



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 21, 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 State Theatre, 1415 'O' Street requesting a class I liquor license.

This location will be a movie theatre which will show 2nd run movies, selling food and alcoholic beverages

David McNeil, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

David McNeil was born in Portland, Oregon. He attended Portland State University graduating in 2002.

David McNeil employment history is as follows:

| | | |
|----------------|-----------------------------|--------------------|
| 2003 - Present | Self Employed | |
| 2003 | Analyst, Parthenon Ventures | San Francisco, CA. |
| 2002 - 2003 | Operations, Charles Schwab | San Francisco, CA |

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



Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: STATE Theatre

Address : 1415 O' STREET Phone: _____

Type of Investigation : Purchase Upgrade Expansion New
Owner Manager Other: _____

Type of Business: THEATRE

Liquor Class A B C D I J K Catering Other: _____

Ownership: Corporation Partnership Individual

Amount Financed: NONE Source: _____

Lease Agreement: 542 5000⁰⁰ month

Sales: %Food: 33 %Liquor: 33 - Entry fee 33⁹⁰

Located: Commercial Industrial Residential

Traffic Flow: Heavy Off Street Parking: Yes No

Ready for Operation: Yes No Est Date: APR 15

Food Service: Yes No Employees: F/T 3 P/T 5

Est Seating: 300 - Est Daily Customers 250 +

Hours of Operation: 5:30pm - midnight M-F 3-mid sun 12-mid sat

Any Additional Comments: _____

Liquor License Investigation

Business (DBA) STATE THEATRE

Manager Owner Other _____

Name: DAVID McNEIL

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 mip 1993

Is applicant a property owner in Lincoln ? Yes No

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

Photo Records Check References
DATA WORKS
NO.3 - CRIM
Comments _____

Interview Date 3 / 21 / 07



Dave Heineman
Governor

FILED

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.lcc.ne.gov/>

MAR 19 2007

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

March 16, 2007

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

RE: New Application for Class I License for State Theatre Inc dba State Theatre

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.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Tami Applebee
Licensing Division

A7-027238

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

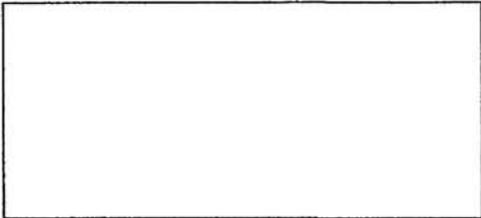
An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

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

issue when ready - if before May 1st

**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
- F ~~Beer, Wine & Distilled Spirits, On Sale Only~~ \$45.00

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

NEBRASKA LIQUOR CONTROL COMMISSION

MISCELLANEOUS

- L Craft Brewery (Brew Pub) \$295.00 Bond 1,000 min.
- O Boat \$ 95.00 N/A
- V Manufacturer, Beer, Wine & Distilled Spirits \$ 45.00 10,000 min.
(additional fee of \$100 to \$1,000-call for exact amount)
- W Wholesale Beer \$545.00 5,000 min.
- X Wholesale Liquor \$795.00 5,000 min.
- 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: _____ Phone: _____

Firm Name: _____

Firm address: _____

PREMISE INFORMATION

Trade Name (doing business as) STATE THEATRE

Street Address #1 1415 O STREET

Street Address #2 _____

City LINCOLN County Lancaster #2

Zip Code 68508 415-531-7925

Telephone number at premise to be licensed No Telephone Yet

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

city

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

Name: TAKAKO SHINJO

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Street Address #1 1415 O STREET

MAR 6 2007

Street Address #2 _____

City LINCOLN County Lancaster NEBRASKA LIQUOR CONTROL COMMISSION

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.

50' by 142' 3 levels: 1st level: lobby, 2nd level - Theater, 3rd level - basement with walk in cooler.

we want entire area to be licensed.

