

April 1, 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 Steve O's Lounge LLC, DBA Steve O's Lounge, 110 W Fletcher Ave #3, requesting a class C-111561 liquor license.

This is the former location of Hylander Bar & Grill, which held a class C liquor license.

The president of the corporation, Steve Overton, is requesting that he be approved as the manager of the liquor license. Mr. Overton has not yet completed the required management training. He is scheduled to take the training on April 9, 2015.

Mr. Overton's criminal and traffic history is as follows:

RECKLESS DRIVING (Lancaster Co)
3-30-1980, Ticket

MISDEMEANOR ASSAULT (Lancaster Co/LPD)
Disposition: 8-15-1980, Dismissed

DISTURBING THE PEACE (Lancaster Co/LPD)
Disposition: 8-15-1980, Found Guilty, Fined \$25

1ST OFFENSE DWI (Lancaster Co/LPD)
Disposition: 8-31-1984, Found Guilty, 1 year probation/Conviction set aside

VIOLATE SPEED LIMIT 11-15 MPH (Lancaster Co/LPD)
Disposition: 3-3-1998, Found Guilty, Fined \$75

NO OCCUPANT PROTECTION SYSTEM (Lancaster Co/LPD)
Disposition: 3-3-1998, Found Guilty, Fined \$25

NO FLAG ON LOAD (Lancaster Co/NSP)
Disposition: 8-22-2001, Found Guilty, Fined \$20

POSSESS OPEN ALCOHOL CONTAINER (Lancaster Co/LSO)
Disposition: 10-12-2004, Found Guilty, Fined \$50



FICTITIOUS LICENSE PLATES (Lancaster Co/LPD)

Disposition: 3-28-2005, Found Guilty, Fined \$50

STEAL MONEY OR GOODS LESS THAN \$300 (Lancaster Co/LPD)

Disposition: 6-20-2006, Found Guilty, Fined \$50

VIOLATE SCHOOL SPEED ZONE 11-15 MPH (Lancaster Co/LPD)

Disposition: 7-6-2006, Found Guilty, Fined \$150

NO OCCUPANT PROTECTION SYSTEM (Lancaster Co/LPD)

Disposition: 7-6-2006, Found Guilty, Fined \$25

VIOLATE STOP SIGN (Lancaster Co/LPD)

Disposition: 1-13-2009, Found Guilty, Fined \$75

Mr. Overton failed to disclose the following convictions:

OWN DOG WITHOUT RABBIES VACCINATION (Lancaster Co. Health Dept)

Disposition: 7-25-1997, Found Guilty, Fined \$25

OWN DOG WITHOUT A LICENSE (Lancaster Co. Health Dept)

Disposition: 7-25-1997, Found Guilty, Fined \$25

The applicant has had the following liens filed against him:

10-17-1990	IRS	Federal Tax Lien	\$2,018
1-20-1994	State of Nebraska	Tax Lien	\$334
1-20-1994	State of Nebraska	Tax Lien	\$709
1-20-1994	State of Nebraska	Tax Lien	\$204
6-9-2005	IRS	Federal Tax Lien	\$16,335
3-26-2008	Foreclosure		\$56,834
9-7-2010	IRS	Federal Tax Lien	\$9,747

Additionally, between 1998 and 2013, the applicant has had twelve civil judgements filed against him. Mr. Overton filed for bankruptcy on June 7, 2011.

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

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MAR 17 2015		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES NO	New/Replacing #	
Class Type <u>C</u>	112087	Initial <u>mf</u>

Applicant name Steve O's Lounge, LLC

Trade name Steve O's Lounge

Previous trade name N/A

Contact email address steveoverton18@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.

Office use only
PAYMENT TYPE <u>CK 1251</u>
AMOUNT: <u>\$ 400</u>
Received <u>mm</u>



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Steve Overton - Form # 147 printed
Theresa Overton - Affidavit

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REQUIRED ATTACHMENTS

NEBRASKA LIQUOR
CONTROL COMMISSION

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

1. NSP Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application.
2. XOK Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.
3. XOK Enclose the appropriate application forms;
Individual License (requires insert form 1)
Partnership License (requires insert form 2)
Corporate License (requires insert form 3a & 3c)
Limited Liability Company (LLC) (requires form 3b & 3c)
4. XOK If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for.
5. N/A If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6. N/A 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).
7. N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).
8. X Enclose a list of any inventory or property owned by other parties that are on the premise.
9. XOK For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
 - a. For residency enclose proof of registered voter in Nebraska
 - b. See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>
10. XOK 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.
11. XOK 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.

