



May 1, 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 BDF LLC, d.b.a. Libations and The Grand Room, 317 South 11<sup>th</sup> Street requesting a class C/Catering liquor license for this location.

This location has been purchased by Barry Franzen, and currently holds a class C/Catering liquor license.

Barry Franzen requests that he be approved as the manager of this liquor license.

Background information on Barry Franzen is as follows:

Barry Franzen was born in Holdrege, Nebraska. He attended the Kearney State College graduating in 1975.

Mr. Franzen has been self-employed since 1988 as a Real Estate Agent and Financial Planner.

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.

A handwritten signature in black ink, appearing to read "Thomas K. Casady".

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](http://www.ci.lincoln.ne.us)

A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Libations / The GRAND Room

Manager  Owner Other \_\_\_\_\_

Name: BARRY FRANZEN

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? 40

Any other employment? No  Yes, explain self

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 5/1/02

Liquor License Business Report / Completed by Inv Fosler Date: 5-1-02

DBA: Libations / The Grand Room

ADDRESS 317 so 117<sup>H</sup> PHONE \_\_\_\_\_

TYPE OF INVESTIGATION:

PURCHASE     UPGRADE     EXPANSION     NEW  
 OWNER     MANAGER     OTHER \_\_\_\_\_

TYPE OF BUSINESS BAR

CLASS: A B  C D I J K  CATERING OTHER \_\_\_\_\_

OWNERSHIP  CORPORATION  PARTNERSHIP  INDIVIDUAL

PURCHASE PRICE 570,000 PROPERTY EQUIPMENT VALUE \_\_\_\_\_

AMOUNT FINANCED 380,000 SOURCE seller carryback

COLLATERAL NO COSIGNER(S) NONE

LEASE AGREEMENT 5yr w/ options #1280<sup>00</sup> 2% escalation

EST INCOME %FOOD Rental 10 %LIQUOR 90

COMMERCIAL     INDUSTRIAL     RESIDENTIAL

TRAFFIC Heavy PARKING off-street / on-street

READY FOR OPERATION:  YES  NO, EST DATE \_\_\_\_\_

FOOD SERVICE N/A catered # OF EMPLOYEES FT 2 PT 5

DOES LICENSE COMPLY WITH LEGAL DISTANCES:  YES  NO

EST SEATING 300 EST # DAILY CUSTOMERS 60

HOURS OF OPERATION 3pm - 1am M-F 6pm - 1am SAT

HUMAN RIGHTS COMMISSION CHECKED- YES NO  N/A



Mike Johanns  
Governor

April 17, 2002  
City Clerk of Lincoln  
City/County Building  
555 S 10 Street  
Lincoln, NE 68508

NEBRASKA LIQUOR CONTROL COMMISSION

43866

Ⓢ

Forrest D. Chapman  
Executive Director

301 Centennial Mall South, 5th Floor  
P.O. Box 95046  
Lincoln, Nebraska 68509-5046  
Phone (402) 471-2571  
Fax (402) 471-2914  
TRS USER \$00 533-7352 (TTY)

82

*BDT, LLC*

*dba Licentors and The Grand Room*

*C/K*

*317 1/2 11th Street*

FILED  
CITY OF LINCOLN  
NEBRASKA  
APR 18 PM 3:00

C/K #55214

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.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

*Jackie B Matulka*  
Licensing Division

Enclosures  
Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman

R.L. (Dick) Coyne  
Commissioner

An Equal Opportunity/Affirmative Action Employer

# Application for Corporate Manager

**\*Must Be A Nebraska Resident\***

**Please submit in Triplicate**

RECEIVED

Return to: Nebraska Liquor Control Commission, PO Box 95046  
301 Centennial Mall So., Lincoln NE 68509

