



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



lincoln.ne.gov

August 22, 2007

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

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Magnolia Restaurant, 301 North 8<sup>th</sup> Street requesting a class I liquor license.

Nickolas Fraley has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Nickolas Fraley was born in Lincoln, Nebraska. He attended Southeast Community College graduating in 2005.

Nickolas Fraley employment history is as follows:

Present	Chef, Magnolia Restaurant	Lincoln, NE.
2000 - 2007	Chef, Yankee Hill CC	Lincoln, NE.
1998 - 2000	Chef, Holiday Inn	Lincoln, NE.
1996 - 1998	Cook, Farabees	Lincoln, NE.
1997 - 1998	Cook, Julio's	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 Investigation

Business (DBA) MAGNOLIA RESTAURANT

Manager       Owner       Other

Name: NICHOLAS FRATELLO

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 TRAFFIC ONLY

Is applicant a property owner in Lincoln?  Yes       No

Is applicant involved in any civil litigation?  No       Yes  
Comments \_\_\_\_\_

Photo       Records Check       References

Comments \_\_\_\_\_

Interview Date 8/22/07

**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  
 No

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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

See attached list

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.

Cornhusker Bank 1101 Cornhusker Hwy. Lincoln, NE 68521

Somsri Chollett

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.

Somsri Chollett, approximately 50-60 hours 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.

None, will be taking a hospitality class

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 Lease attached  
 Deed  
 Purchase Agreement

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

16. What will be the main nature of business? What are the anticipated hours of operation? Restaurant and Bar Sunday 11 a.m.-2:30 p.m. & 5 p.m.-9:30 p.m. Mon.-Thur. 11 a.m.-2:30 p.m. & 5 p.m.-10 p.m.; Fri. & Sat. 11 a.m.-2:30 p.m. & 5 p.m.-11 p.m.

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
Somsri Chollett	1997	Present	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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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.

[Signature] \_\_\_\_\_ (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

31 day of July, 2007

Brenda D. Slack  
Notary Public Signature & Seal

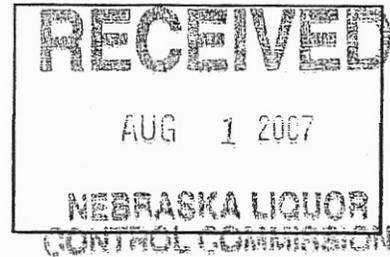
GENERAL NOTARY - State of Nebraska  
BRENDA D. BLACK  
My Comm. Exp. June 5, 2008

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



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.

Magnolia Restaurant, Inc.

Corporate Street Address: 4820 Hillside St., Apt. 2.

City: Lincoln State: NE Zip Code: 68506

Corporate Telephone Number 402-525-6649

Total number of shares issued (if corporation) 1,000

Is this a Non Profit Corporation?  YES  NO

If yes, what is your Federal ID #? \_\_\_\_\_

Name of Registered Agent Somsri Chollett

Name of Proposed Manager Nickolas A. Fraley

This person must complete form 35-4013

List name of Chief Executive Officer \_\_\_\_\_

Last Name: Chollett First Name: Somsri MI

Address Street 4820 Hillside St., Apt. 2 City Lincoln

State NE Zip Code 68506 Home Phone number 402-525-6649

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Last Name Chollett First Name Somsri

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title Director and President/Secretary/Treasurer Number of Shares 1,000

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

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

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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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Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

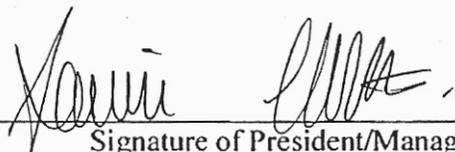
Is this Corporation or Limited Liability Company controlled by another Corporation?

