

March 24, 2015

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 Scholl Reece LLC, DBA Born in a Barn, 815 O Street, Suite 2, requesting a class I-111539 liquor license.

This is the former location of Sweep Left, which held a class I liquor license.

Allison Pancost is requesting that she be approved as the manager of the liquor license. Ms. Pancost completed the required management training on 3-12-15.

No areas of concern were found.

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



APPLICATION FOR LIQUOR LICENSE CHECKLIST - RETAIL

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

RECEIVED FEB 24 2015 NEBRASKA LIQUOR CONTROL COMMISSION		RECEIVED FEB 24 2015 NEBRASKA LIQUOR CONTROL COMMISSION
OA	Repl 103330- Closed ✓	
Class Type I	111539	Initial JM

Applicant name Chayton Scholl
 Trade name Scholl Reece, LLC ; Born in a Barn
 Previous trade name n/a
 Contact email address borninabarn.307@gmail.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

crim hist reported on application to Mary Messman 3-19-15

Form 147 submitted
REQUIRED ATTACHMENTS

3-13-15 entered into database
3-19-15 Ag, FM, Enf,

Each item must be checked and included with application or marked N/A (not applicable)

- 1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office. See fingerprint brochure
- 2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.

Office use only

PAYMENT TYPE CK 1881

AMOUNT: \$400

RECEIPT # 2x

Received: mm



1500004784

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 10/1/15
 12

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 FORM 100
 REV 12/2011
 PAGE 1

- ___ 3) Enclose the appropriate application forms:
Individual license (requires insert form 1- form number 104)
Partnership license (requires insert form 2- form number 105)
Corporate license (requires insert form 3a & 3c- form number 101 and 103)
Limited liability company (LLC) (requires form 3b & 3c- form number 102 and 103)

X 4. If building is being leased send a copy of signed lease. Lease must be in the name of the individual, corporation or limited liability company making application. Lease term must run through the license year being applied for (see page 3).

n/a 5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

- n/a 6. If buying the business of a current liquor license holder:
a) Provide a copy of the purchase agreement from the seller (must read applicants name).
b) Provide a copy of alcohol inventory being purchased (must include brand names and container size)
c) Enclose a list of the assets being purchased (furniture, fixtures and equipment).

n/a 7. If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).

n/a 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

___ 9. For citizenship enclose copy of U.S. birth certificate; U.S. passport or naturalization paper
For residency enclose proof of registered voter in Nebraska
See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>

X 10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode stamp.

X 11. Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

[Signature]
Signature

1/20/15
Date

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NEBRASKA LIQUOR
CONTROL COMMISSION

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NEBRASKA LIQUOR
CONTROL COMMISSION

*sent
email
3-12-15
need info*

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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/

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**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S)

Submit \$400 Non Refundable Application Fee

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

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Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

LICENSE YEAR

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING
(CHECK ONLY ONE)**

- Individual License (requires insert form 1- form number 104)
- Partnership License (requires insert form 2- form number 105)
- Corporate License (requires insert form 3a & 3c- form number 101 and 103)
- Limited Liability Company (LLC) (requires form 3b & 3c- form number 102 and 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application**

Name _____ Phone number: _____
Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) Born in a Barn

Street Address #1 815 O Street Suite 2 per lease

Street Address #2 _____

City Lincoln County Nebraska Lancaster Zip Code 68508

Premise Telephone number 307-650-7306

Business e-mail address bominabarn307@gmail.com

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

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

Name Scholl Reece LLC

Street Address #1 100 E Trinson St.

Street Address #2 _____

City Laramie, WY State Wyoming Zip Code 82070

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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.

