



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

May 4, 2007

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Buetler and Members of the City Council:

An investigation has been made regarding the application of MI Investments, LLC, d.b.a. Five Willows, 4747 Pioneers requesting a class I liquor license.

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

Background information on Mr. Raasch will be omitted as he has been approved by the Council on several past liquor licenses.

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



6-4-07



FILED

STATE OF NEBRASKA

Dave Heineman
Governor

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/>

MAY - 3 2007

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

May 2, 2007

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

A7-045428

RE: New Application for Class I License for MI Investments, LLC dba Five Willows

Dear Local Governing Body:

4747 Pioneer 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

Tami Applebee
Licensing Division

Enclosures

Buggy Bath-west

Rhonda R. Flower
Commissioner

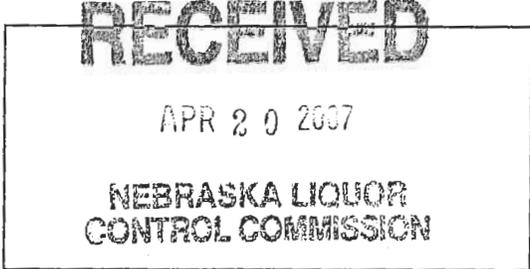
Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

City Clerk

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

New App 1-76686

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: Sue Lundy Phone: (402) 438-4040

Firm Name: Baasch Properties

Firm address: 216 N. 11th St., #101, Lincoln NE 68508

PREMISE INFORMATION

Trade Name (doing business as) five willows

Street Address #1 4147 Pioneers Blvd

Street Address #2 _____

City Lincoln County LANCASTER

Zip Code 108506

Telephone number at premise to be licensed 402.488.4747

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

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

Name: five willows

Street Address #1 4147 Pioneers Blvd

Street Address #2 _____

City Lincoln County LANCASTER

Zip Code 108506

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.

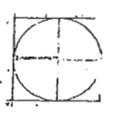
See Attached.

1st floor irregular shaped area approx 196' x 115 and 2nd floor irregular shaped area approx 132' x 96'