APR 12 2002

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

NEBRASKA LIQUOR  
CONTROL COMMISSION

LIQUOR LICENSE INFORMATION				
NAME OF LICENSED CORPORATION <i>BEF, L.L.C.</i>			CLASS & LICENSE NUMBER <i>Class C</i>	
TRADE NAME OF LICENSED PREMISE <i>Libations and The Grand Room</i>				
STREET ADDRESS OF LICENSED PREMISE <i>317 S. 11th</i>	CITY <i>Lincoln</i>	COUNTY <i>Lancaster</i>	ZIP CODE <i>68508</i>	
On behalf of the corporation, I designate this individual as corporate manager.				
Signature of Corporate President/CEO: <i>Barry D Franzen, President</i>				
APPLICANT INFORMATION (MUST BE 21 OR OVER)				
NAME (LAST, FIRST, MIDDLE, MAIDEN) <i>Franzen, Barry D.</i>	SEX F <input checked="" type="radio"/> M <input type="radio"/>	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH <i>Holdrege, Nebraska</i>
HOME STREET ADDRESS <i>3322 S. 40th</i>	CITY <i>Lincoln</i>	COUNTY <i>Lancaster</i>	STATE <i>NE</i>	ZIP CODE <i>68506</i>
HOME TELEPHONE NUMBER <i>(402) 488-8989</i>	BUSINESS TELEPHONE NUMBER <i>(402) 477-3880</i>		DRIVERS LICENSE NUMBER & STATE <i>NE</i>	
SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE NONE)				
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) <i>NONE Not Married</i>	SOCIAL SECURITY NUMBER _____		DRIVERS LICENSE NUMBER & STATE _____	
DATE OF BIRTH: _____	PLACE OF BIRTH: _____			

**1. READ CAREFULLY** - Answer completely and accurately.

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. 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

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date.

YES       NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

YES  NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES  NO

5. Have you filed fingerprint cards and PROPER FEES (if check, made out to the NE State Patrol), with this application?

YES  NO

**LIST PRINCIPAL RESIDENCE FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Kearney, NE	1992	1994			
Lincoln, NE	1995	1997			
Kearney, NE	1998	1999			
Lincoln, NE	2000	2002			

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2002	Multi-Financial Securities (Self-Employed)	Rick Dobberpohl	402-399-9345
1998	2000	Financial Network (Self-Employed)	Don Hunter	402-475-4834

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE**

STATE OF NEBRASKA )  
 ) SS  
COUNTY OF Lancaster

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, an affidavit may be attached however, fingerprint cards are still required to be filed.

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 inaccurate.

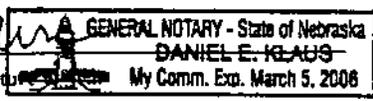
*Ray D. Zinger, President, BDF, LLC*  
Signature of Applicant

Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 12<sup>th</sup> day of April, 2002

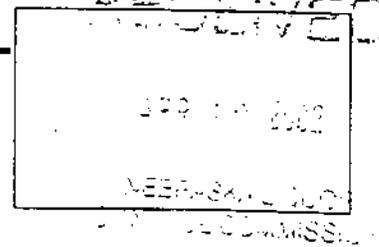
Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

*Daniel E. Kraus*  
Notary Signature



Notary Signature & Seal

**Corporation/LLC Application for License - Form 3**  
Nebraska Liquor Control Commission



**INSTRUCTIONS:**

- 1) Application and application for manager must be typewritten and submitted in triplicate
  - 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
  - 3) Information regarding spouses must be completed
- Required areas marked by a red asterisk ( \* )

Name of Corporation That Will Hold License. <b>Attach copy of Articles of Incorporation</b>		Total Number of Shares (if corporation)	
BDF, L.L.C.	*	0	*
Corporate Street Address		Mailing address for receipt of Liquor Control Commission Mailings	
317 S. 17TH		317 S. 17TH	
Corporate Telephone Number	City	County	State
402-477-3880	LINCOLN	LANCASTER	NE
			Zip Code
			68508
Name of Registered Agent		Name of Proposed Manager	
BARRY D. FRANZEN		BARRY D. FRANZEN	

**IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER**

Name	Title	Date of Birth
BARRY D. FRANZEN	PRESIDENT	
Social Security Number	Home Address (1)	City
	3322 S. 40TH STREET	LINCOLN
State	Zip Code	Home Telephone Number
NE	68506	402-488-8989

**PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES**

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name BARRY D. FRANZEN			PRESIDENT
Spouse Name NONE			
Partner Number of Shares / %		Spouse Number of Shares %	

Name of Officers, Directors, Members and Spouses.

