



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

November 20, 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 J.T.K., 201 North 7th Street requesting a class I liquor license.

This location was previously known as J. Finnegan's which held a class C liquor license

Jason Kuhr, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Kuhr will be omitted as the Council approved Kuhr as the owner and manager for Main Street Café, located at 1325 'O' Street.

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

NOV 17 2006

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA
November

12-11-06

FILED

Was J Finnegan's OF NEBRASKA

B DLS INC

12/11 pkg for PH?

Let me know soon

CONTROL COMMISSION
Hobert B. Rupe
Executive Director
ennial 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.lcc.ne.gov/>

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

JTK, LLC dba JTK
201 No 7th Street
CLASS I

AB-125856

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) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) 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,

Jackie B Matulka

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

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

75009

local

B JM

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LICENSE APPLICATION CHECKLIST

Applicant Name jtk LLC Telephone # 435-1717 NOV 9 2006

Trade Name jtk Previous Trade Name N/A NEBRASKA LIQUOR CONTROL COMMISSION

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

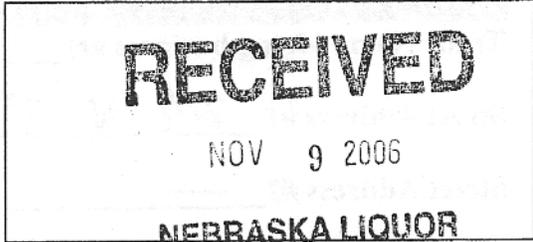
Each item must be checked off and included or marked N/A for not applicable.

- 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure.
- 2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate/LLC License – Form 3 and manager application (with corporate application only). LLC application must include all members.
- 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- N/A 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicants name.
- N/A 6. Enclose a copy of the Temporary Agency Agreement, if applicable. Must be on Commission forms only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- N/A 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

1 Busck-1003
45-RS
Rcpt 406927

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/



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	\$ 45.00 10,000 min.
		(additional fee of \$100 to \$1,000-call for exact amount)	
<input type="checkbox"/>	W	Wholesale Beer	
<input type="checkbox"/>	X	Wholesale Liquor	\$545.00 5,000
<input type="checkbox"/>	Y	Farm Winery	\$795.00 5,000
			\$295.00 1,000

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: JASON KUHR Phone: 730-0858

Firm Name: NA

Firm address: 129 N 10th #402 Lincoln, NE 68508

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APPLICANT INFORMATION

NOV 9 2006

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 Violations - Occurred over 5 yrs ago. Do not recall specifics. none alcohol speeding tickets
Over Capacity - Main St. Cafe 05/03, 01/06

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
Current business name and license number _____
- No

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 Tier One Bank
- No

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.

JASON KUHR - 60 hrs/wk

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.

JASON has owned and operated Main St. Cafe since March of 2002 which is a Licensed Establishment. He also has participated in Hospitality Management Training.

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 8/31/2011
 Deed
 Purchase Agreement

15. When do you intend to open for business? January - February 2007

16. What will be the main nature of business? What are the anticipated hours of operation? RESTAURANT - 11AM - 11PM M-TH
11AM - 1AM F-S

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
JASON KUHR	1996	2006	Lincoln, NE

NOTARIAL PUBLIC
 I, JAMES J. MORAN, Notary Public for the State of Nebraska, do hereby certify that the undersigned applicant(s) hereby consent(s) to a background investigation and release 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

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/

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NEBRASKA LIQUOR
CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION jtk LLC
CLASS & LICENSE NUMBER I
TRADE NAME jtk
STREET ADDRESS 201 N 7th CITY Lincoln

SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME JASON KUHR
ADDRESS 129 N 10th #402
CITY Lincoln STATE NE ZIP CODE 68508
HOME PHONE NUMBER 402-~~628-2222~~ 730-0858 BUSINESS PHONE NUMBER 402-435-1717
SEX MALE FEMALE SOCIAL SECURITY NUMBER [REDACTED]
DATE OF BIRTH [REDACTED] PLACE OF BIRTH BLAIR, NE
DRIVERS LICENSE NUMBER & STATE [REDACTED] NE

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Not Married
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
DRIVERS LICENSE NUMBER & STATE _____

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.

Traffic Violations - Occured over 5 years ago, do not recall specifics.
Over Capacity - Main St. Cafe 05/2003 01/06

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 *MAIN St. Cafe #54963 03/2002*

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 THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
<i>Lincoln, NE</i>	<i>1996</i>	<i>2006</i>			

EMPLOYERS - LIST LAST TWO EMPLOYERS

MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<i>3/02</i>	<i>Current Main St. Cafe (self employed)</i>	<i>N/A</i>	<i>402-435-1717</i>
<i>6/99</i>	<i>3/02 Wells Fargo</i>	<i>Linda</i>	<i>402-434-4250</i>