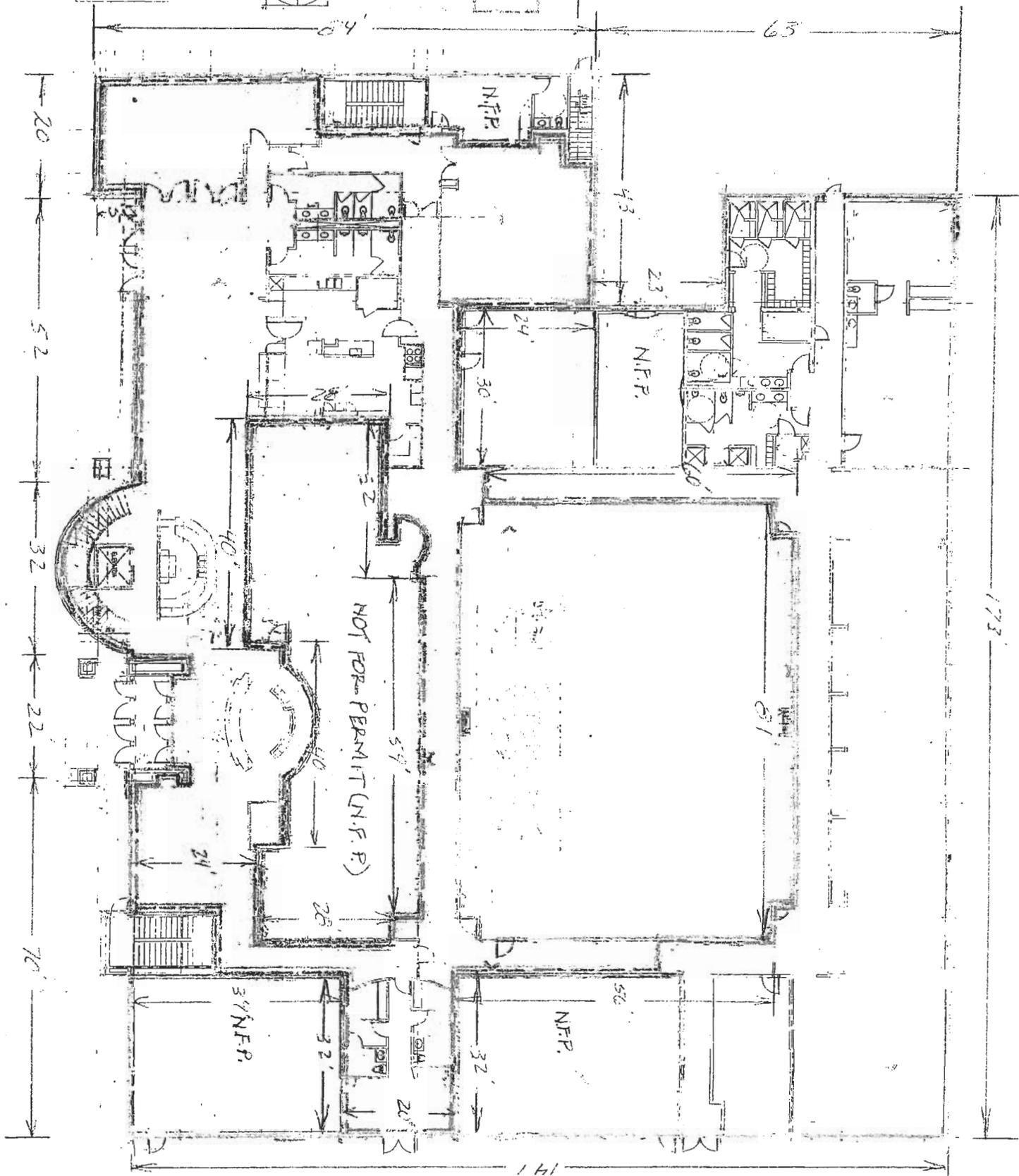
LEGEND

LEGEND
FLOOR
PERMIT
AREA

NOT FOR
PERMIT



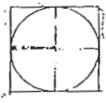
five Willows
4747 Pioneers Blvd.
1st LEVEL FLOOR PLAN
A1.1



