

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

April 17, 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 The Restaurant featuring The Other Room, 500 Westgate Boulevard requesting a class C liquor license.

Michael Michel, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Michael Michel was born in Dubuque, Iowa. He attended Lincoln High School graduating in 1972.

Michael Michel employment history is as follows:

2006 - Present	Agent, Woods Brothers	Lincoln, NE.
1974 - 2005	Manager, Alltel	Lincoln, NE.

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: THE RESTAURANT

Address : 500 WESTGATE Phone: _____

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

Type of Business: Rest & BAR

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

Ownership: Corporation Partnership Individual

Amount Financed: NONE Source: NONE

Lease Agreement: 5YR 3000⁰⁰ - RENEW

Sales: %Food: 70 %Liquor: 30

Located: Commercial Industrial Residential

Traffic Flow: moderated Off Street Parking: Yes No

Ready for Operation: Yes No Est Date: JUNE 07

Food Service: Yes No Employees: F/T 4 P/T 12

Est Seating: 120 Est Daily Customers 150

Hours of Operation: ATTACHED

Any Additional Comments: _____

Liquor License Investigation

Business (DBA) THE RESTAURANT

Manager Owner Other _____

Name: michael michel

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 WOODS BROTHERS

Any previous experience with a liquor license? Yes No

Any criminal convictions? No Yes
Comments DWI 89 - FINE

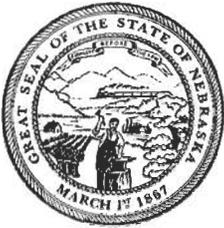
Is applicant a property owner in Lincoln? Yes No

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

Photo Records Check References
DMV
Comments _____

Interview Date 4 / 17 / 07

5-14



FILED

STATE OF NEBRASKA

Dave Heineman
Governor

APR 13 2007

NEBRASKA LIQUOR CONTROL COMMISSION

Hubert 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/>

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

April 12, 2007

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

A7-038027

RE: New Application for Class C License for CaNaKa, Inc dba The Restaurant featuring The Other Room

Dear Local Governing Body:

500 WEST GATE BLVD

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

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

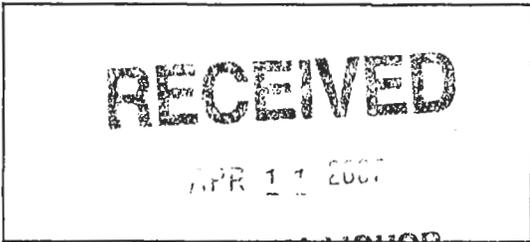
An Equal Opportunity/Affirmative Action Employer

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.nol.org/home/NLCC/



OFFICE USE ONLY

NEBRASKA LIQUOR
CONTROL COMMISSION

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

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input checked="" type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 5,000 |
| <input type="checkbox"/> | Y | Farm Winery | \$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)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License, requires insert form 1 |
| <input type="checkbox"/> | Partnership License, requires insert form 2 |
| <input checked="" type="checkbox"/> | 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) The Restaurant Featuring The Other Room

Street Address #1 500 Westgate Blvd.

Street Address #2 _____

City Lincoln County Lancaster #2

Zip Code 68528 326-3888 (Mike's cell)

Telephone number at premise to be licensed unknown at the time - will provide as soon as we get it.