RECEIVED

NOV 9 2006

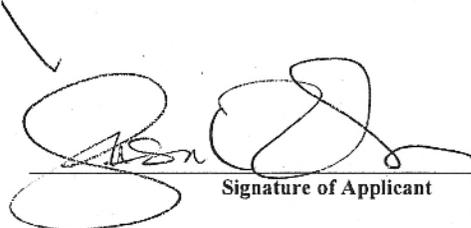
NEBRASKA LIQUOR CONTROL COMMISSION

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

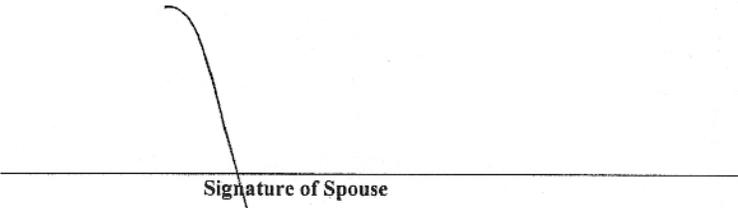
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. 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.



Signature of Applicant



Signature of Spouse

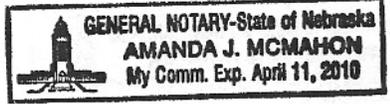
Subscribed in my presence and sworn to before me this 8th
day of November

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



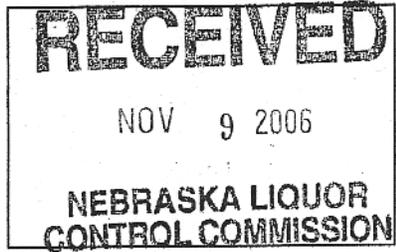
Notary Signature & Seal

Notary Signature & Seal



**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.)

JEK LLC

Corporate Street Address: 201 N. 7th St.

City: Lincoln State: NE Zip Code: 68508

Corporate Telephone Number 402-435-1717

Total number of shares issued (if corporation) ~~100~~ 1

Is this a Non Profit Corporation? YES NO
If yes, what is your Federal ID #? _____

Name of Registered Agent JASON KUHR

Name of Proposed Manager JASON KUHR

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: KUHR First Name: JASON MI T

Address Street 129 N 10th #402 City LINCOLN

State NE Zip Code 68508 Home Phone number 402-730-0858

Social Security Number _____ Date of Birth _____

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

Last Name Kuhr First Name JASON

Social Security Number _____ Date of Birth _____

Title Owner / President Number of Shares 1

Spouse Name (indicate N/A if single) N/A

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 _____

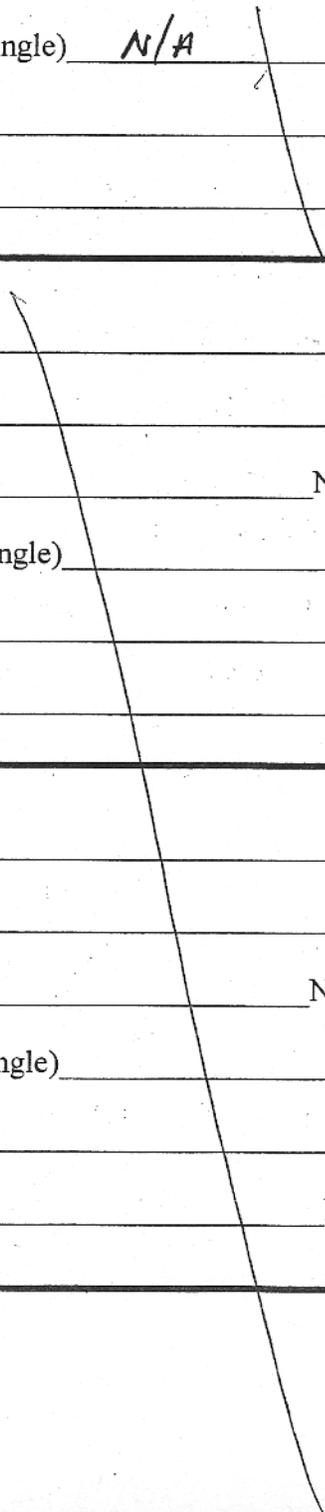
Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

*Signed
copy
prints
enclosed*



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

Yes No

If yes, give name of corporation and supply organizational chart

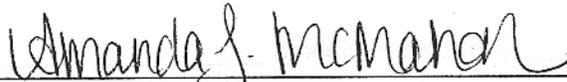
Indicate tax year with the IRS

Starting Date 11/1/07

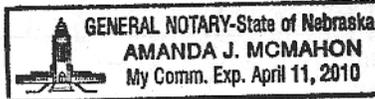
Ending Date 12/31/07



Signature of President/Managing Member

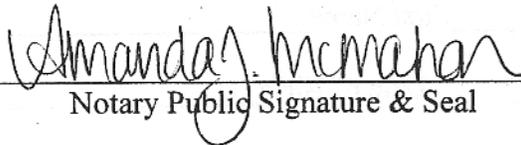


Notary Public Signature & Seal



Subscribed in my presence and sworn to before me this

8th day of November, 2007



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.