



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

April 30, 2013

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 Guapo's Bar & Grill, 2310 N 1st Street requesting a class C liquor license.

This location was previously known as JJ's Bar which held a class I liquor license.

Sylvia Chacon has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Sylvia Chacon was born in Mexico. She obtained her GED in 1991.

Sylvia Chacon employment history is as follows:

2011 - Present	Manager, De Leons	Lincoln, NE.
2007 - 2013	Production, Farmland Foods	Lincoln, NE.

The applicant has been informed about 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



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) GUARD'S BAR AND GRILL

Street Address #1 2310 N. 1ST. ST. SUITE 7-9

Street Address #2 _____

City Lincoln County LANCASTER Zip Code 68521

Premise Telephone number _____ E-mail _____

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

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

Name GUARD'S BAR AND GRILL

Street Address #1 2310 N. 1ST. ST. SUITE 7-8-9

Street Address #2 _____

City Lincoln State NE Zip Code 68521

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**

Length _____ feet

Width _____ feet

Is there a basement? Yes No

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

APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

Office Use

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

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders 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 Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: _____

Name of Corporation that will hold license as listed on the Articles

D'LEON'S TACO RICO INC. 010137022

Corporation Address: 7400 Regent Dr

City: Lincoln State: NE Zip Code: 68507

Corporation Phone Number: 402 805 8376 Fax Number 402 261 8418

Total Number of Corporation Shares Issued: 16,000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Diaz de Leon First Name: Jose MI: A

Home Address: 7400 Regent City: Lincoln NE

State: NE Zip Code: 68507 Home Phone Number: 402 805 8376

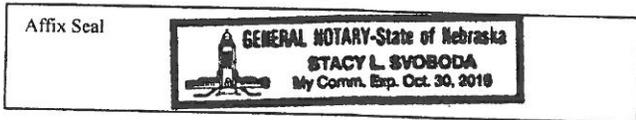
Jose A. Diaz de Leon
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this
17th day of April, 2013 by Jose A. Diaz De Leon
name of person acknowledge

Date
[Signature]



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Diaz de Leon First Name: José MI: A *

Social Security Number: _____ Date of Birth: _____

Title: President/CEO Number of Shares 10,000

Spouse Full Name (indicate N/A if single): Luisa M. Sanchez

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Manager's information must be completed below PLEASE PRINT CLEARLY

APR 18 2013

Gender: MALE FEMALE

Last Name: CHACON First Name: SYLVIA MI: _____

Home Address (include PO Box if applicable): 336 COUNTRYSIDE LN
City: LINCOLN County: LANCASTER Zip Code: 68521

Home Phone Number: (402) 419-4032 Business Phone Number: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: MEXICO

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: CHACON First Name: WILSON MI: E

Social Security Number: N/A Drivers License Number & State: N/A

Date Of Birth: _____ Place Of Birth: EL SALVADOR

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
LINCOLN, NE	1997	PRESENT			

UNITED STATES DEPARTMENT OF JUSTICE

CITIZENSHIP

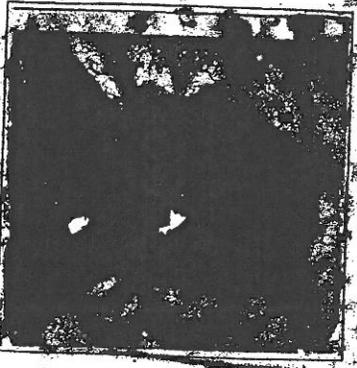
NATURALIZATION

No

Pop. Registration No

Personal description of holder of certificate of citizenship: Hair, color, eyes, complexion, Medium, Brown, Birth date, Black, Height, 5 feet, 6 inches, Weight, 185 pounds, marital status, Married, Sex, Female

Country of birth, Sylvania, Country of former nationality, Mexico, Name, Sylvia Ramirez, (Copy to and the signature of holder)



Residence, 4221 1/2 Holdrege Street #3, Lincoln, Nebraska 68503. Having applied to the Commissioner of Immigration and Naturalization for a certificate of naturalization and having been found to be eligible, she is hereby admitted to the United States District Court for the Central District of California, Los Angeles, California, on December 15, 1995.

It is therefore my pleasure to certify that Sylvia Ramirez, Section 9413 b1 of the Immigration and Nationality Act, has satisfied the requirements of the Naturalization Act and is hereby admitted to the United States District Court for the Central District of California, Los Angeles, California, on December 15, 1995.

David Ramirez

COMMISSIONER OF IMMIGRATION AND NATURALIZATION

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE WITHOUT LAWFUL AUTHORITY.