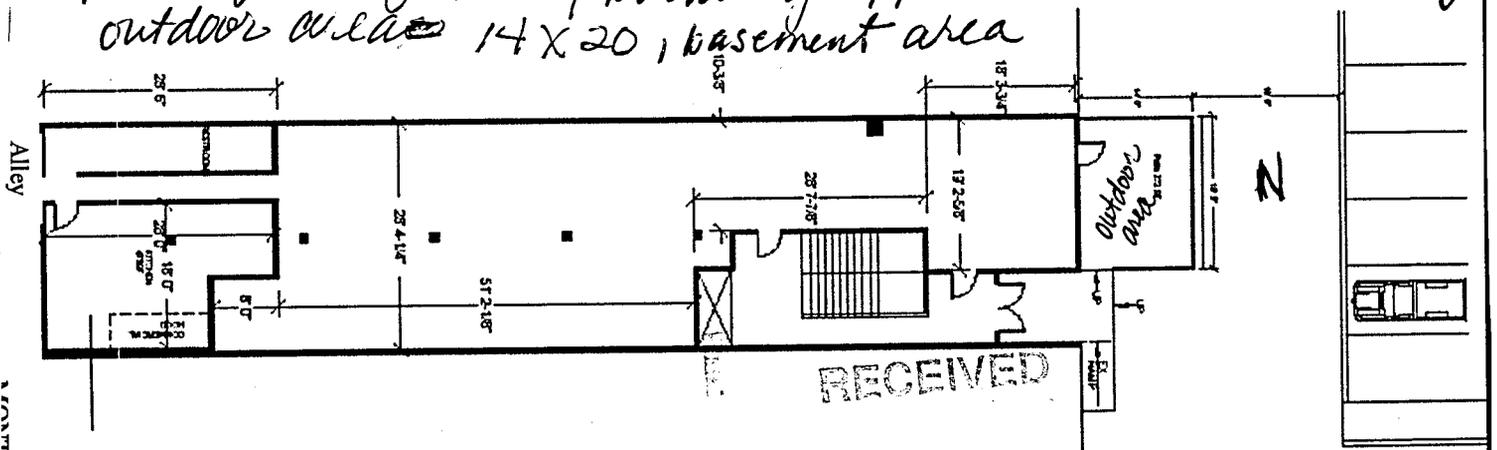
**For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 116' x width 29' in feet
 Is there a basement to be licensed? Yes No If yes, length 116' x width 28' in feet
 Is there an outdoor area? Yes No If yes, length 14' x width 14' in feet

See attached diagram

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

main floor of 4 story building approx 28 x 116 including outdoor area 14 x 20, basement area



OR CONTROL COMMISSION

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
Jesse Reece	10/2004	Spearsfish, SD	Possession of a Fake ID	Plead No contest, paid appropriate fines.
Jesse Reece	10/2004	Spearsfish SD	MIP.	Dismissed, w/ pleading no contest to above charge
Jesse Reece	Gov-7/2004	Scottsbluff, NE	MIP.	Never appeared in court, took diversion (community service) instead
Trent Brome	1996	Laramie, WY	underage consumption of alcohol	paid fine
Trent Brome	1997	Laramie, WY	underage consumption of alcohol	paid fine

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

YES NO

If yes, give name of business and liquor license number _____

- 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

Business Closed

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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 Sweep West

#103330

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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.

No Top Paperwork Submitted

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5. Are you borrowing any money from any source, including family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) _____

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES NO

If yes, explain. (All involved persons must be disclosed on application)

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES NO

If yes, list such item(s) and the owner. _____

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. §53-177)(1)

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9. Is anyone listed on this application a law enforcement officer?

YES NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

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10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business
a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Wells Fargo & Bank of the West Clayton Scholl, Jesse Reece

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Bar & Grill license, state of Wyoming. Scholl Reece LLC, Laramie, Wyoming, see attached

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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:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

Training Required

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Allison Pincost	09/2012	T.I.P.S. Training.

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Clayton Scholl	3/2012	Born in a Barn - Laramie WY, Cadillac Ranch - Cheyenne
Jesse Reece	3/2012	Born in a Barn - Laramie WY, 3 rd St. Bar - Laramie

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 December 31st 2017
 Deed
 Purchase Agreement

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14. When do you intend to open for business? 3/17/2015

15. What will be the main nature of business? Bar & Grill

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16. What are the anticipated hours of operation? 11am - 2am

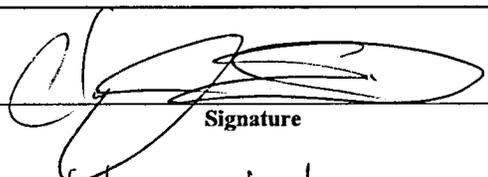
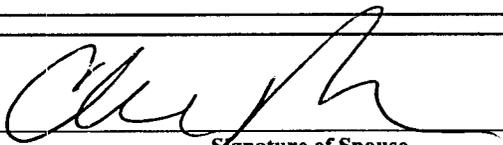
17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Clayton Scholl: Cheyenne, WY	2003	2006	Stacey Scholl: Laramie WY	2003	Present
Clayton Scholl: Laramie, WY	2006	Present			
Jesse Reece: Laramie, WY	2009	Present			
Trent Brome Laramie, WY	1996	Present			
Cheryl Brome: Laramie WY	1999	Present			

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and 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 of 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, inaccurate or fraudulent.

