



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

May 31, 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 Gas N Shop Inc., d.b.a. Tobacco Shack, 4741 Holdrege Street requesting a class D liquor license.

Tobacco Shack has requested that Angela Coffey be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Angela Coffey was born in Lincoln, Nebraska. She attended Malcolm High School graduating in 1991.

Ms. Coffey has been employed by Gas N Shop since 1989.

Stockholder information has been included for your review.

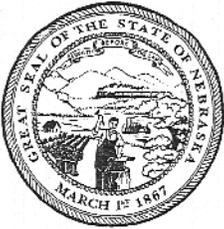
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





Dave Heineman  
Governor

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MAY 20 2005  
BY: City Clerk

6-20-05

STATE OF NEBRASKA

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/>

May 19, 2005

AS-053754  
34

Lincoln City Clerk  
City/County Building  
555 S 10 Street  
Lincoln, NE 68508

Gas. M Shop, Inc  
dba Tobacco Shop #68  
4741 Holdrege St. Cross D

RE: License for D #68408

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 APROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS. A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

*Jackie B. Matulka*

NEBRASKA LIQUOR CONTROL COMMISSION  
Jackie B. Matulka  
Licensing Division

Rhonda R. Flower  
Enclosures Commissioner

Bob Logsdon  
Chairman

R.L. (Dick) Coyne  
Commissioner

**APPLICATION FOR LICENSE**  
 Nebraska Liquor Control Commission  
 PO Box 95046,  
 301 Centennial Mall South  
 Lincoln, NE 68509-5046

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

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MAY 17 2005

~~Old~~ **New**

NEBRASKA LIQUOR CONTROL COMMISSION

**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 and for all 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 holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in **Triplicate** 8. Required areas marked by a red asterisk ( \* )

**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 *send copy
<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 - Inside/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 type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" 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.

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TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION
Type of application being applied for (check appropriate box)	
1. Individual License requires Form 1 to be attached.	Name Dorothy Bockoven
2. Partnership License requires Form 2 to be attached.	Firm Name Gas 'N Shop, Inc.
3. <input checked="" type="checkbox"/> Corporate License requires Forms 3 and Manager Application to be attached	Address PO Box 81463, Lincoln NE

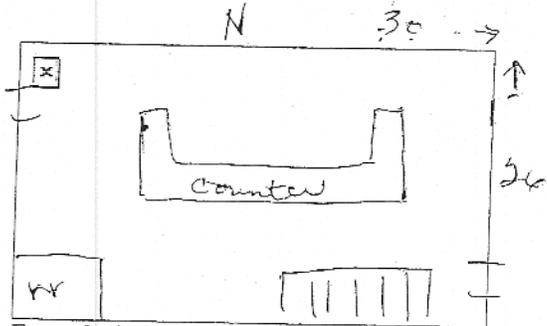
**SECTION A - LOCATION INFORMATION - Must be completed by all applicants**

Trade Name (name of business) Tobacco Shack #68	Telephone Number at premise to be licensed 402-446-7900
1) Street Address of Proposed licensed premise 4741 Holdrege	2) Mailing Address for receipt of Liquor Control Commission mailings PO Box 81463
City Lincoln	County Lancaster <input checked="" type="checkbox"/>
Zip Code 68503	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No
	City Lincoln
	County Lancaster
	Zip Code 68501

**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.

one story building approx  
26 x 30, including  
basement area



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

2 levels

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments
	Yes	No	Note: Only what is visible on screen will be printed	
<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 violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. 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	<p>Tom Vik 9/01 DUI Lancaster County; 1975 DUI (to the best of his recollection)</p> <p><b>RECEIVED</b></p> <p>MAY 17 2005</p> <p>NEBRASKA LIQUOR CONTROL COMMISSION</p>	
<p>* 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).</p>	Yes	No		
<p>* 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.</p>	Yes	No		
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes	No		
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes	No		

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**NEBRASKA LIQUOR CONTROL COMMISSION**

<p>* 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.</p>	<p>Yes</p>	<p><input checked="" type="radio"/> No</p>	
<p>* 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?</p>	<p>Yes</p>	<p><input checked="" type="radio"/> No</p>	
<p>* 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.</p>	<p>Yes</p>	<p><input checked="" type="radio"/> No</p>	
<p>* 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.</p>	<p>Yes</p>	<p><input checked="" type="radio"/> No</p>	
<p>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.</p>	<p>Hastings State Bank Larry W. Coffey Tom Vik</p>		
<p>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.</p>	<p>Larry W. Coffey and Gas 'N Shop holds several licenses  <i>see attached</i></p>		
<p>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.</p>	<p>Angela S. Coffey Unknown at this time  <i>20+ hrs per week</i></p>		

<p>13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.</p> <p style="font-size: 1.2em; font-family: cursive;">Need Certificate when class is taken</p>	<p>TAM - will enroll in Beverage Hospitality Course</p>																												
<p>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)</p>	<p style="font-size: 1.5em; font-family: cursive; transform: rotate(-15deg);">lease expires 4-30-2010</p>																												
<p>15. When do you intend to open for business?</p>	<p>Currently open for business - just adding alcoholic beverages</p>																												
<p>16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">NAME</th> <th style="width:10%;">FROM (YEAR)</th> <th style="width:10%;">TO (YEAR)</th> <th style="width:40%;">RESIDENCE (CITY, STATE)</th> </tr> </thead> <tbody> <tr> <td>see attached sheet</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)	see attached sheet																							
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)																										
see attached sheet																													

