



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

September 21, 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 Downtown Brakes & Oil, d.b.a. 16th Street Liquor, 1601 N Street requesting a class D liquor license.

Walter Scott, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Walter Scott was born in Friend, Nebraska. He received his GED in 1979.

Mr. Scott has been self employed since 1977.

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





West
Dave Heineman
Governor

RECEIVED
SEP 16 2005
BY: *City Clerk*

1:30 pm 10-17-05
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/>

September 15, 2005

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

*Downtown Brakes & Oil
dba 16th Street Liquor
1601 N Street CLASS D*

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.

*130789
79*

Sincerely,

Jackie B. Matulka

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing Division

*9-21-05
10:30*

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

Liquor License Investigation

Business (DBA) 110TH STREET LIQUOR

Manager Owner Other _____

Name: WALTER SCOTT (TON)

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

How many hours will applicant be at the establishment ? 60+

Any other employment ? No Yes, explain _____

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 Small claims

Photo Records Check References

Comments _____

Interview Date 9/21/05

Local DH 70299

RECEIVED

APPLICATION FOR LIQUOR LICENSE

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.nol.org/home/NLCC/

SEP 18 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

OFFICE USE ONLY

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- A Beer, On Sale Only \$45.00
- B Beer, Off Sale Only \$45.00
- C Beer, Wine & Distilled Spirits, On & Off Sale \$45.00
- D Beer, Wine & Distilled Spirits, Off Sale Only \$45.00
- I Beer, Wine & Distilled Spirits, On Sale Only \$45.00

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits
(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | \$295.00 5,000 min. |
| <input type="checkbox"/> | X | Wholesale Liquor | \$545.00 5,000 min. |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 5,000 min. |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- Individual License, requires insert form 1
- Partnership License, requires insert form 2
- Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: J. MICHAEL RIERDEN

Phone: 476-2413

Firm Name: RIERDEN LAW OFFICE

Firm address: 645 M STREET, SUITE 200, LINCOLN NE 68508

PREMISE INFORMATION

Trade Name (doing business as) 16TH STREET LIQUOR

Street Address #1 1601 N STREET

Street Address #2 _____

City LINCOLN County LANCASTER

Zip Code 68508

Telephone number at premise to be licensed 402-476-2881

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

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: DOWNTOWN BRAKES & OIL, INC.

(
Street Address #1 1601 N STREET

Street Address #2 _____

City LINCOLN County LANCASTER

Zip Code 68508

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment 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. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

APPLICANT INFORMATION

SEP 19 2005

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 charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- Yes If yes, please explain below or attach a separate page.
- No TRAFFIC TICKETS

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). Liquor Inventory may be taken at time of application being submitted.

- Yes
 - No
- Current business name and license number _____

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. Please note: This agreement is not effective until Commissions assigns you a 3-digit ID number.

- Yes
- No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- Yes HASTINGS STATE BANK
- No

RECEIVED

SEP 18 2005

NEBRASKA LIQUOR CONTROL COMMISSION

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.

WALTER JON SCOTT

40-72 HRS. PER WEEK

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

WORKED PART TIME HOURS AT LOES BARON WEST O. ST. DOING SECURITY AND SERVING

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 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 9/31/07

Deed

Purchase Agreement

15. When do you intend to open for business? WITH APPROVAL OF LICENSES I WILL TRY TO OPEN ON OR BEFORE DEC. 1, 2005

16. What will be the main nature of business? What are the anticipated hours of operation? OFF SALE, BEER, LIQUOR, AND WINE NOON - 1 A.M.

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
WALTER JON SCOTT	DEC. 1985	PRESENT	LINCOLN, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release 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, 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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

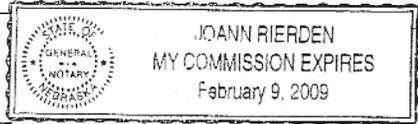
(sign here) _____ (sign here)
(sign here) _____ (sign here)

*Liquor
Comm accepted
and sent to
City Clerk w/0
Signatures*

Subscribed in my presence and sworn to before me this

7th day of September, 2005

Joann Rierden
Notary Public Signature & Seal



In compliance with the 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.

FORM 35-4010
REV. 4/05

RECEIVED

SEP 19 2005

NEBRASKA LIQUOR CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE CORPORATION/LLC INSERT - FORM 3a

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.nol.org/home/NLCC

Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

DOWNTOWN BRAKES AND OIL INC.

Corporate Street Address: 1601 N STREET

City: LINCOLN State: NE Zip Code: 68508

Corporate Telephone Number 476-2881

Total number of shares issued (if corporation) 100

Is this a Non Profit Corporation? YES NO

If yes, what is your Federal ID #?

