



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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 19, 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 Sam & Louie's, 1501 Pine Lake Road requesting a class I liquor license.

Mary Jurgens, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Mary Jurgens was born in Axtell, Kansas. She attended Table Rock High School graduating in 1973.

Mrs. Jurgens has been self employed since 1999.

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



**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  NO

If yes, please explain below or attach a separate page.

**2. Are you buying the business and/or assets of a licensee?**

YES  NO

If yes, give name of business and license number

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
- b) Include a list of alcohol being purchased, list the name brand, container size and how many?

**3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?**

YES  NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

**4. Are you borrowing any money from any source to establish and/or operate the business?**

YES  NO

If yes, list the lender Pinnacle Bank Madison, Nebr

**5. Will any person or entity other than applicant be entitled to a share of the profits of this business?**

YES  NO

If yes, explain. All involved persons must be disclosed on application.

**6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?**

YES  NO

If yes, list such items and the owner.

**7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?**

YES  NO

If yes, explain.

**No silent partners**

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

YES  NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

YES  NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

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 withdrawals on accounts at the institution.

Pinnacle Bank/Madison Larry or Mary Jurgens

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 reason for termination of any license(s) 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.

Mary Jurgens 60 Hrs

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

Sam + Louies Omaha 4 Weeks Training Training

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 7-7-2012

Deed

Purchase Agreement

need comm. date

Required

15. When do you intend to open for business?

December

16. What will be the main nature of business?

restaurant

17. What are the anticipated hours of operation?

11:00am to 9:00pm Sunday-Thursday  
11:00am to 10:00pm Friday & Saturday

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Madison, Ne	1977	2007	Madison, Ne	1977	2007

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE

**PREMISE INFORMATION**

Trade Name (doing business as) Sam & Louie's

Street Address #1 1501 Pine Lake Rd

Street Address #2 Suite #9 & 10

City Lincoln County Lancaster #2 Zip Code 68512  
~~68508~~

Premise Telephone number N/A

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

*city*

Mail address (where you want receipt of mail from the commission)

Name Larry J. Jurgens

Street Address #1 601 So. Jackson

Street Address #2 PO Box 376

City Madison County Madison Zip Code 68748-0376

**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.

*All attached*

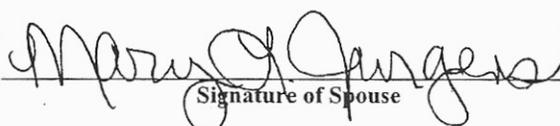


The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) 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 of 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 of Applicant

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

\_\_\_\_\_  
Signature of Applicant

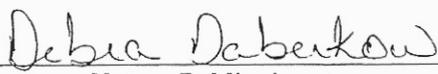
\_\_\_\_\_  
Signature of Spouse

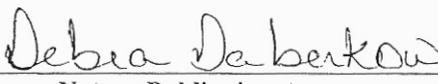
State of Nebraska  
County of Madison

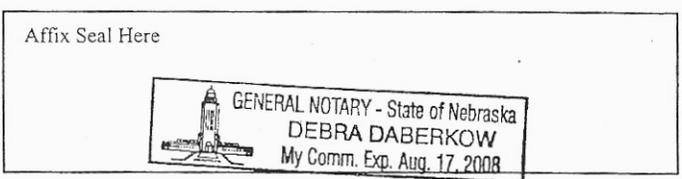
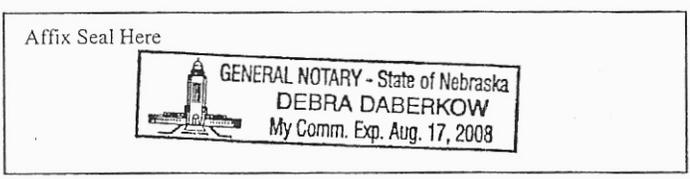
County of Madison

The foregoing instrument was acknowledged before me this 9-5-07 by

The foregoing instrument was acknowledged before me this 9-5-07 by

  
\_\_\_\_\_  
Notary Public signature

  
\_\_\_\_\_  
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**MANAGER APPLICATION  
INSERT - FORM 3c**

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](http://www.lcc.ne.gov)

Office Use

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SEP 20 2007

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC information**

✓ Name of Corporation/LLC: L & M Foods, Inc

**Premise information**

Premise License Number: \_\_\_\_\_

Premise Trade Name/DBA: Sam & Louie's

✓ Premise Street Address: 1501 Pine Lake Rd

City: Lincoln State: Nebraska Zip Code: 68508<sup>12</sup>

Premise Phone Number: N/A

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: Jurgens First Name: Mary MI: L