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MAY 17 2005

NEBRASKA LIQUOR  
CONTROL COMMISSION

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 (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign here Thomas [Signature]

Sign Here Christina [Signature]

Sign Here [Signature]

Sign Here Jana [Signature]

Sign Here [Signature]

Sign Here Lennie D. Leffay

Sign Here Wesley A. Smetter

Sign Here \_\_\_\_\_

Subscribed in my presence and sworn to before me this 9<sup>th</sup> day of MAY, 2005

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MAY 17 2005

(SEAL) GENERAL NOTARY - State of Nebraska  
PENNY A. KREMER  
My Comm. Exp. Jan. 19, 2007

NEBRASKA LIQUOR CONTROL COMMISSION

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 alternative format.

Sign here Penny A. Kremer  
Notary Public Signature

Verify & Print form

FORM 35-4010  
1  
REV 1/01

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Application for Corporate Manager

\*Must Be A Nebraska Resident\*

Please submit in Triplicate

NEBRASKA LIQUOR CONTROL COMMISSION

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: Gas 'N Shop, Inc. \* Class & License number: D \*

Trade Name of Licensed Premise: Tobacco Shack #68 \*

Street Address of Licensed Premise: 4741 Holdrege \* City: Lincoln \* County: Lancaster \*

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

Signature of Corporate President/CEO:

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden): Coffey, Angela S. \* Sex: F \* Social Security Number: \*

Date of Birth: \* Place of Birth: Lincoln, Nebraska \*

Home Street Address: 12205 West Bluff Road \* City: Malcolm \* County: Lancaster \*

State: NE \* Zip Code: 68402 \* Home Telephone Number: 402-416-6112 \*

Business Telephone Number: 402-475-1101 \*

Drivers License Number: \* State: 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) \_\_\_\_\_

Social Security Number \_\_\_\_\_

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Drivers License Number \_\_\_\_\_

State \_\_\_\_\_

Date of Birth MAY 17 2005

Place of Birth \_\_\_\_\_

**NEBRASKA LIQUOR CONTROL COMMISSION**

\* 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

*prints enclosed*

**RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

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 MAY 17 2005  
 NEBRASKA LIQUOR  
 CONTROL COMMISSION

	Year	
	From	To
Applicant: City & State		
12205 West Bluff Road, Malcolm, NE	4/04	now
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
2400 West Stirrup Dr., Lincoln	12/99	4/04
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
1900 NW 50th, Lincoln NE	10/95	12/99
Spouse: City & State		

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

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

	Year	
	From	To
Name of Employer		
Gas 'N Shop, Inc.	6/89	now
Name of Supervisor	Telephone Number	
Dave Cap	402-475-1101	

	Year	
	From	To
Name of Employer		
Name of Supervisor	Telephone Number	



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

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MAY 17 2005

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)  
 Gas 'N Shop, Inc. \* 100 \*

Corporate Street Address Mailing address for receipt of Liquor Control Commission Mailings  
 701 Marina Bay Place \* PO Box 81463 \*

Corporate Telephone Number City County State Zip Code  
 402-475-1101 \* Lincoln \* Lancaster \* NE \* 68501 \* -

Name of Registered Agent Name of Proposed Manager  
 Dorothy Bockoven \* Angela S. Coffey \*

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

Name Title Date of Birth  
 Larry W. Coffey \* CEO/President \* \* \*

Social Security Number Home Address (1) City  
 \* 730 Lakeshore Dr. \* Lincoln \*

State Zip Code Home Telephone Number  
 NE \* 68528 \* - 402-474-1669 \*

**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 <u>on file</u> Coffey, Larry Wayne			President
Spouse Name Coffey, Connie F. (Rose) <u>spousal</u>			
Partner Number of Shares / % <u>100</u>			Spouse Number of Shares / % <u>0</u>

Name of Officers, Directors, Members and Spouses.

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MAY 17 2005  
Treas./VP Finance

NEBRASKA LIQUOR  
CONTROL COMMISSION

Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Name

Vik, Thomas C.

Spouse Name

Vik, Chris E. (Shope)

Partner Number of Shares / % 0

Spouse Number of Shares / % 0

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

Cap, David T.

Chief Operations Ofcr

Spouse Name

Cap, Susan A.

Partner Number of Shares / % 0

Spouse Number of Shares / % 0

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

Smetter, Sue A.

Secretary

Spouse Name

Partner Number of Shares / % 0

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)

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NEBRASKA LIQUOR CONTROL COMMISSION

Is this Corporation/LLC controlled by another Corporation?

Yes  No

Name of control Corporation \_\_\_\_\_

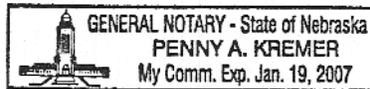
If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: Jan. 1 Ending date: Dec. 31

State of NEBRASKA )  
 ) ss.  
LANCASTER County )

Penny A. Kremer  
Notary Public Signature & Seal



By [Signature]  
President/Member

[Signature]  
Secretary/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.

Verify Form and Print

FORM 35-4183  
REV. 02/01