Name of Registered Agent WALTER JON SCOTT

Name of Proposed Manager SAME

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: SCOTT First Name: WALTER MI J

Address Street 1833 SW 22 City LINCOLN

State NE Zip Code 68522 Home Phone number 476-2881

Social Security Number Date of Birth

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name SCOTT First Name WALTER

Social Security Number _____ Date of Birth _____

Title PRESIDENT Number of Shares 100

Spouse Name (indicate N/A if single) NA

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

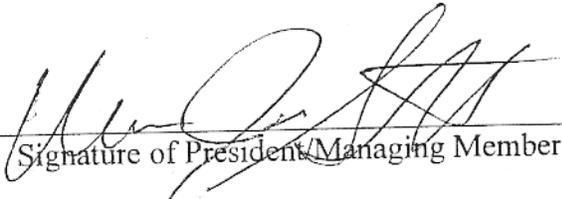
Is this Corporation or Limited Liability Company controlled by another Corporation?

Yes No

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date 1/1 Ending Date 12/31



Signature of President/Managing Member

Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

_____ day of _____, _____

Notary Public Signature & Seal

In compliance with the 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.

Is this Corporation or Limited Liability Company controlled by another Corporation?

Yes No

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date 1/1 Ending Date 12/31

RECEIVED
SEP 12 2005
NEBRASKA LIQUOR
CONTROL COMMISSION

[Handwritten Signature]
Signature of President/Managing Member

Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

12th day of September, 2005

[Handwritten Signature: Joann Rierden]
Notary Public Signature & Seal

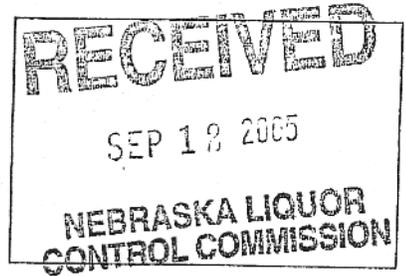
JOANN RIERDEN
MY COMMISSION EXPIRES
February 9, 2009

In compliance with the 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.

FORM 35-4183
REV. 4/05

**APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
*MUST BE A NEBRASKA RESIDENT***

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/



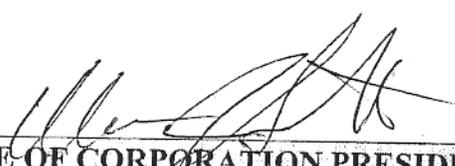
LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION DOWNTOWN BRAKES AND OIL, INC.

CLASS & LICENSE NUMBER _____

TRADE NAME _____

STREET ADDRESS _____ CITY _____


SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME WALTER JON SCOTT

ADDRESS 1833 SW 22ND STREET

CITY LINCOLN STATE NE ZIP CODE 68522

HOME PHONE NUMBER 476-1873 BUSINESS PHONE NUMBER _____

SEX MALE FEMALE SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DRIVERS LICENSE NUMBER & STATE _____

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME NA

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER & STATE _____

RECEIVED

SEP 18 2005

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 charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO

If yes, please explain below or attach a separate page.

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 THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
1833 SW 22ND STREET	1985	2005			

EMPLOYERS - LIST LAST TWO EMPLOYERS

MONTH/YEAR	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM TO			
1977	SELF		

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

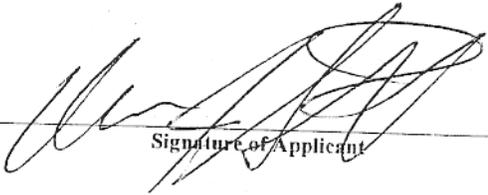
RECEIVED

SEP 19 2005

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 statements made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. 857.01 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 of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Applicant

Signature of Spouse

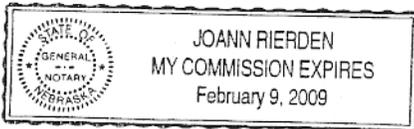
Subscribed in my presence and sworn to before me this 7th day of September, 2005.

Subscribed in my presence and sworn to before me this _____ day of _____.



Notary Signature & Seal

Notary Signature & Seal



STATE OF

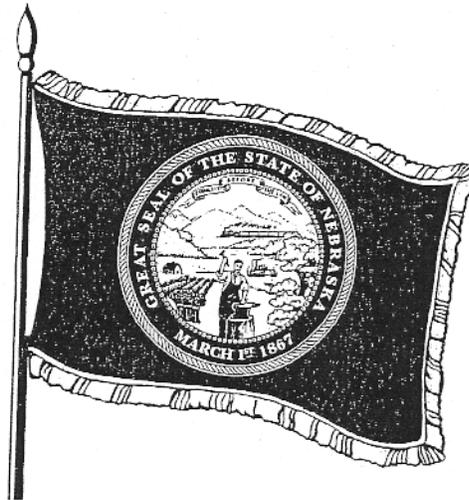
NEBRASKA
RECEIVED

SEP 18 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

Department of State
Lincoln, Nebraska

United States of America,
State of Nebraska } ss.