Is this Corporation/LLC controlled by another Corporation?

Yes  No

Name of control Corporation

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: January Ending date: December 31

State of Nebraska )  
 ) ss.  
Lancaster County )

Daniel E. Klaus  
Notary Public Signature & Seal



By: Sam D. Zipes  
President Member

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

\_\_\_\_\_  
Secretary Member

Verify Form and Print

FORM 35-4183  
REV. 02/01

Date Mailed from Commission Office \_\_\_\_\_

I, \_\_\_\_\_ Clerk of \_\_\_\_\_  
(City, Village or County)

Nebraska hereby report to the Nebraska Liquor Control Commission in accordance with Revised Statutes of Nebraska, Chapter 53, Sec. 134 (7) (reissue 1984) the recommendation of said city, village or county, as the case may be relative to the application for a license under the provisions of the Nebraska Liquor Control Act as applied for by:

BDF, LLC DBA Libations and The Grand Room

317 S 11 Street, Lincoln, NE 68508 (Lancaster County)

C/K #55214 w/ Catering App 30 days - May 17, 2002 45 days - June 3, 2002

1. Notice of local hearing was published in a legal newspaper in or of general circulation in city, village or county, one time not less than 7 nor more than 14 days before time of hearing.

Check one.....Yes \_\_\_\_\_ No \_\_\_\_\_

The Statutes require that such hearing shall be held not more than 14 days before time of hearing from the Commission.

*B-4 Dist. ok*

*to process per*

2. Local hearing was held not more than 45 days after receipt of notice

Check one.....Yes \_\_\_\_\_ No \_\_\_\_\_

*Brian Wells*

*4-16-02 will.*

*Original*

3. Date of hearing of Governing Body: \_\_\_\_\_

4. Type or write the Motion as voted upon by the Governing Body. If the motion is for recommendation of denial of the applicant, then use an additional page and follow same format.

\_\_\_\_\_  
\_\_\_\_\_

5. Motion was made by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

6. Roll Call Vote: \_\_\_\_\_

7. Check one: The motion passed: \_\_\_\_\_ The motion failed \_\_\_\_\_

8. If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which the motion was made.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attached additional page if necessary)

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
clerk's signature

During the period of thirty days from the date of receiving such application from the Commission, the local governing body of such city, village, or county may make and submit to the Commission recommendations relative to the granting or refusal to grant such license to the applicant. See Chapter 53-131 (reissue 1984).

1. On April 12, 2002, Seller and Buyer entered into a contract for sale of the business known as Libations, which contract is contingent upon Buyer receiving approval for a liquor license to operate the business.

RECEIVED

2. Seller and Buyer agree to allow Buyer to operate the business, subject to approval by the Liquor Control Commission, for a period not to exceed 120 days subsequent to April 18, 2002, the date of filing the application with the Liquor Control Commission.

NEBRASKA LIQUOR CONTROL COMMISSION

3. Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

4. Buyer will at all times be the agent of the Seller, but Buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when Buyer is acting as Seller's agent; it is specifically understood that Seller shall have no liability for the operation of the business during this period of time, and Buyer agrees to indemnify and hold Seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the Seller and Seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as Seller's license is canceled;

5. At time of closing, certain funds will be held in escrow pending issuance of the license.

6. Financial Institution: Name, Address, Account number of where escrow account is being held  
Pinnacle Bank Lincoln Acct #

3939 South Street, Lincoln, NE 68506

7. All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the Buyer shall receive no profits from the operation of the business until the liquor license has been issued to Buyer, but shall have the right to direct the investment of profit funds by escrow agent.

8. This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

9. It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.

Signature of Seller [Signature] PRES. J.O. DINE

Signature of Seller \_\_\_\_\_

Signature of Buyer Barry D. Franzen, President

Signature of Buyer \_\_\_\_\_

Dated this 12<sup>th</sup> day of April, 2002.

