

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

August 31, 2006

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 Great Wraps, 1422 'O' Street requesting that Matthew Johnson be approved as the manager of the class I liquor license.

Background information on the applicant is as follows:

Matthew Johnson was born in Lincoln, Nebraska. He attended Crete High School graduating in 1997. Mr. Johnson served in the United States Armed Forces 1997 – 1999 receiving a general discharge.

Matthew Johnson employment history is as follows:

Present	Manager, Great Wraps	Lincoln, NE.
1999 - 2006	Novartis	Lincoln, NE
1999	Fire Stone Tire	Lincoln, 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



Liquor License Investigation

Business (DBA) GREAT WRAPS

Manager Owner Other _____

Name: MATTHEW JOHNSON

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 ? 50+

Any other employment ? No Yes, explain _____

Any previous experience with a liquor license? Yes No

Any criminal convictions ? No Yes
Comments _____

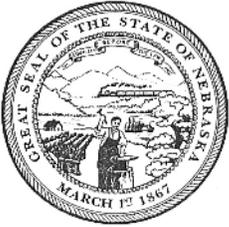
Is applicant a property owner in Lincoln ? Yes No

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

Photo Records Check References

Comments _____

Interview Date 8 / 31 / 06



FILED

~~9-18-06~~ 18 06
9-25-06

STATE OF NEBRASKA

Dave Heineman
Governor

AUG 28 2006

CITY CLERK'S OFFICE
LINCOLN, 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/>

August 23, 2006

Lincoln City Clerk
555 S 10th Street
Lincoln NE 68508

Re: GW Midwest LLC

Dear Clerk:

Enclosed is a copy of a manager application for Matthew Johnson in connection with Great Wraps, located at 1422 O Street, Lincoln, liquor license #I-71654.

Please present this application for manager to your City/Village Council or County Commissioners and send us the results of their action.

Sincerely,

A6-093563
78

NEBRASKA LIQUOR CONTROL COMMISSION

Holly Erickson
Licensing Division

encl.

cc: file

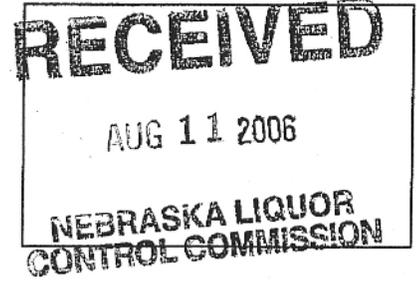
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

**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 GW Midwest LLL
CLASS & LICENSE NUMBER Class I 71654
TRADE NAME Great Wraps
STREET ADDRESS 1422 O' street CITY Lincoln 68508

Dan Throener

SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME Matthew James Johnson
ADDRESS 235 Monroe St.
CITY Bennet STATE NE ZIP CODE 68317
HOME PHONE NUMBER 402-430-3089 BUSINESS PHONE NUMBER 402-475-9727
SEX MALE FEMALE SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ PLACE OF BIRTH Lincoln, NE
DRIVERS LICENSE NUMBER & STATE 2160989 NE

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Christy Joy Johnson
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
DRIVERS LICENSE NUMBER & STATE H12368248 NE

RECEIVED

AUG 11 2006

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

**NEBRASKA LIQUOR
CONTROL COMMISSION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, 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.

Matt Olson

Signature of Applicant

Cheryl Johnson

Signature of Spouse

Subscribed in my presence and sworn to before me this 11th
day of AUGUST, 2006

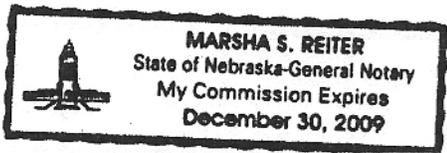
Subscribed in my presence and sworn to before me this 11th
day of AUGUST, 2006

Marsha S. Reiter

Notary Signature & Seal

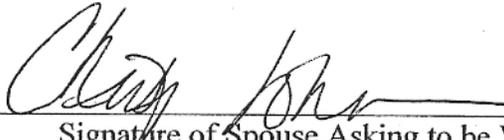
Marsha S. Reiter

Notary Signature & Seal



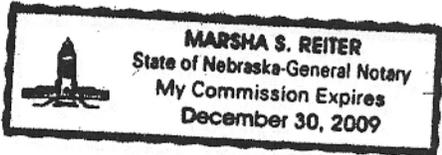
NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

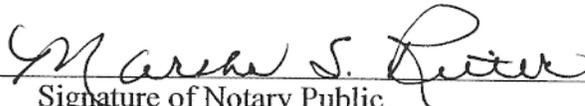
The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.



Signature of Spouse Asking to be Waived

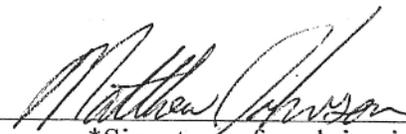
SUBSCRIBED in my presence and sworn to before me this 11th day
of AUGUST, 2006.





Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

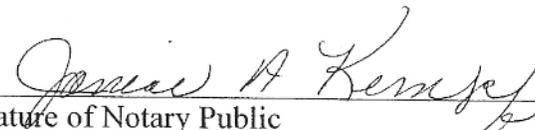


*Signature of applying individual
(spouse of individual listed above)

Matthew Johnson

Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 11th day
of August, 2006



Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit

