, You must complete the following:

Spouse's Name (Last, First, Middle, Maiden). List Any Previous Names or Aliases Used

Spouse's Social Security Number

Spouse's Date of Birth

Spouse's Driver License number

State

Verify Form and Print

FORM 35-4182
REV. 9/00