STATE OF NEBRASKA )  
COUNTY OF \_\_\_\_\_ ) ss

The above and foregoing Agency Agreement was acknowledged before me this 12<sup>th</sup> day of April, 2002, by Ken Sember, President of J.O. Dine, as Seller, \_\_\_\_\_, as Seller.

The above and foregoing Agency Agreement was acknowledged before me this 12<sup>th</sup> day of April, 2002, by Barry D. Franzen, President of BDF LLC, as Buyer, \_\_\_\_\_, as Buyer.

Signature & Seal of Notary Public [Signature]



Pinnacle Bank Lincoln Member FDIC  
 3939 SOUTH STREET P. O. Box 29769  
 Lincoln, NE 68506  
 (402) 434-3100

ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS  
 EDF, LLC  
 DEA LIBATIONS AND THE GRAND ROOM  
 317 S 11TH ST  
 LINCOLN, NE 68508

OWNERSHIP OF ACCOUNT - PERSONAL (Select One and Initial):  
 Single-Party Account  Trust-Separate Agreement  
 Multiple-Party Account  
 Other

TYPE OF ACCOUNT  
 NEW  EXISTING  
 CHECKING  SAVINGS  
 MONEY MARKET  CERTIFICATE OF DEPOSIT  
 NOW  
 Account Name Business (Small) Account  
 This is a Temporary account agreement.

RIGHTS AT DEATH (Select One And Initial):  
 Single-Party Account  
 Multiple-Party Account With Right of Survivorship  
 Multiple-Party Account Without Right of Survivorship  
 Single-Party Account With Pay On Death  
 Multiple-Party Account With Right of Survivorship and Pay On Death

Number of signatures required for withdrawal 2  
 FACSIMILE SIGNATURE(S) ALLOWED:  YES  NO

PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE  
 SOLE PROPRIETORSHIP  PARTNERSHIP  
 CORPORATION:  FOR PROFIT  NOT FOR PROFIT  
 LIMITED LIABILITY COMPANY  
 BUSINESS: \_\_\_\_\_  
 COUNTY & STATE OF ORGANIZATION: \_\_\_\_\_  
 AUTHORIZATION DATED: \_\_\_\_\_

[ X ]

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

DATE OPENED April 11, 2002 BY Daniel Sharron  
 INITIAL DEPOSIT \$ 0.00  
 CASH  CHECK  
 HOME TELEPHONE # \_\_\_\_\_  
 BUSINESS PHONE # (402) 477-3880  
 DRIVER'S LICENSE # \_\_\_\_\_  
 E-MAIL \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_  
 MOTHER'S MAIDEN NAME \_\_\_\_\_  
 Name and address of someone who will always know your location: \_\_\_\_\_

Electronic Funds Transfer  Funds Availability  Privacy  
 Truth in Savings

(1) [ X ] Benny D Zinger  
 I.D. # \_\_\_\_\_

(2) [ X ] [Signature]  
 I.D. # \_\_\_\_\_

(3) [ X ]  
 I.D. # \_\_\_\_\_

(4) [ X ]  
 I.D. # \_\_\_\_\_

BACKUP WITHHOLDING CERTIFICATIONS  
 TIN:  
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.  
 BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.  
 EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.  
 SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).  
 x Benny D Zinger 4-11-02  
 (Date)

AGENCY (POWER OF ATTORNEY) DESIGNATION (Options: To All Agency Designation To Account, Name One or More Agents)

Select One and Initial:  
 Agency Designation Surveys I...  
 Agency Designation Form...

**LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION**

Pinnacle Bank Lincoln Member FDIC  
 3939 SOUTH STREET P. O. Box 29769  
 Lincoln, NE 68506  
 (402) 434-3100

By:

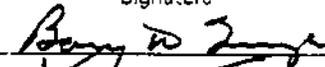
EDF, LLC/DEA LIBATIONS AND THE GRAND ROOM  
 317 S 11TH ST  
 LINCOLN, NE 68508

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, \_\_\_\_\_, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of \_\_\_\_\_, Federal Employer I.D. Number \_\_\_\_\_, engaged in business under the trade name of \_\_\_\_\_, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on \_\_\_\_\_ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>BARRY D. FRANZEN</u>	<input checked="" type="checkbox"/> 	X _____
B. <u>KENNETH SEMLER</u>	<input checked="" type="checkbox"/> 	X _____
C. _____	<input type="checkbox"/> _____	X _____
D. _____	<input type="checkbox"/> _____	X _____
E. _____	<input type="checkbox"/> _____	X _____
F. _____	<input type="checkbox"/> _____	X _____