Stef
Signature

3/16/2015
Date

Stef

Stef
training

**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

RECEIVED	
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NEBRASKA LIQUOR CONTROL COMMISSION	
Class: _____	License #: _____

Applicant Name: **Steve O's Lounge, LLC**
(Corporation, LLC, Partnership or Individual)

Trade Name: **Steve O's Lounge**
(Doing Business As)

(402) 441 - 4656
Phone Number

steveoverton18@ymail.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.

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Name (Print): Steve L. Overton Title: Corp Mgr./Sole Member

Name (Print): _____ Title: NEBRASKA LIQUOR CONTROL COMMISSION

Location: Nebraska State Patrol Date: 1/29/15
Where fingerprints were taken

PayPort Receipt #: 4696512 \$ 38.00 Check Name & No.: _____ \$ _____

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date: _____
Where fingerprint: 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.: _____ \$ _____

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date: _____
Where fingerprint 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.: _____ \$ _____

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.: _____ \$ _____

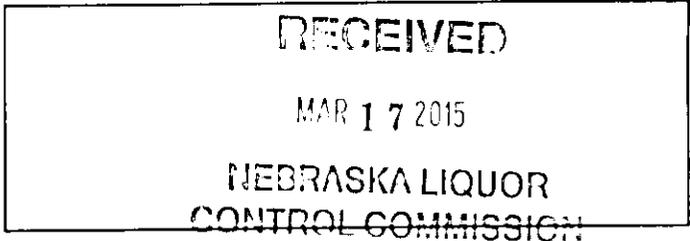
I hereby certify that fees of \$28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application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

Name (Print): Steve L. Overton Title: Sole Member

Signature:  Date: 3-16-15

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

- RETAIL LICENSE(S)** Application Fee \$400 (non refundable)
- 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

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

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

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (LLC) (requires form 3b & 3c)

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 Wes Goranson, Atty./Trish Bell, Paralegal Phone number: (402) 434-3000
Firm Name Harding & Shultz, P.C., L.L.O.

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NEBRASKA LIQUOR CONTROL COMMISSION

