

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

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



MAYOR COLEEN J. SENG

lincoln.ne.gov

March 22, 2005

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

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Brock Enterprises LLC, d.b.a. The Bristo Ballroom, 2112 Cornhusker Highway requesting a class I liquor license.

Kendra Brock, president has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kendra Brock was born in Scottsbluff, Nebraska. She attended Northeast High School graduating in 1997.

Kendra Brock employment history is as follows:

2003 – Present	Madonna Hospital, CNA	Lincoln, NE.
2001 – 2003	Driver, Waverly School	Waverly, NE.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



March 18, 2005



CITY OF LINCOLN
NEBRASKA

MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

Office of the City Clerk
555 South 10th Street
Suite 103
Lincoln, Nebraska 68508
402-441-7436
fax: 402-441-8325

Brock Enterprises LLC
The Bristo Ballroom
%Kendra Brock
2112 Cornhusker Highway
Lincoln NE 68504

Re: Application - Class I liquor license at 2112 Cornhusker
Highway

Dear Ms. Brock:

I am in receipt of your application for a Class I liquor license on property at 2112 Cornhusker Highway. Please be advised that you must apply for and obtain approval of a special permit for alcohol sales on this property prior to my scheduling your application for the liquor license on the City Council's formal agenda.

You should apply for the special permit directly to the Planning Department at 441-7491. If you have any questions in regard to this application process, do not hesitate to contact me at 441-7438.

Sincerely,

Joan E. Ross, CMC
City Clerk

cc: Investigator Fosler, LPD

Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: The BRISTOL BALLROOM

Address: 2112 CORNHUSKER Phone: PENDING

Type of Investigation : Purchase Upgrade Expansion New
Owner Manager Other: _____

Type of Business: Band/Hall

Liquor Class A B C D I J K Catering Other: _____

Ownership: Corporation Partnership Individual

Amount Financed: \$30,000 Source: 1ST STATE BANK

Lease Agreement: 3yr @ 3500⁰⁰

Sales: %Food: _____ %Liquor: 100

Located: Commercial Industrial Residential

Traffic Flow: moderate Off Street Parking: Yes No

Ready for Operation: Yes No Est Date: may 1

Food Service: Yes No Employees: F/T 0 P/T 2

Est Seating: 400 Est Daily Customers - depends on event

Hours of Operation: _____

Any Additional Comments: _____

Liquor License Investigation

Business (DBA) The Bristo Ballroom

Manager Owner Other _____

Name: Kendra Brock

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? 25

Any other employment? No Yes, explain Madonna Rehab

Any previous experience with a liquor license? Yes No

Any criminal convictions? No Yes
Comments _____

Is applicant a property owner in Lincoln? Yes No

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

Photo Records Check References

Comments _____

Interview Date 3/22/05



Ru

PH: 4-18-05

STATE OF NEBRASKA

Dave Heineman
Governor

RECEIVED
MAR 16 2005
BY: *City Clerk*

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe

Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)
web address: <http://www.nol.org/home/NLCC/>

March 15, 2005

Lincoln City Clerk
555 S. 10th Street
Lincoln, NE 68508

*A5-026900
127*

Re: Liquor application for **Brock Enterprises, LLC**

*dba The Bristo Ballroom
2112 Coenhusker Hwy
Class I*

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

[Signature]
Tami Freeman
Licensing Division

Enclosures

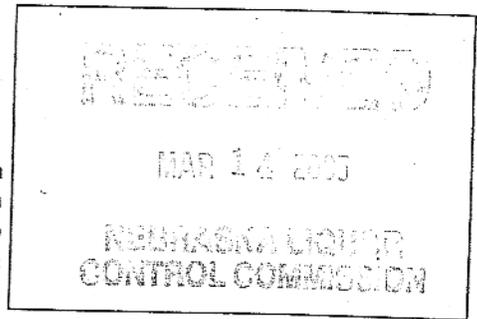
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

New License #- I-67474 Replacing C-12919 Lease

nlcc.org/home/NLCC/
2) 471-2571
471-2814



2. Copy of birth certificate of each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders/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	Submit Copy of Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Indicate Inside or Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, on Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$ 50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