**POWERS GRANTED** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B</u>	(1) Exercise all of the powers listed in this resolution.	_____
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

**LIMITATIONS ON POWERS** The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated \_\_\_\_\_. If not completed, all resolutions remain in effect.

**CERTIFICATION OF AUTHORITY**

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on 4/11/02

Attest by One Other Manager or Designated Member Barry D. Franzen  
 Manager or Designated Member

4

RECEIVED

Remit to: NE Liquor Control Commission  
PO Box 95046  
301 Centennial Mall So.  
Lincoln NE 68509-5046

INCLUDE \$75.00 LICENSE FEE  
COMPLETE IN DUPLICATE x 3

APR 19 2002

NEBRASKA LIQUOR  
CONTROL COMMISSION

### APPLICATION FOR CATERING LICENSE

A Catering License allows a Retail Class C, D, I or L license to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The Catering License is renewed in the same manner as the Retail License held by the licensee. A Licensee shall not cater an event unless a SDL has been obtained. An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event. The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL. The \$40.00 per day license fee for a SDL is not required for the holder of a Catering License and the number of events allowed are unlimited.

CIRCLE CLASS OF LICENSE CURRENTLY HELD: CLASS C / CLASS D / CLASS I / CLASS L

LICENSE NUMBER: \_\_\_\_\_

NAME OF LICENSEE: BDF, L.L.C.

TRADE NAME: Libations and The Grand Room

PREMISE ADDRESS: 317 South 11<sup>th</sup> Street

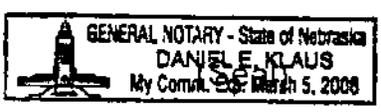
CITY/STATE/ZIP CODE: Lincoln, NE 68508

A copy of your application for a Catering License will be forwarded to the local governing body for recommendation. Per §53-133, the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of §53-132 for delivery of licenses.

Ray D. [Signature], President, BDF, LLC  
Signature of Licensee

Subscribed in my presence and sworn to before me this 15<sup>th</sup> day of April, 2002

[Signature]  
Notary Public Signature



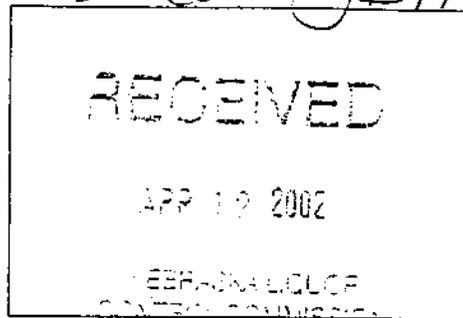
**APPLICATION FOR LICENSE**

Nebraska Liquor Control Commission  
 P.O. Box 95046, 301 Centennial Mall South  
 Lincoln, NE 68509-5046

*C/K #55214*

<http://www.nol.org/home/NLCC/>  
 Phone: (402) 471-2571  
 Fax: (402) 471-2814

*Local-jbm*



**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 spouses) who are not U.S. citizens. 3. Affidavit of no interest with application, Commission form 4178. 3. Corporations must include copy of articles of incorporation as filed with the Secretary of State's 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 & all stockholders/member holding over 25% stock/interest. 6. All applications must be typewritten or printed clearly. 7. Submit in Triplicate

**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
A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
B Beer, Off Sale Only - Indicate Inside or Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
Di Spirits, Wine, Beer, Off Sale only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
M Bottle Club (Spirits, Wine, Beer, on Sale)	\$45.00	Collected at Local Level	exempt
H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
O Boat	\$45.00	\$ 50.00	exempt
V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