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 by applicant(s) and spouse(s). See guideline for required signatures

 Signature Trent Brome Print Name	 Signature Clayton Scholl Print Name
 Signature of Spouse Cheryl Brome Print Name	 Signature of Spouse Stacy L Scholl Print Name

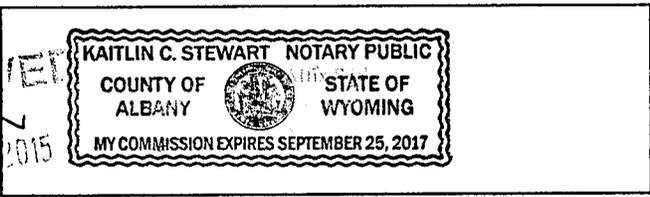
ACKNOWLEDGEMENT

State of Nebraska Wyoming
 County of Albany
 _____ by Trent Brome, Clayton Scholl, Stacy Scholl & Cheryl Brome,
 11/27/15 date
 name of person(s) acknowledged (individual(s) signing)

 Notary Public Signature

pk

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

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and 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 of 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, inaccurate or fraudulent.

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 by applicant(s) and spouse(s). See guideline for required signatures

<p><u>Jesse G. Reece</u> Signature</p> <p><u>Jesse G. Reece</u> Print Name</p>	<p>_____ Signature</p> <p>_____ Print Name</p>
<p>_____ Signature of Spouse</p> <p>_____ Print Name</p>	<p>_____ Signature of Spouse</p> <p>_____ Print Name</p>

ACKNOWLEDGEMENT

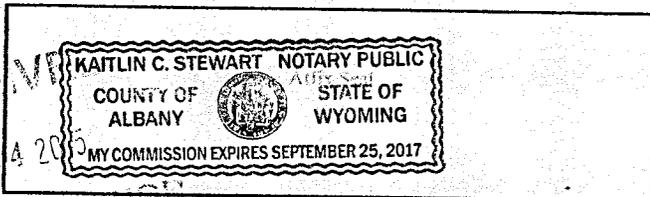
State of Nebraska Wyoming
County of Albany

The foregoing instrument was acknowledged before me this

1/28/15 by Jesse Reece

date by name of person(s) acknowledged (individual(s) signing)

Kaitlin C. Stewart
Notary Public Signature



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**SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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

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NEBRASKA LIQUOR CONTROL COMMISSION <small>Office Use Only</small>	
Class: _____	License #: _____

Applicant Name: Schall Reece LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: Born in a Barn
(Doing Business As)

(307)460-3604
Phone Number

borninabarn.307@gmail.com
Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
Fingerprint cards should be submitted with the application.
- Fee payment of **\$28.75 per person** must be made directly to the NSP;
You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
or checks made payable to NSP should be mailed directly to the following address:
The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
Include a list of names covered by your payment to insure proper application of payment.
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

Please complete information on the following pages for EACH person fingerprinted.

Name (Print): Clayton Scholl Title: Co-owner
 Name (Print): Stacey Scholl Title: Spouse
 Location: Laramie Police Department (WY) Date: 1/27/16
Where fingerprints were taken (WYO 1104 DIV CRIM INVEST)
 PayPort Receipt #: _____ \$ _____ Check Name & No.: Scholl Reece LLC #1904 \$ 143.75

Name (Print): Trent Brome Title: Co-owner
 Name (Print): Cheryl Brome Title: Spouse
 Location: Laramie Police Dept. (WY) (WYO 1104 DIV CRIM INVEST) Date: 1/20/15
Where fingerprints were taken
 PayPort Receipt #: _____ \$ _____ Check Name & No.: Scholl Reece #1904 \$ 143.75

Name (Print): Jesse Reece Title: Co-owner
 Name (Print): _____ Title: Spouse
 Location: Laramie Police Dept. (WY) (WYO 1104 DIV CRIM INVEST) Date: (11/4/14) 1/28/2015
Where fingerprints were taken
 PayPort Receipt #: _____ \$ _____ Check Name & No.: Scholl Reece #1904 \$ 143.75

Name (Print): _____ Title: _____
 Name (Print): _____ Title: Spouse
 Location: _____ Date: _____
Where fingerprints were taken NEBRASKA LIQUOR CONTROL COMMISSION
 PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

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Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

I hereby certify that fees of \$28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Jesse G Reece Title: Co-owner

Signature: Jesse G Reece Date: 2/20/15

**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

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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: Saholl Reece, LLC

Premise information

Liquor License Number: (New) Class Type _____
(if new application leave blank)

Premise Trade Name/DBA: Born in a Burn

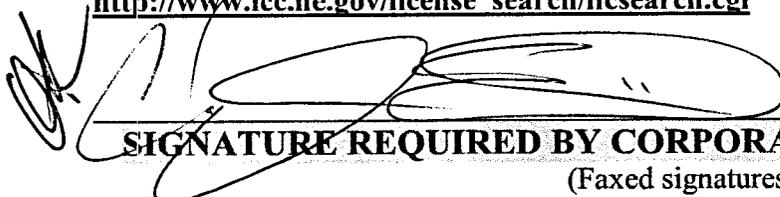
Premise Street Address: 815 O Street

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: N/A (Cecce Reece/16-owner cell (307) 760-8714)