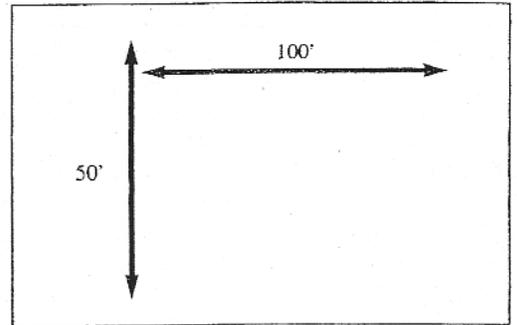
TYPE OF APPLICATION	Name Of Person Assisting With Application
<p>Type of application being applied for (place appropriate number in box)</p> <p>3</p> <p>1= Individual License requires Form 1 to be attached. 2= Partnership License requires Form 2 to be attached. 3= Corporate License requires Form 3 and Manager Application be attached.</p>	<p>Name:</p> <p>_____</p> <p>Firm Name:</p> <p>_____</p> <p>_____</p>

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

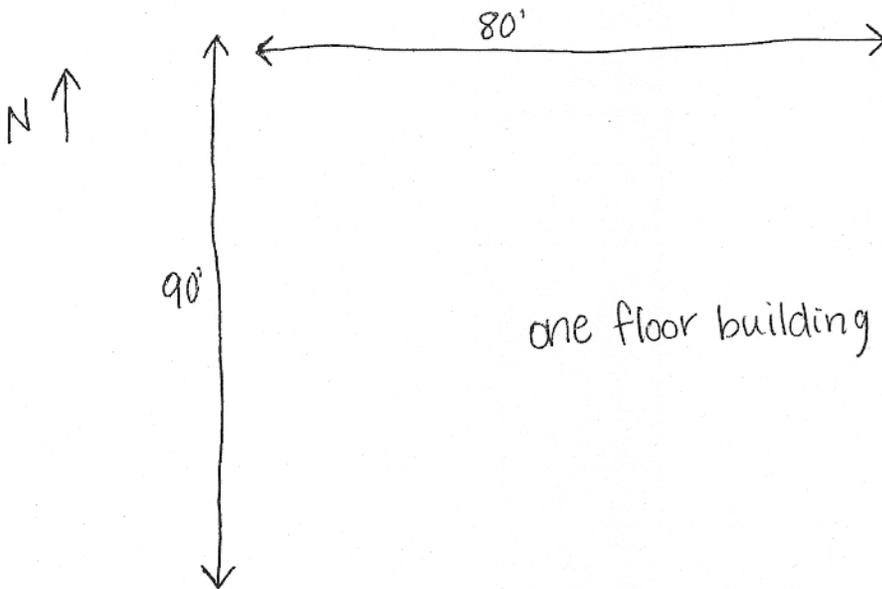
Trade Name (name of business) The Bristo Ballroom	Telephone Number at premise to be licensed not hooked up
1) Street Address of Proposed licensed premise 2112 Cornhusker Hwy	2) Mailing Address for receipt of Liquor Control Commission mailings 3451 N 52 St
Is this located inside the city limits Circle YES NO	
City County Zip Code Lincoln Lancaster 68521	City County Zip Code Lincoln Lancaster 68504

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.



SECTION B		OTHER INFORMATION REQUIRED		
		Yes	No	Explanation/Comments
<p>1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, <u>ever</u> 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>			✓	

	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).		✓	
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.		✓	Repl. 1/29/19
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.	✓		First State Bank
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		✓	
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.		✓	
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?		✓	
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.		✓	
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.		✓	
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.			First State Bank Kendra Brock
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.			Kendra Brock 25 hrs/WK
13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.			None at this time Will take hospitality class
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).			1/31/08
15. When do you intend to open for business?			April 1, 2005

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)
Kendra D Brock	1995	2005	Lincoln NE
Jared A Brock	1995	1998	Hickman NE
	1998	2005	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) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here Jared Brock sign here _____
 sign here Kendra Brock sign here _____
 sign here _____ sign here _____
 sign here _____ sign here _____

Subscribed in my presence and sworn to before me this 7th day of March, 2005

RECEIVED
(SEAL)
MAR 14 2005

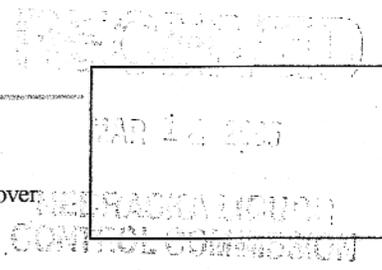
GENERAL NOTARY - State of Nebraska
RITA M. LOTTMAN
My Comm. Exp. 10-1-05

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.

