

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 26, 2007

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 Kevin Meier Imports, 3540 Village Drive #200. Meier Imports holder of liquor license D/K-52692 requests this liquor license be upgraded to a class C/K liquor license.

Kevin Meier will be the manager of this liquor license. Background information will be omitted as Mr. Meier was previously approved as a manager on the current D/K license.

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





FILED

4-9-07

MAR 23 2007

STATE OF NEBRASKA

Dave Heineman
Governor

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe
Executive Director

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

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.lcc.ne.gov/>

A7-030087

March 21, 2007

Lincoln City Clerk
555 South 10th Street
Lincoln NE 68508-3993

RE: Class CK Application for Kevin Meier Imports

K-Sara Enterprises Inc
dba Kevin Meier Imports
3540 Village Drive, Suite 200
Class C

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,

NEBRASKA LIQUOR CONTROL COMMISSION

Mary Messman
Licensing Division

Enclosures

FROM D/K

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

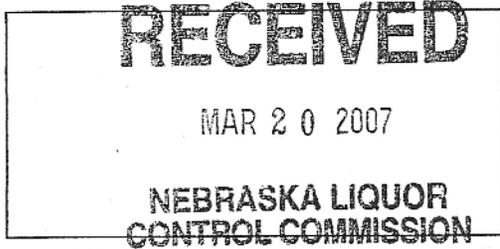
An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

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.lcc.ne.gov



OFFICE USE ONLY

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

- w/c catering*
- 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	\$545.00 5,000 min.
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00 5,000 min.
<input type="checkbox"/>	Y	Farm Winery	\$295.00 1,000 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: KEVIN R. MEIER Phone: 402-470-7100

Firm Name: K-SARA ENTERPRISES, INC

Firm address: 3540 VILAGE DR, STE 200 LINCOLN, NE 68516

PREMISE INFORMATION

Trade Name (doing business as) KEVIN MEYER IMPORTS

Street Address #1 3940 VILLAGE DR, STE 200

Street Address #2 _____

City LINCOLN County LANCASTER

Zip Code 68576

Telephone number at premise to be licensed 402-420-7100

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

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

Name: SEE ABOVE

Street Address #1 _____

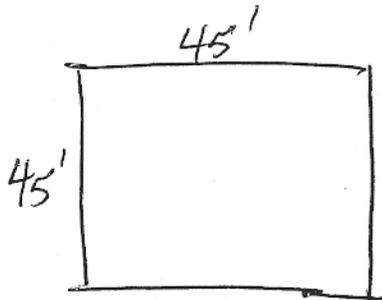
Street Address #2 _____

City _____ County _____

Zip Code _____

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.



Entire one story
Bldg. 45' x 45'

APPLICANT INFORMATION

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

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 *FIRST NATIONAL BANK*
 No

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5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

- Yes
- No

NEBRASKA LIQUOR CONTROL COMMISSION

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.

- Yes
- No

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? (No silent partners)

- Yes
- No

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. Neb. Rev. Stat. 53-177.

- Yes
- No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

- Yes
- No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

FIRST NATIONAL BANK - KEVIN R. MEIER DIRS. / SARA M. MEIER V.P.

11. List all past and present liquor licenses held in Nebraska or any other state 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.

CURRENT LICENSE 52692 D/K

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.

KEVIN R. METZEL 50-60 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.

RESPONSIBLE HOSPITALITY TRAINING - LIQUOR CONTROL COMM.

5-5 YRS. CURRENT OWNER / MANAGER KEVIN METZEL Imports

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 05/2008
- Deed
- Purchase Agreement

15. When do you intend to open for business? ALREADY OPEN

16. What will be the main nature of business? What are the anticipated hours of operation?

RETAIL 10 AM - 10 PM M-SAT 12:00 NOON - 5 SUNDAY

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
KEVIN METZEL 3621 SAN MATEO LN.	1999	2007	LINCOLN, NE
SARA METZEL 3621 SAN MATEO LN.	1999	2007	LINCOLN, NE
KEVIN METZEL 303 S. 28TH	1996	1999	LINCOLN, NE
SARA METZEL 303 S. 28TH	1996	1999	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

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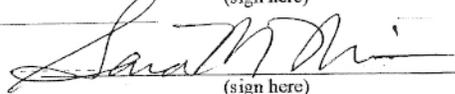
MAR 20 2007

NEBRASKA LIQUOR CONTROL COMMISSION

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

Subscribed in my presence and sworn to before me this

20TH day of MARCH, 2007


Notary Public Signature & Seal

GENERAL NOTARY-State of Nebraska
B. ADKINS
My Comm. Exp. Sept. 25, 2007

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

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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: <http://www.lcc.ne.gov/>

OK FILE

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.