PREMISE INFORMATION

Trade Name (doing business as) Steve O's Lounge

Street Address #1 110 West Fletcher

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68521

Premise Telephone number (402) 441-4656

Business e-mail address steveoverton18@ymail.com

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

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

Name Steve Overton

Street Address #1 110 West Fletcher

Street Address #2 P.O. Box 303, Door #5

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

Building: length ~56' x width ~39.5' in feet

Is there a basement? Yes ___ No ___ If yes, length ___ x width ___ in feet

Is there an outdoor area? Yes X No ___ If yes, length ~18' x width ~18' in feet

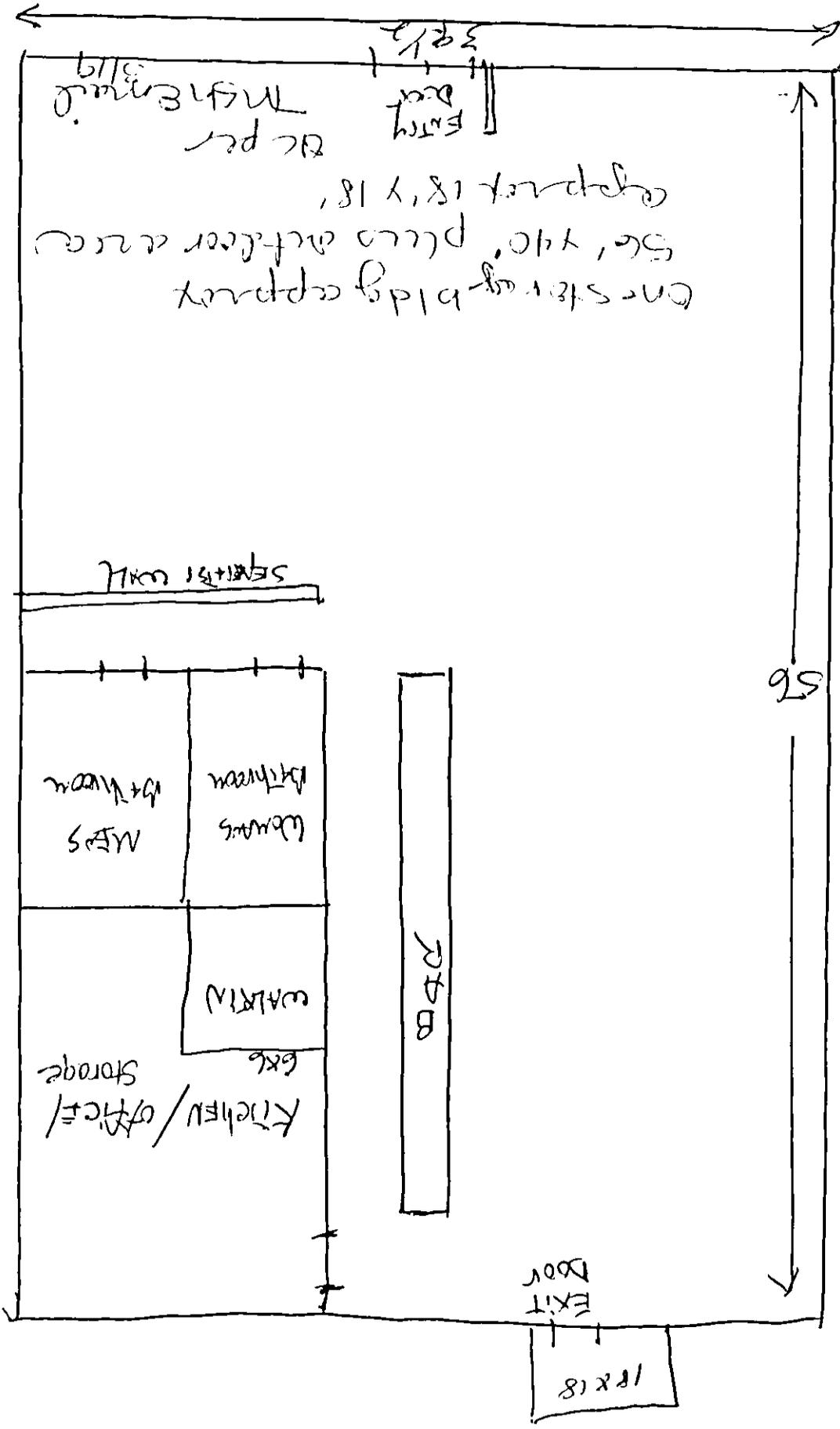
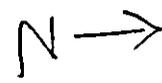
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

See attached.

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CONTROL COMMISSION



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

[x] YES [] NO
If yes, please explain below or attach a separate page

Table with 5 columns: Name of Applicant, Date of Conviction (mm/yyyy), Where Convicted (city & state), Description of Charge, Disposition. The first row contains 'See attached' in the first column.

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

[] YES [x] 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

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

[x] YES [] NO

If yes, give name and license number The Highlander (license # unknown)

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

[] YES [x] 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.

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CONTROL COMMISSION

Question 1 – Law Violations

Steve L. Overton

3/30/1980	Reckless Driving	Lancaster Co., NE	Ticket
7/4/1980	Misdemeanor Assault	Lincoln, NE	Ticket
7/4/1980	Misdemeanor Disturbing the Peace	Lincoln, NE	Ticket, fined \$25.00
3/19/1983	DUI	Lincoln, NE	1 Yr. Probation
2/5/1998	Speeding	Lincoln, NE	Ticket, fined \$75.00
2/5/1998	No occupant protection system	Lincoln, NE	Ticket, fined \$25.00
7/12/2001	No flag on load	Lancaster Co., NE	Ticket, fined \$20.00
9/6/2004	Possess open alcohol container	Lancaster Co., NE	Ticket, fined \$50.00
2/25/2005	Fictitious license plates	Lincoln, NE	Ticket, fined \$50.00
3/14/2006	Misdemeanor Theft	Lincoln, NE	Ticket, fined \$50.00
5/30/2006	Speeding	Lincoln, NE	Ticket, fined \$150.00
5/30/2006	No occupant protection system	Lincoln, NE	Ticket, fined \$25.00
12/13/2008	Stop sign violation	Lincoln, NE	Ticket, fined \$75.00

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NEBRASKA LIQUOR CONTROL COMMISSION

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

YES NO

If yes, list the lender(s) Ben Wisehart

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. Juke box, dart games, pool tables, touch screen games -- VVS Canteen

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)

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

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.

Ceresco State Bank

Steve Overton per email
Trish 3/19/15

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.

Approximately 1989-1990 -- Steve O'S, located between Lincoln and Waverly (license # unknown). Closed business.

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.