I, John A. Gale, Secretary of State of Nebraska do hereby certify;

the attached is a true and correct copy of Articles of Incorporation of

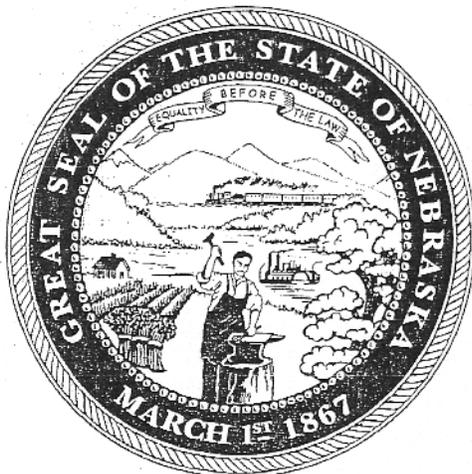
DOWNTOWN BRAKES AND OIL, INC.

with its registered office located in LINCOLN, Nebraska, as filed in
this office on December 4, 1998.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State of
Nebraska on August 19, 2005.

John A. Gale
SECRETARY OF STATE

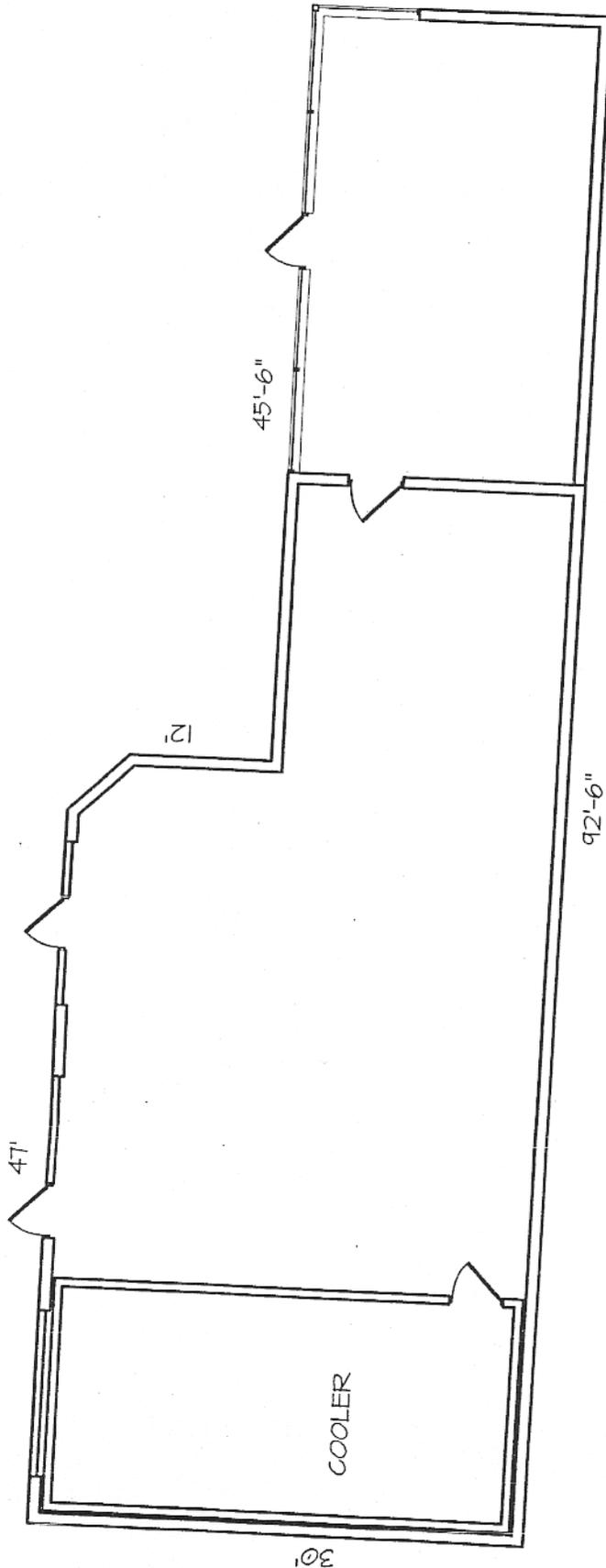


RECEIVED

SEP 18 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

06 SEP 2005



1603 N STREET

NO SCALE

PERSHING SQUARE
1609 N STREET
LINCOLN NEBRASKA 68508
voice: 402/474-3000
fax: 402/474-4045
desassoc@nebraska.com

DESIGN ASSOCIATES
OF LINCOLN, INC