IL-SARA ENTERPRISES, INC. D/B/A KEVIN MEYER IMPORTS

Corporate Street Address: 3540 VILLAGE DR, STE 200

City: LINCOLN State: NE Zip Code: 68516

Corporate Telephone Number 402-426-7100

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 KEVIN R. MEYER

Name of Proposed Manager KEVIN R. MEYER

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: MEYER First Name: KEVIN MI R.

Address Street 3621 SAN MATEO LN. City LINCOLN

State NE Zip Code 68516 Home Phone number 402-326-8882

Social Security Number _____ Date of Birth _____

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

Last Name MEIER First Name SARA

Social Security Number _____ Date of Birth _____

Title N.P. Number of Shares 50

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

~~Spouse~~ Social Security Number _____ Date of Birth _____

Title PRES. Number of Shares 50

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 _____

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

Yes No

If yes, give name of corporation and supply organizational chart

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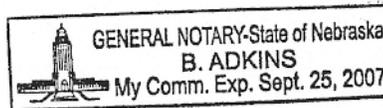
NEBRASKA LIQUOR
CONTROL COMMISSION

Indicate tax year with the IRS

Starting Date 2001 Ending Date CURRENT

[Signature]
Signature of President/Managing Member

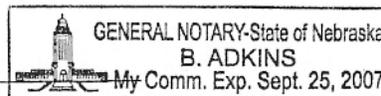
[Signature]
Notary Public Signature & Seal



Subscribed in my presence and sworn to before me this

20 day of MARCH, 2007

[Signature]
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.

**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: <http://www.lcc.ne.gov/>

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION K-SARA ENTERPRISES, INC D/B/A KEVIN MEIER IMPORTS
CLASS & LICENSE NUMBER 52692 D/K
TRADE NAME KEVIN MEIER IMPORTS
STREET ADDRESS 3540 VILLAGE DR., STE 200 CITY LINCOLN, NE ZIP CODE 68516

SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME KEVIN R. MEIER
ADDRESS 3621 SAN MATEO LN.
CITY LINCOLN STATE NE ZIP CODE 68516
HOME PHONE NUMBER 402-~~402~~-328-8882 BUSINESS PHONE NUMBER 402-420-7100
SEX MALE FEMALE SOCIAL SECURITY NUMBER [REDACTED]
DATE OF BIRTH [REDACTED] PLACE OF BIRTH OMAHA, NE
DRIVERS LICENSE NUMBER & STATE [REDACTED]

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME SARA MEIER
SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED]
DRIVERS LICENSE NUMBER & STATE [REDACTED]

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 *CURRENT LICENSE HOLDER*

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 FROM TO		SPOUSE: CITY & STATE	
		FROM	TO		
3621 SAN MATEO LN. LINCOLN		1999	2007	3621 SAN MATEO LN. LINCOLN	
303 S. 28TH ST.		1996	1999	303 S. 28TH ST.	

EMPLOYERS - LIST LAST TWO EMPLOYERS				
MONTH/YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
07/2001	CURRENT	K-SANA ENTERPRISES	SELF	420-7100
05/2000	07/2001	MAERZ'S COOK IN BOTTLE	CHRIS PIPEK	476- 7758 1518

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**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 and 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 Commission

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



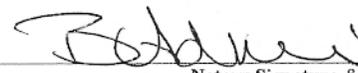
Signature of Spouse

Subscribed in my presence and sworn to before me this 20
day of MARCH 2007.

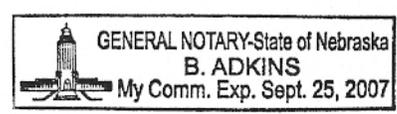
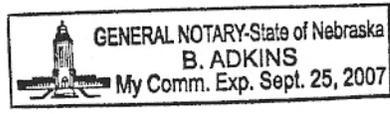
Subscribed in my presence and sworn to before me this 20
day of MARCH 2007.



Notary Signature & Seal



Notary Signature & Seal



**APPLICATION FOR LIQUOR LICENSE
CATERING 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.lcc.ne.gov

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

FEE \$100.00

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER 52692 D/K

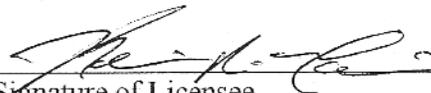
NAME OF LICENSEE K-SARA ENTERPRISES, INC.

TRADE NAME KEVIN MELON IMPORTS

PREMISE ADDRESS 3540 VILLAGE DR, STE 200

CITY/STATE/ZIP CODE LINCOLN, NE 68516

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.



Signature of Licensee

Subscribed in my presence and sworn to before me this 20 day of MARCH 2007



Notary Public Signature & Seal

 GENERAL NOTARY-State of Nebraska
B. ADKINS
My Comm. Exp. Sept. 25, 2007