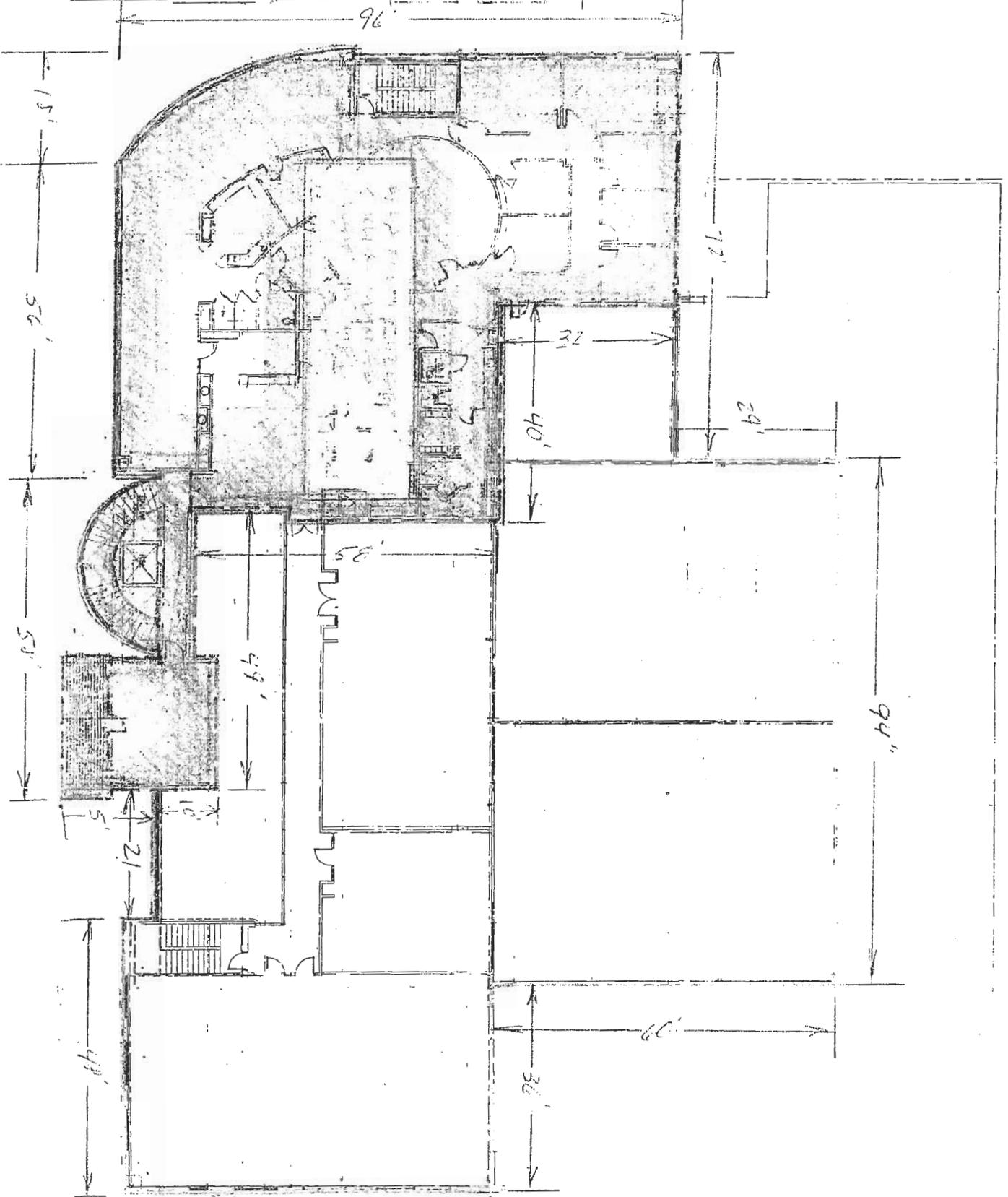
LEGEND

LIQUOR PERMIT AREA

NOT FOR PERMIT AREA



five Willows
4747 Pioneers Blvd.
2nd LEVEL FLOOR PLAN
A1.2



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 FARMER BANK

 No

RECEIVED

APR 20 2007

NEBRASKA LIQUOR CONTROL COMMISSION

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 _____
- 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.

FARMERS BANK
 David Franze
 Mike Raasch

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.

N/A

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.

Brad Benson 70-80 Hrs.

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.

Wilderness Ridge Golf Club

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 _____
 Deed - Attached.
 Purchase Agreement

15. When do you intend to open for business? Bar & restaurant - 5-15-07

16. What will be the main nature of business? What are the anticipated hours of operation?
Health club - entire operation 6am-11pm
Bar & Restaurant Mon-Thurs 7am-10pm
Fri & Sat 7am-11pm Sun 12 noon-10pm

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
Michael D. Haasch	1986	2007	Lincoln NE
Diane K. Haasch	1993	2007	Lincoln NE
Ingrid Franze	97	07	Eagle, NE
Soeln Reinhardt	97	07	Eagle, NE

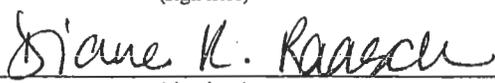
per tc
w/ sue
Wendy

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.

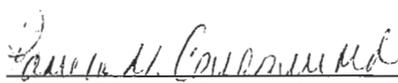
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

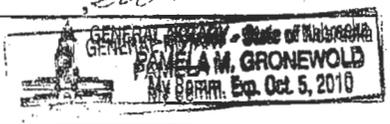
 (sign here)	 (sign here)
 (sign here)	 (sign here)
 (sign here)	 (sign here)
 (sign here)	 (sign here)
 (sign here)	 (sign here)

Subscribed in my presence and sworn to before me this

12th day of April

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.