Yes  No

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

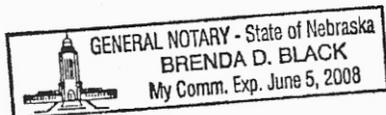
Starting Date January 1 Ending Date December 31



Signature of President/Managing Member



Notary Public Signature & Seal

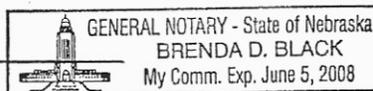


Subscribed in my presence and sworn to before me this

31 day of July, 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.

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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LIQUOR LICENSE INFORMATION

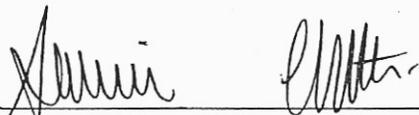
NAME OF LICENSED CORPORATION Magnolia Restaurant, Inc.

CLASS & LICENSE NUMBER pending

TRADE NAME \_\_\_\_\_

STREET ADDRESS 301 N 8th St.

CITY Lincoln



SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME Nick Fraley

(NICKOLAS)

ADDRESS 715 S. 33rd St.

CITY Lincoln

STATE NE

ZIP CODE 68510

HOME PHONE NUMBER (402) 450-0252

BUSINESS PHONE NUMBER (402) 450-0252

SEX  MALE  FEMALE

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH Lincoln, NE

DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Rae Ann Fraley

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

**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.

Nick Fraely, Reckless Driving, Lincoln, NE (2005)  
Rae Ann Faley, DUI, Lincoln, NE (2003)

**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 FROM      TO		SPOUSE: CITY & STATE	
		FROM	TO	FROM	YEAR TO
Lincoln, NE		Birth	Present	Mullen, NE	Birth
				Lincoln, NE	1999
				Omaha, NE	2000
				Lincoln, NE	2002
				Lincoln, NE	Present
EMPLOYERS - LIST LAST TWO EMPLOYERS					
MONTH/YEAR FROM      TO		NAME OF EMPLOYER		NAME OF SUPERVISOR	TELEPHONE NUMBER
5/2000	8/2007	Yankee Hill Country Club		Chris Thomson	402-450-2281
1/1998	5/2000	Green Mill @ The Holiday Inn Downtown			N/A

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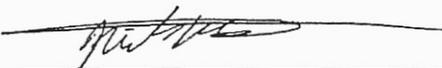
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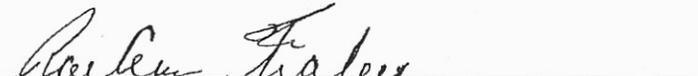
**PERSONAL OATH AND CONSENT OF INVESTIGATION  
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant 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

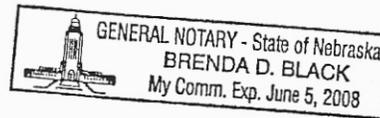
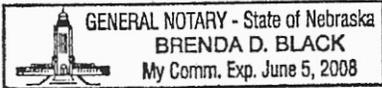
  
\_\_\_\_\_  
Signature of Spouse

Subscribed in my presence and sworn to before me this 30  
day of July 2007.

Subscribed in my presence and sworn to before me this 30  
day of July 2007.