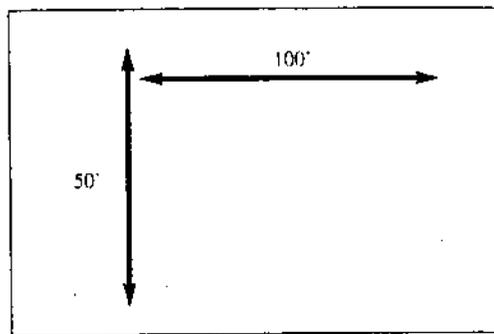
TYPE OF APPLICATION	CORPORATE SURETY BOND INFORMATION
Type of application being applied for (place appropriate number in box) 3 1= Individual License requires Form 1 to be attached. 2= Partnership License requires Form 2 to be attached. 3= Corporate License requires Form 3 and 4 and Manager Application be attached.	Bond Company - for Classes L V W X Y only <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Start Date Month/Day/Year <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Bond Number <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

**SECTION A - LOCATION INFORMATION - Must be completed by all applicants**

Trade Name (name of business) <i>Liberations / The Grand Room</i>	Telephone Number at premise to be licensed <i>402-477-3880</i>
Street Address of Proposed licensed premise <i>317 S. 11th</i>	2) Mailing Address for receipt of Liquor Control Commission mailings <i>same</i>
County <i>Lincoln, Lancaster</i>	City <i>Lincoln</i>
Zip Code <i>68508</i>	County <i>Lancaster</i>
	Zip Code <i>68508</i>

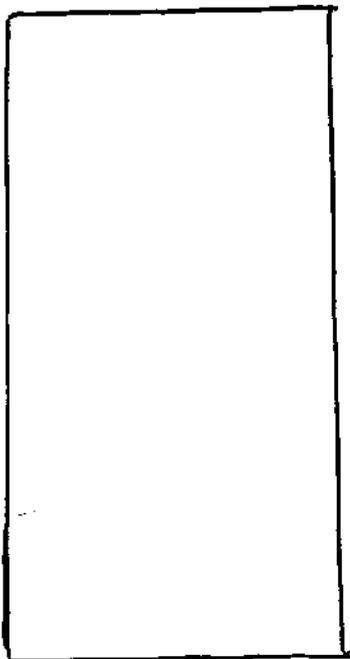
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided draw the area to be licensed. This should include storage areas, basement, 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 in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement approximately 30' x 50' at the East end.

4/8



Entire Building  
2 Floors  
NO Basement

Entire 2 story building  
approx 48 x 85

SECTION B		OTHER INFORMATION REQUIRED	
	Yes	No	Explanation/Comments
<p>1. <b>READ CAREFULLY.</b> 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 or violation of a federal or state law; or 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.</p>		X	

	Yes	No	Explanation/Comments
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).	X		
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.	X		
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.	X		Seller Financing
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		X	
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.		X	
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?		X	
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.		X	
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.		X	
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.			Pinnacle Bank Barry D. Franzen, only
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.			None
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.			Tracy Kirkpatrick 40-50 hrs/wk
13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.			Bar Manager Kearney Kenc 4+ yrs. Kearney, NE
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).			Expires 10-31-07
14. When do you intend to open for business?			April, 18, 2002

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)
Barry D. Franzen ↓ ↓ ↓ ↓	1992	1994	Kearney, NE
	1995	1997	Lincoln, NE
	1998	1999	Kearney, NE
	2000	2002	Lincoln, NE

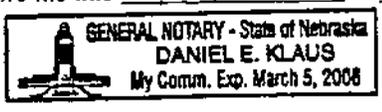
The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waives any right or causes 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 my 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/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here \_\_\_\_\_ sign here \_\_\_\_\_  
*Barry D. Franzen, President BDF LLC*  
 sign here \_\_\_\_\_ sign here \_\_\_\_\_  
 sign here \_\_\_\_\_ sign here \_\_\_\_\_  
 sign here \_\_\_\_\_ sign here \_\_\_\_\_

Subscribed in my presence and sworn to before me this 12<sup>th</sup> day of April, 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 alternate format.

sign here \_\_\_\_\_  
*Daniel E. Klaus*  
 Notary Public Signature