Home Address (include PO Box if applicable): 601 S Jackson PO Box 376

City: Madison State: Ne Zip Code: 68748

Home Phone Number: 402-454-2493 Business Phone Number: N/A

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES  NO

Spouse's information

Spouses Last Name: Jurgens First Name: Larry MI: J

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT		SPOUSE	
CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
<u>Madison, Nebr.</u>	<u>1977 2007</u>	<u>Madison, Nebr</u>	<u>1977 2007</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>1999 2007</u>	<u>Self</u>		
<u>1994 1999</u>	<u>Madison Co. Bank</u>	<u>David J. Wisniewski</u>	<u>402-454-6511</u>

APPLICANT

SPOUSE

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND 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 been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES

NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES

NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES

NO

prints enclosed

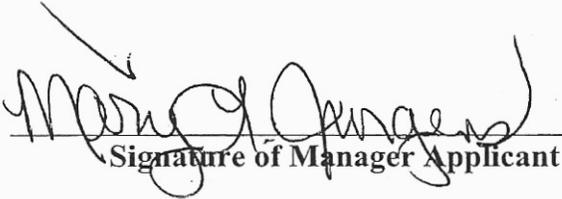
4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or

**PERSONAL OATH AND CONSENT OF INVESTIGATION**

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, a spousal 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 Manager Applicant

  
Signature of Spouse

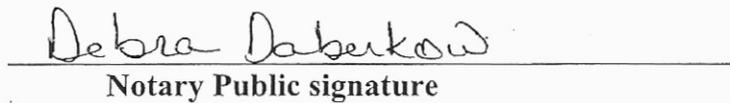
State of Nebraska

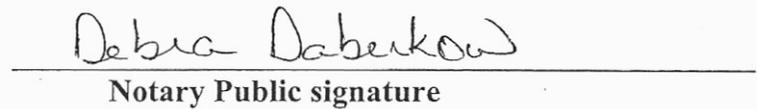
County of Madison

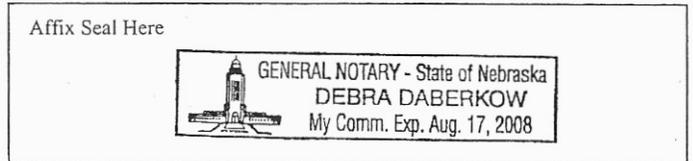
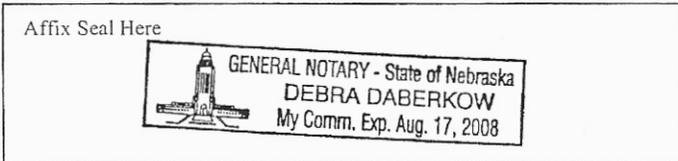
County of Madison

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Notary Public signature

  
Notary Public signature



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**APPLICATION FOR LIQUOR LICENSE CORPORATION  
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.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

SEP 20 2007

**NEBRASKA LIQUOR CONTROL COMMISSION**

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

**Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)**

Name of Registered Agent: Larry J Jurgens

**Name of Corporation that will hold license as listed on the Articles**

L & M Foods, Inc

Corporation Address: 1501 Pine Lake Road

City: Lincoln State: Ne Zip Code: 68508<sup>12</sup>

Corporation Phone Number: N/A Fax Number: N/A

Total Number of Corporation Shares Issued: 10,000

**Name and notarized signature of president (Information of president must be listed on following page)**

Last Name: Jurgens First Name: Larry MI: J

Home Address: 601 S. Jackson City: Madison, Ne

State: Ne Zip Code: 68748 Home Phone Number: 402-454-2493

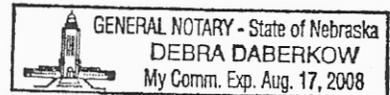
Larry J Jurgens  
Signature of president

County of Madison

The foregoing instrument was acknowledged before me this 9-5-07 by

Debra Daberkow

Notary Public signature

Affix Seal Here  


Larry J Jurgens

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

*Signed  
prints*

Last Name: Jurgens First Name: Larry MI: J

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

Title: President Number of Shares: 5,000

Spouse Full Name (indicate N/A if single): Mary L. Jurgens

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

*BC*

*Signed  
prints*

Last Name: Jurgens First Name: Mary MI: L

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

Title: V-D Treas Sec Number of Shares: 5,000

Spouse Full Name (indicate N/A if single): Larry J. Jurgens

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

*[Signature]*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

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

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

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

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

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

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



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Is the applying Corporation controlled by another Corporation?

YES

NO

If yes, provide the name of corporation and supply an organizational chart

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Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date:

January 1

Ending Date:

December 31

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Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

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