Email address: borninaburn.307@gmail.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)

voter reg / pass port / drivers license / signed

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Pancost First Name: Allison MI: A
Home Address (include PO Box if applicable): 2603 Washington st.
City: Lincoln County: Lancaster Zip Code: 68502
Home Phone Number: (308) 760-8255 Business Phone Number:
Social Security Number: Drivers License Number & State:
Date Of Birth: Place Of Birth: Gillette, WY
Email address: allisonpancost@gmail.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

Table with 6 columns: CITY & STATE, YEAR FROM, YEAR TO, CITY & STATE, YEAR FROM, YEAR TO. Rows include Alliance, NE (1994-2010), Laramie, WY (2010-2014), and Lincoln, NE (2015-present).

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NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2012	2013	The Library Sports Grille + Brewery	Tonya Gay	(307) 742-0500
2013	Present	Born in a Barn	Clayton Scholl	(307) 460-3604

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
Allison Pancost	02/2010	Colorado	Speeding	paid fine
Allison Pancost	2012	Laramie, WY	Speeding	paid fine
Allison Pancost	2012	Laramie, WY	Speeding	paid fine

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

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

*NLCC Training Certificate Issued: _____ Name on Certificate: Allison Pancost
 (Signed up for class March 12, 2015.)

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
TIP Allison Pancost	05/2012	(TIP) training in WY

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Allison Pancost/manager	June 2013	Born in a Barn Laramie WY
Allison Pancost/Bartender	May 2012	The Library Sports Grille + Brewery WY

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 - (electronic)

print form 147 submitted w/ print cards

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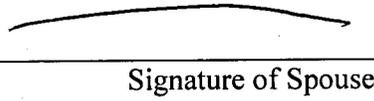
PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

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, inaccurate, or fraudulent.


Signature of Manager Applicant

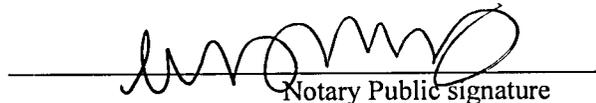

Signature of Spouse

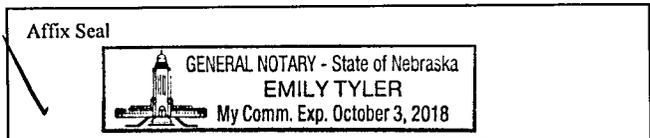


ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster
2/23/15
date

The foregoing instrument was acknowledged before me this
by Allison Pincost
name of person acknowledged


Notary Public signature



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

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NEBRASKA LIQUOR
CONTROL COMMISSION

**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

Office Use

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. See Form 147 for further information, this form **MUST** be included with your application.
- 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 (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Scholl, Clayton T

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

Scholl Reece LLC

LLC Address: 100 E Iverson Street

City: Laramie State: WY Zip Code: 82070

LLC Phone Number: 307-460-3604 LLC Fax Number _____

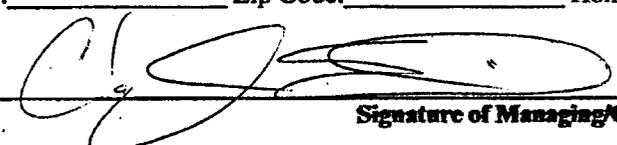
Name of Managing/Contact Member

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

Last Name: Scholl First Name: Clayton MI: T

Home Address: 2514 Plains Street City: Laramie

State: WY Zip Code: 82072 Home Phone Number: 307-630-7308


Signature of Managing/Contact Member

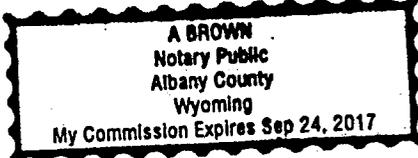
State of Wyoming
County of Albany

March 16, 2015
Date

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this
by Clayton T. Scholl
name of person acknowledge

Affix Seal



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

Last Name: Scholl First Name: Chyler MI: T
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Stacey Scholl
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 40

*signed
prints
passports*
*signed
prints
passports*

Last Name: Reece First Name: Jesse MI: G
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): n/a Not Married
Spouse Social Security Number: n/a Date of Birth: n/a
Percentage of member ownership 40

*signed
BL
prints*

Last Name: Brome First Name: Trent MI: R
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): CHERYL BROME
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 20

*signed
passport
prints*
*signed
passport
prints*

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 _____

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Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January 1st Ending Date: December 31st

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

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In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.