NLCC certified training program completed:

Needs training

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Will be signing up for Manager Training through RHC		RECEIVED
		MAR 17 2015

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

NEBRASKA LIQUOR CONTROL COMMISSION

Experience:

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

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 February 1, 2020
- Deed
- Purchase Agreement

14. When do you intend to open for business? May 1, 2015

15. What will be the main nature of business? Bar with karaoke

16. What are the anticipated hours of operation? 2:00 p.m. to 2:00 a.m. Monday-Sunday

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
Lincoln, NE	2005	Present	Lincoln, NE	2005	Present

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If necessary attach a separate sheet.

NEBRASKA LIQUOR CONTROL COMMISSION

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records... 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 http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

[Handwritten Signature]
Signature of Applicant

Signature of Spouse

Steve Overton
Print Name

Print Name

Signature of Applicant

Signature of Spouse

Print Name

Print Name

ACKNOWLEDGEMENT

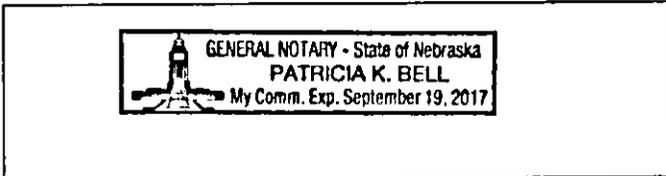
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

11th day of March, 2015
date

by Steve L. Overton
name of person(S) acknowledged (individual(s) signing)

Patricia K. Bell
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**

**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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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Manager must:

- Complete all sections of the application. Be sure it is signed by a **corporate officer**, corporate officer must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card with application

Spouse who **will not** participate in the business, spouse must:

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

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. See Form 147 for further information, this form **MUST** be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Steve O's Lounge, LLC

Premise information

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

Premise Trade Name/DBA: Steve O's Lounge

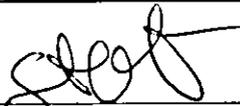
Premise Street Address: 110 West Fletcher

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: (402) 441-4656

Email address: steveoverton18@ymail.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: Overton First Name: Steve MI: L

Home Address (include PO Box if applicable): 1241 North 56th Street

City: Lincoln County: Lancaster Zip Code: 68504

Home Phone Number: (402) 429-2525 Business Phone Number: (402) 429-2525

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

Date Of Birth: _____ Place Of Birth: Muscogee County, Georgia

Email address: steveoverton18@gmail.com

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

YES

NO

NEBRASKA LIQUOR

CONTROL COMMISSION

Spouse's information

Spouses Last Name: Overton First Name: Teresa MI: A

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

Date Of Birth: _____ Place Of Birth: Lincoln, 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
Lincoln, NE	2005	Present	Lincoln, NE	2005	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	Present	The Mat	Todd Plies	(402) 217-4783
2004	2010	Sun Valley Bar	Paul Pfundt	(402) 450-4110

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.

MAR 17 2015

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
See attached				

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):
Steve O'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

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CONTROL COMMISSION

Question 1 – Law Violations

Steve L. Overton

3/30/1980	Reckless Driving	Lancaster Co., NE	Ticket
7/4/1980	Misdemeanor Assault	Lincoln, NE	Ticket
7/4/1980	Misdemeanor Disturbing the Peace	Lincoln, NE	Ticket, fined \$25.00
3/19/1983	DUI	Lincoln, NE	1 Yr. Probation
2/5/1998	Speeding	Lincoln, NE	Ticket, fined \$75.00
2/5/1998	No occupant protection system	Lincoln, NE	Ticket, fined \$25.00
7/12/2001	No flag on load	Lancaster Co., NE	Ticket, fined \$20.00
9/6/2004	Possess open alcohol container	Lancaster Co., NE	Ticket, fined \$50.00
2/25/2005	Fictitious license plates	Lincoln, NE	Ticket, fined \$50.00
3/14/2006	Misdemeanor Theft	Lincoln, NE	Ticket, fined \$50.00
5/30/2006	Speeding	Lincoln, NE	Ticket, fined \$150.00
5/30/2006	No occupant protection system	Lincoln, NE	Ticket, fined \$25.00
12/13/2008	Stop sign violation	Lincoln, NE	Ticket, fined \$75.00

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)
Steve Overton		Will be signing up for Manager Training through RHC
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		MAR 17 2015
		NEBRASKA LIQUOR CONTROL COMMISSION

*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:

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

PERSONAL OATH AND CONSENT OF INVESTIGATION MAR 17 2015

NEBRASKA LIQUOR CONTROL COMMISSION

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]
Signature of Manager Applicant