  
\_\_\_\_\_  
Notary Signature & Seal

  
\_\_\_\_\_  
Notary Signature & Seal



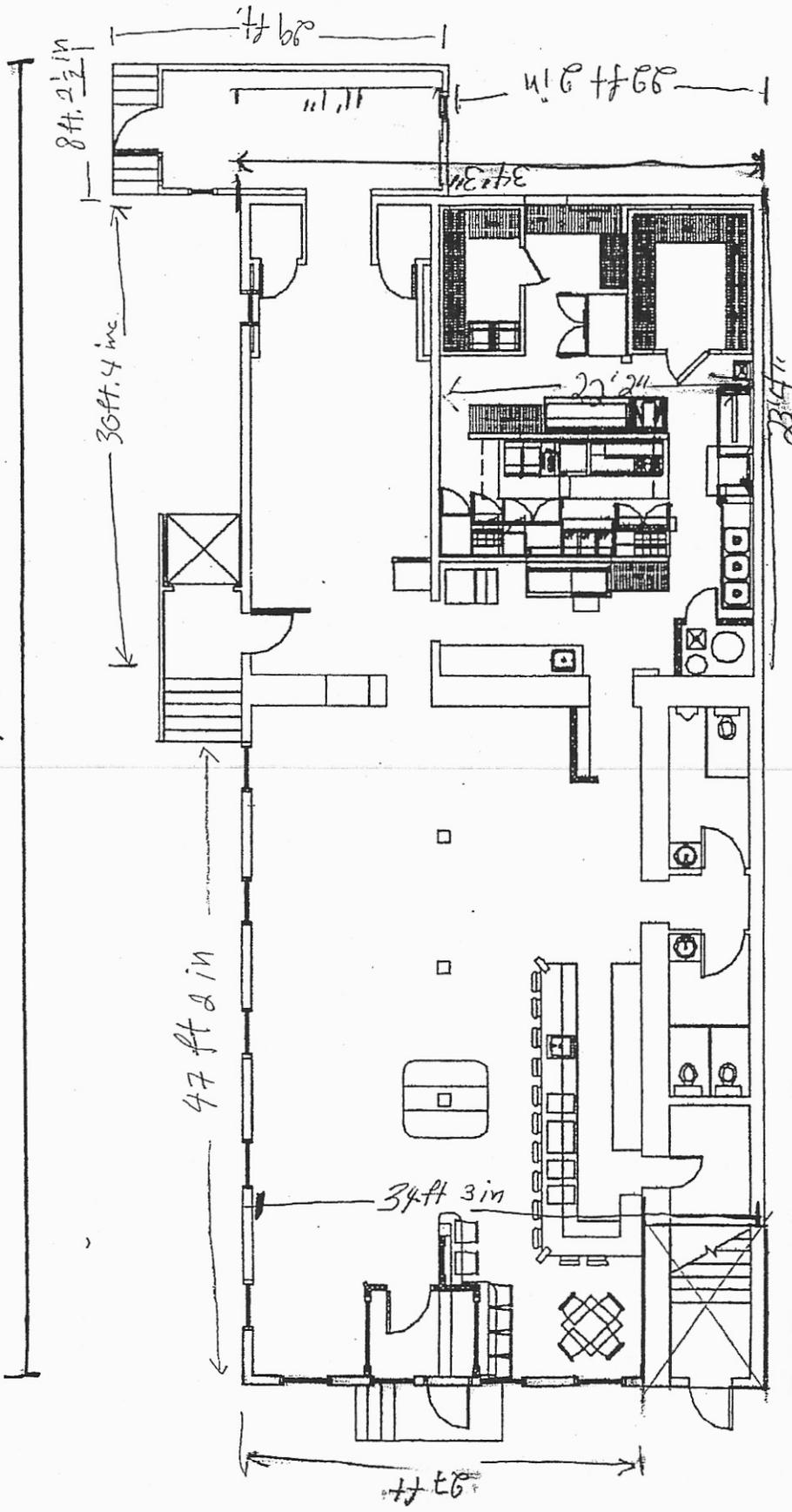
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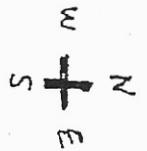
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NEBRASKA LIQUOR CONTROL COMMISSION

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- Red X area indicates outside steps to an upstairs area; steps and upstairs area are not accessible from the licensed premises.



8th St.

8th St.

17

idc  
ccc

# MEASUREMENT FOR RESTAURANT <SOMSRI CHOLLE>

MAIN DINING ROOM: 47ft 2in x 27ft

SECONDARY DINING ROOM: 30ft 4in x 11ft 1½in

BOXCAR AREA: 8ft 2½in x 29ft

KITCHEN AREA: 23ft 4in x 22ft

FREEZER REFRIGERATOR: 11ft 6in x 22ft

MEN'S RESTROOM: 5ft 4in x 11ft 10in

WOMEN'S RESTROOM: 5ft 4in x 13ft 4½in

ENTRANCE: 5ft 3in x 6ft