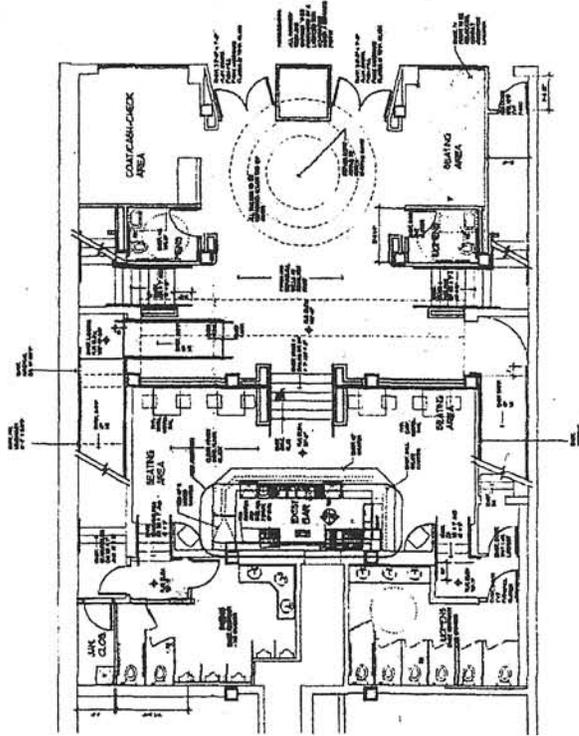
See drawings attached.

two story building approx 50 x 142

including basement area

**1415
FLOOR PLAN
(LOBBY &
ENTRANCE)**

*1st
Level*



"D" Street Entrance

Main Lobby

Men's & Women's
Restrooms

Downstairs Bar Area

Main Restrooms

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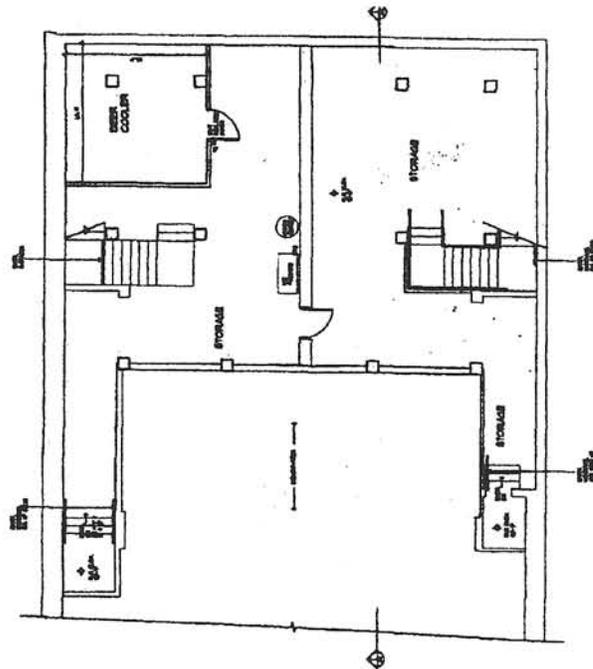
APR 17 2007

NEBRASKA LIQUOR
CONTROL COMMISSION
Cooler

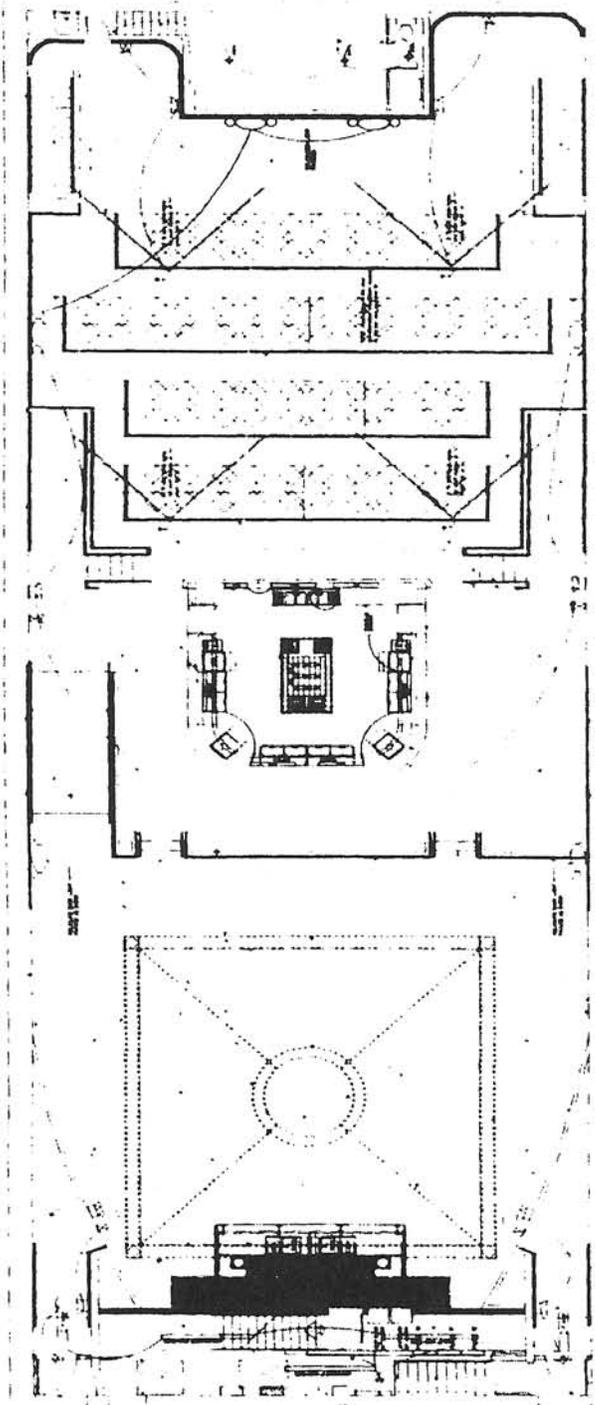
Stairway
Coming
From Side
Streetfront
Entrance