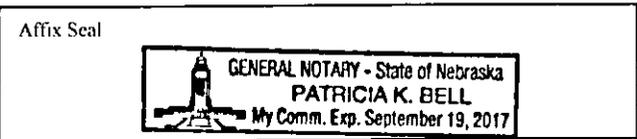
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this

16th day of March, 2015 by Steve L. Overton
date name of person acknowledged

Patricia K. Bell
Notary Public signature

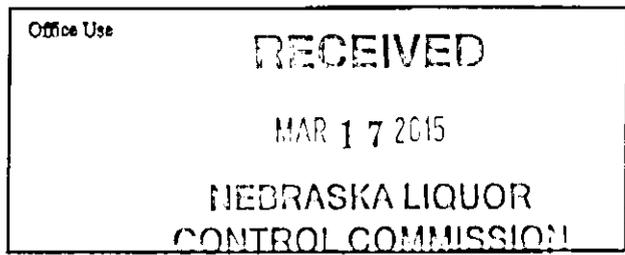


In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.



SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have nor have any interest, directly or indirectly, in the operation or profit of the business, (§§ 41-215 (d3)) of the Liquor Control Act. I will not tend bar, make sales, server patrons, stock shelves, write checks, sign invoices, or represent myself as the owner or in any way participate in the day-to-day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Teresa A. Overton
Signature of spouse asking for waiver
(Spouse of individual listed below)

Teresa A. Overton
Printed name of spouse asking for waiver

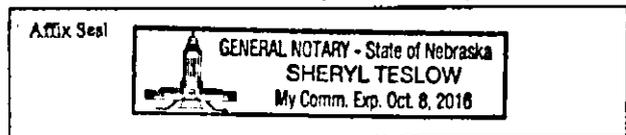
State of Nebraska

County of Lancaster

March 12, 2015
date

The foregoing instrument was acknowledged before me this
by Teresa A. Overton
name of person acknowledged

Sheryl Teslow
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated §§ 41-215 (d3) the Commission may cancel or revoke the liquor license.

Steve L. Overton
Signature of individual involved with application
(Spouse of individual listed above)

Steve L. Overton
Printed name of applying individual

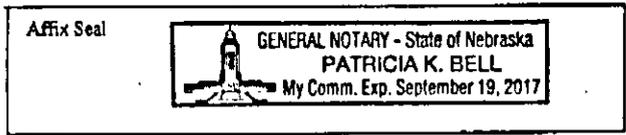
State of Nebraska

County of Lancaster

16th day of March 2015
date

The foregoing instrument was acknowledged before me this
by Steve L. Overton
name of person acknowledged

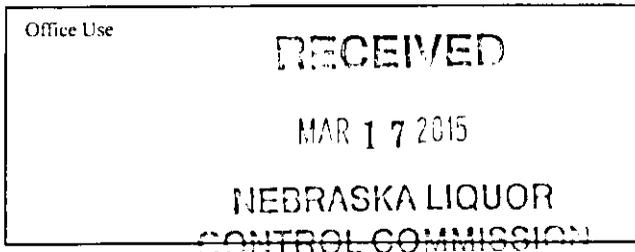
Patricia K. Bell
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

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. 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: Steve Overton

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
Steve O's Lounge, LLC # 10205716

LLC Address: 1241 North 56th Street

City: Lincoln State: NE Zip Code: 68504

LLC Phone Number: (402) 429-2525 LLC Fax Number _____

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Overton First Name: Steve MI: L

Home Address: 1241 North 56th Street City: Lincoln

State: NE Zip Code: 68504 Home Phone Number: (402) 429-2525

[Signature]
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

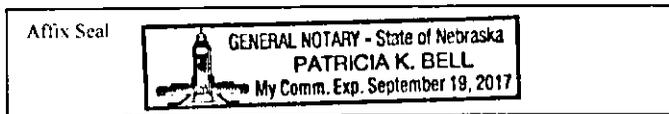
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

16th day of March, 2015
Date

by Steve Overton
name of person acknowledge

Patricia K. Bell



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

Last Name: Overton First Name: Steve MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Teresa A. Overton

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

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 _____

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 _____

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

Last Name: _____ First Name: _____ MI: _____
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Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____
MAR 17 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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 _____

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 _____

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

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YES

NO

If yes, provide the following:

NEBRASKA LIQUOR
CONTROL COMMISSION

- 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 Ending Date: December

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

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