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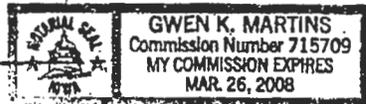
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

<u>[Signature]</u> (sign here)	_____	(sign here)
<u>[Signature]</u> (sign here)	_____	(sign here)
_____	_____	(sign here)
_____	_____	(sign here)
_____	_____	(sign here)

Subscribed in my presence and sworn to before me this

12 day of April, 2007

[Signature]
Notary Public Signature & Seal

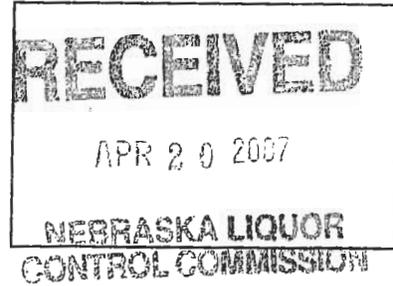


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FORM 35-4010
REV. 4/05

**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.

M I Investments, I.L.C.

Corporate Street Address: 4747 Pioneers Blvd

City: Lincoln State: Ne Zip Code: 68504

Corporate Telephone Number (402) 488 4747

Total number of shares issued (if corporation) 2,000 Shares

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

Name of Registered Agent Michael D. Raasch

Name of Proposed Manager Michael D. Raasch
This person must complete form 35-4013

List name of Chief Executive Officer _____

Last Name: Raasch First Name: Michael MI D

Address Street 1645 "N" Street, Suite E City Lincoln

State Nebraska Zip Code 68508 Home Phone number (402) 488-7436

Social Security Number _____ Date of Birth _____

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

Last Name Raasch First Name Michael

Social Security Number 505-70-8788 Date of Birth

Title Registered Agent/Member Number of Shares 1,000

Spouse Name (indicate N/A if single) Diane K. Raasch

Spouse Social Security Number Date of Birth

Title Spouse Number of Shares 0

Last Name Franze First Name Ingrid

Social Security Number Date of Birth

Title Member Number of Shares 1,000

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

Spouse Social Security Number Date of Birth

Title Spouse Number of Shares 0

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

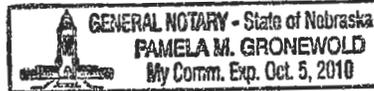
If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date 06-11-04 Ending Date 12-31-04 *

* We are on a calendar-year basis for taxes.

Signature of President/Managing Member



Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

1st day of December, 2006

Notary Public Signature & Seal

RECEIVED

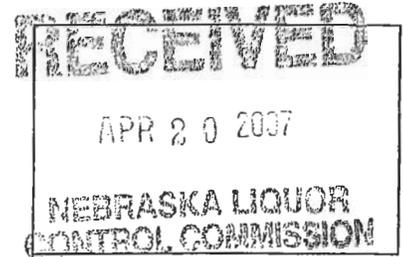
APR 20 2007

NEBRASKA LIQUOR CONTROL COMMISSION

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/>



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION M I Investments, L.L.C.

CLASS & LICENSE NUMBER I - Beer, Wine & Distilled Spirits - On Sale Only

TRADE NAME M I Investments, L.L.C.

STREET ADDRESS 4747 Pioneers Boulevard

CITY Lincoln, NE 68506

SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME Michael D. Raasch

ADDRESS 1645 "N" Street, Suite E

CITY Lincoln

STATE NE

ZIP CODE 68508

HOME PHONE NUMBER (402) 488-7436

BUSINESS PHONE NUMBER (402) 488-4747

SEX MALE FEMALE

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

PLACE OF BIRTH Kearney, NE

DRIVERS LICENSE NUMBER & STATE _____

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Diane Kay Raasch

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.

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 Buggy Bath -West and Buggy Bath - East. I still have the liquor for Buggy Bath-West, but Buggy Bath-East has sold approximately four years ago.

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	YEAR FROM TO	
Lincoln, NE	1986	2007	Lincoln, NE	1993	2007

EMPLOYERS - LIST LAST TWO EMPLOYERS

MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
	N/A Self Employed		