(BASEMENT)

*3rd
Level*



2nd level:
THEATER



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MAR 6 2 2007

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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

DAVID MCNETT
MINOR IN POSSESSION CHARGE
MT. VERNON, WA
~~WA~~ October 1993

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NEBRASKA LIQUOR
CONTROL COMMISSION

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
 No

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

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 All Coolers, chairs and tables come with the building as part of the lease. from B and J

No

see attached Partnership, cont.

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

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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. 53-1001

Yes

No

NOV 6 2007
NEBRASKA LIQUOR CONTROL COMMISSION

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.

Primary Bank: Wells Fargo

TAKAKO SHINJO - only individual authorized

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.

None

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. David McNeil and Takako Shinjo 60 hours / week each. We will also hire a manager in early April 2007 (2 weeks before we open). Manager requirements include experience serving alcohol products in management role. manager to work 40 hours a 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. David McNeil worked as manager of Rush Soba restaurant from 1997 to 1998, which served wine and beer.

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 May 31st, 2012
 Deed
 Purchase Agreement

15. When do you intend to open for business? April 15th, 2007

16. What will be the main nature of business? What are the anticipated hours of operation? 2nd run movie theater
3 pm to 12 am, Sun to Fri, 12pm-12am Sat

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 |
|-----------------------------|------------|----------|---------------|
| TAKAKO SHINJO, David McNeil | 2006 | 2007 | Portland, OR |
| " " | 2005 | 2006 | San Diego, CA |
| " " | 2004 | 2005 | Newport, OR |
| " " | 2002 | 2004 | SF, CA |
| DAVID MCNEIL | 1996 | 2002 | Portland, OR |
| TAKAKO SHINJO | 1996 | 2002 | Tokyo, JAPAN |

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.

Takelo Slivij

(sign here)

[Signature]

(sign here)

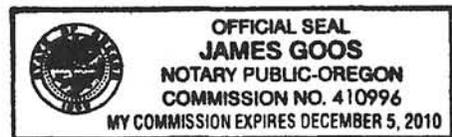
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MAR 6 2007
NEBRASKA LIQUOR
CONTROL COMMISSION

Subscribed in my presence and sworn to before me this

27 day of FEBRUARY, 2007

[Signature]

Notary Public Signature & Seal

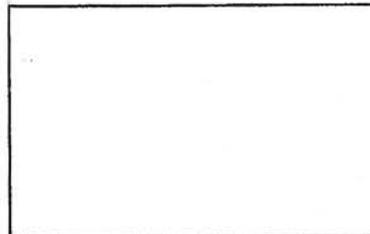


In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

**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.

Corporate Street Address: 1415 O street

City: Lincoln State: NE Zip Code: 68528

Corporate Telephone Number 415-531-7925

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 David McNeil

Name of Proposed Manager David McNeil
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: McNeil First Name: David MI #