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

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

Name: The Restaurant Featuring The Other Room

Street Address #1 500 Westgate Blvd

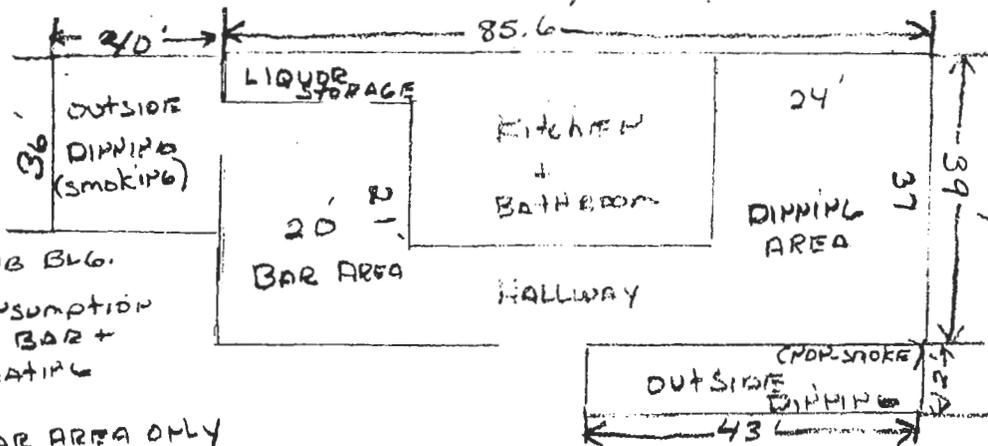
Street Address #2 _____

City Lincoln County Lancaster

Zip Code 68528

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.



- 1 story SLAB BLDG.
- ALCOHOL CONSUMPTION IN DINING, BAR + OUTSIDE DINING AREAS
- SALES IN BAR AREA ONLY

One story bldg approx 39' x 86' with outdoor area to S 36' x 40' and outdoor area to the east 12' x 43'

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

Michael J Michel: DWI 1989, Lincoln, NE
Debra S. Michel: Misdemeanor(2), 1989, Lincoln, NE
Violations have been pardoned by the board of
pardon s as of 4/4/07.
I will send in a copy of the pardon when
I receive it

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 _____
 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 Owner: B+J Partnership, LTD DBA Speedway Properties
Tables, chairs, kitchen equipment + bar refrigeration
 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.

Wells Fargo - Downtown Branch
Authorized users: Mike + Deb Michel +
Cassie Donathan

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 Held

OK

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.

Michael J. michel 60 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.

NO current training at this time, but have been provided information to sign up for classes.

need training

OK

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 31, 2012
- Deed
- Purchase Agreement

OK

14. When do you intend to open for business? June 4, 2007

OK

What will be the main nature of business? What are the anticipated hours of operation? Restaurant Mon-Wed 11:00-9:00 Thurs-Sat 11:00-10:00
BAR Monday-Sat 3:00 pm - 1:00 am

OK

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
<u>Michael + Debra michel</u> <u>820 Lakeshore Drive</u>	<u>9/03</u>	<u>current</u>	<u>Lincoln, NE</u>
<u>Michael + Debra michel</u> <u>6518 Baldwin Ave</u>	<u>12/97</u>	<u>9/03</u>	<u>Lincoln, NE</u>

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.

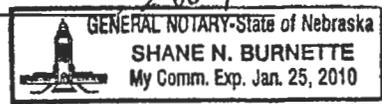
<u>Debra S. Michel</u> (sign here)	<u>Michael J. Michel</u> (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)

Subscribed in my presence and sworn to before me this

11th day of April

2007

Shane N. Burnette

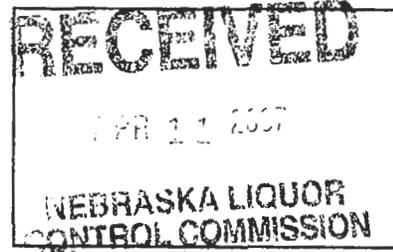


Notary Public Signature & Seal

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/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.

Ca Na Ka, Inc

Corporate Street Address: 2701 N. 48th Street

City: Lincoln State: NE Zip Code: 68504

Corporate Telephone Number 402-466-1011

Total number of shares issued (if corporation) 10,000 shares

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

Name of Registered Agent Darrell Stock

Name of Proposed Manager Michael Michel
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Michel First Name: Debra MI S

Address Street 820 Lakeshore Dr. City Lincoln

State NE Zip Code 68528 Home Phone number 402-742-5008

Social Security Number _____ Date of Birth _____

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

Last Name Michel First Name Debra

Social Security Number _____ Date of Birth _____

Title President Number of Shares Capital Stock 10,000 Shares at \$1.00 per value per share