NEBRASKA LIQUOR CONTROL COMMISSION

sign here Rita M. Lottman
Notary Public Signature

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. **Attach copy of Articles of Incorporation** Total Number of Shares (if corporation)
 Brock Enterprises L.L.C. * 1,000 *

Corporate Street Address Mailing address for receipt of Liquor Control Commission Mailings
 2112 Cornhusker Hwy * 3451 N 52 *

Corporate Telephone Number City County State Zip Code
 402-560-5308 * Lincoln * Lancaster * NE * 68504 * -

Name of Registered Agent Name of Proposed Manager
 Kendra Brock * Kendra Brock *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name Title Date of Birth
 Kendra Brock * Chief Executive Officer * 04/20/79 *

Social Security Number Home Address (1) City
 505-17-0574 * 3451 N 52 St * Lincoln *

State Zip Code Home Telephone Number
 NE * 68504 * - 402-560-5308 *

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
Brock, Jared. Allan	507-23-3725	04/01/80	Vice President
Spouse Name Brock Kendra	505-17-0574	4-20-79	CEO
Partner Number of Shares / % 500			Spouse Number of Shares / % 500

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 _____

Spouse Name _____

Partner Number of Shares / % _____

Spouse Number of Shares / % _____

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 _____

Spouse Name _____

Partner Number of Shares / % _____

Spouse Number of Shares / % _____

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 _____

Spouse Name _____

Partner Number of Shares / % _____

Spouse Number of Shares / % _____

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 _____

Spouse Name _____

Partner Number of Shares / % _____

Spouse Number of Shares / % _____

(If Necessary, Continue on Separate Sheet)

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.

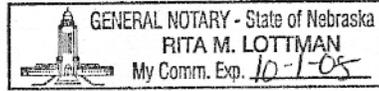
Please indicate below your corporate tax year with the IRS

Starting date: 2005 Ending date: 2005

State of Nebraska)
)
Lancaster County) ss.

FILED
MAR 14 2005
NEBRASKA LIMITED
CONTROL COMMISSION

Rita M. Lottman
Notary Public Signature & Seal



By Kendia Brock
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.

Jared Brock
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01

MAR 14 2005
NEBRASKA LIQUOR
CONTROL COMMISSION

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

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

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

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation	Class & License number	
Brock Enterprises L.L.C. *	*	
Trade Name of Licensed Premise		
The Bristo Ballroom *		
Street Address of Licensed Premise	City	County
2112 Cornhusker Hwy. *	Lincoln *	Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO: Kendra O Brock

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)	Sex *	Social Security Number
Brock, Kendra, Dee, Batt *	<input checked="" type="radio"/> F <input type="radio"/> M	505-17-0574 *
Date of Birth	Place of Birth	
04/20/79 *	Scottsbluff, Nebraska *	
Home Street Address	City	County
3451 N 52 *	Lincoln *	Lancaster *
State	Zip Code	Home Telephone Number
NE *	68504 *	402-560-5308 *
Business Telephone Number	Drivers License Number	State
402-560-5308 *	H12310933 *	NE *

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

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Brock, Jared, Allan

Social Security Number

507-23-3725

Drivers License Number

H12380459

State

NE

Date of Birth

04/01/80

Place of Birth

Lincoln, NE

* 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, make out to the NE State Patrol), with this application?

Yes No

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

	Year	
	From	To
Applicant: City & State		
Lincoln, NE	95	05
Spouse: City & State		
Lincoln, NE	95	05

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer	Year	
	From	To
Madonna Rehabilitation Hospital	2003	2005
Name of Supervisor	Telephone Number	
Kim Dohte	402-489-7102	

Name of Employer	Year	
	From	To
Waverly School District # 145	2001	2003