Address Street 129 N 10th Street #3/2 City Lincoln

State NE Zip Code 68508 Home Phone number 415-994-3090

Social Security Number _____ Date of Birth 1/1

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

Last Name ~~David~~ McNeil First Name David

Social Security Number - - - Date of Birth 1/1

Title President Number of Shares 50

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

Spouse Social Security Number - - - Date of Birth 1/1

Title Vice President Number of Shares 50

Last Name Shinjo First Name Takako

Social Security Number - - - Date of Birth 1/1

Title Vice President Number of Shares 50

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

Spouse Social Security Number - - - Date of Birth 1/1

Title President 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 _____

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

Yes No

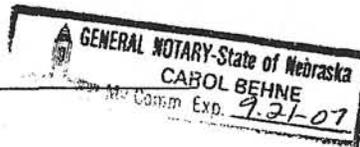
If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date Jan. 1st Ending Date Dec. 31st

X [Signature]
Signature of President/Managing Member

Carol Behne
Notary Public Signature & Seal



Subscribed in my presence and sworn to before me this

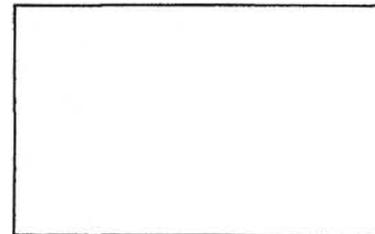
_____ day of _____,

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.

**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 STATE THEATRE, INC.

CLASS & LICENSE NUMBER CLASS I

TRADE NAME STATE THEATRE

STREET ADDRESS 1415 O STREET CITY LINCOLN

SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME DAVID McNEIL

ADDRESS 129 N. 10th St. #312

CITY LINCOLN STATE NE ZIP CODE 68508

HOME PHONE NUMBER 415-531-7925 BUSINESS PHONE NUMBER 415-531-7925

SEX MALE FEMALE SOCIAL SECURITY NUMBER [REDACTED]

DATE OF BIRTH 1/1 PLACE OF BIRTH Portland, OR

DRIVERS LICENSE NUMBER & STATE [REDACTED] OR

SPOUSE INFORMATION

SPOUSE NAME TAKAKO SHINJO

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 1/1

DRIVERS LICENSE NUMBER & STATE D CA

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.

MIND IN POSSESSION 1993, October, MT. VERNON, WA

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

Kona, HI
Made application, but did not finalize

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 |
| Portland, OR | 2006 | 2007 | Portland, OR | 2006 | 2007 |
| " " | 2005 | 2006 | San Diego | " | " |
| NEWPORT, OR | 2004 | 2005 | " " | " | " |
| San Francisco | 2002 | 2004 | | | |

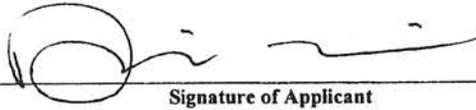
| EMPLOYERS FOR LAST TWO EMPLOYERS | | | |
|----------------------------------|------------------|--------------------|------------------|
| MONTH/YEAR FROM TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
| | Self Employed | | |
| | | | |

**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



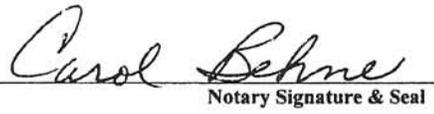
Signature of Spouse

Subscribed in my presence and sworn to before me this 14th
day of March, 2007.

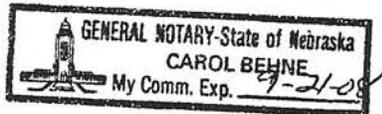
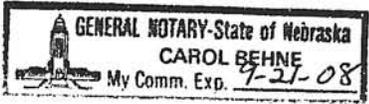
Subscribed in my presence and sworn to before me this 14th
day of March, 2007.



Notary Signature & Seal



Notary Signature & Seal



List of property owned by landlord and included in lease.

Equipment included in the lease and owned by the landlord, B and J partnerships, LTD.

#6

Walk in cooler

3 beer keg coolers

11 refrigerators

50 tables

200 chairs

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MAR 07 2007

NEBRASKA LIQUOR
CONTROL COMMISSION