Spouse Name (indicate N/A if single) Michael Michel Issued stock 1,000 Shares @ \$1.00 per value per share

Spouse Social Security Number _____ Date of Birth _____

Title Corporate Manager Number of Shares 10,000

Last Name Michel First Name Michael

Social Security Number _____ Date of Birth _____

Title Corporate Manager Number of Shares Capital Stock 10,000 Shares \$1.00 per value per share

Spouse Name (indicate N/A if single) Debra Michel Issued stock 1,000 Shares @ \$1.00 per value per share

Spouse Social Security Number _____ Date of Birth _____

Title President Number of Shares 10,000

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

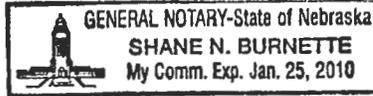
Indicate tax year with the IRS

Starting Date January 1 Ending Date December 31

Debra S. Michel

Signature of President/Managing Member Deb

Shane N. Burnette



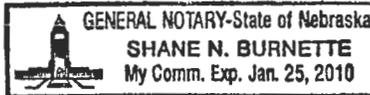
Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

11th day of April, 2007

Shane N. Burnette

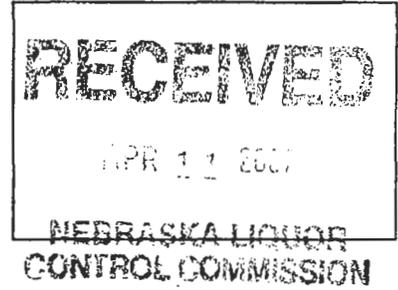
Notary Public Signature & Seal



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 Ca Na ka, Inc.

CLASS & LICENSE NUMBER _____

TRADE NAME The Restaurant Featuring The Other Room

STREET ADDRESS 500 Westgate Blvd CITY Lincoln

Debra S. Michel

SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME Michael J Michel

ADDRESS 820 Lakeshore Drive

CITY Lincoln STATE NE ZIP CODE 68528

HOME PHONE NUMBER 402-742-5008 BUSINESS PHONE NUMBER 402-326-3888

SEX MALE FEMALE SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH Dubuque, IA

DRIVERS LICENSE NUMBER & STATE _____

SPOUSES INFORMATION

SPOUSE NAME Debra S. Michel

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.

MICHAEL J. MICHEL : DWI 1989, LINCOLN NE
DEBRA S. MICHEL : MISDEMEANOR (2), 1989, LINCOLN, VIOLATIONS HAVE
BEEN PARDONED BY THE BOARD OF NE PARDONS AS OF 4/4/02. I WILL
SEND IN A COPY OF THE PARDON WHEN I RECEIVE IT.

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
Michael Michel Lincoln, NE		9/03	current	Debra Michel Lincoln, NE		9/03	current
820 Lakeshore Dr				820 Lakeshore Dr			
Michael Michel Lincoln NE		12/97	9/03	Debra Michel Lincoln, NE		12/97	9/03
6518 Baldwin Ave				6518 Baldwin Avenue			
EMPLOYERS - LIST LAST TWO EMPLOYERS							
MONTH/YEAR		NAME OF EMPLOYER		NAME OF SUPERVISOR		TELEPHONE NUMBER	
FROM	TO						
2/05	current	Michel's Ville Grille		Self-employed		402-466-7011	
2/76	10/04	LTI, Aliant, Alltel		Tim Mortenson		402-436-5500	

**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.

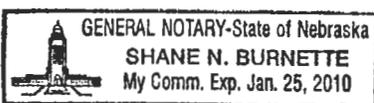
Michael J. Michel
Signature of Applicant
Mike

Debra S. Michel
Signature of Spouse
Deb

Subscribed in my presence and sworn to before me this 11th
day of April 2007

Subscribed in my presence and sworn to before me this 11th
day of April 2007

Shane N. Burnette
Notary Signature & Seal



Shane N. Burnette
Notary Signature & Seal

