

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

November 5, 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 Saleoff, 1930 West 'O' requesting a class D liquor license.

Walter Scott, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Scott will be omitted as he was approved by the Council on a current liquor license for 16<sup>th</sup> Street Liquor.

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 If yes, please explain below or attach a separate page.  
 No

*See attached*

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 Hastings State Bank  
 No

RECEIVED

OCT 17 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 Tony Schmitz and Rita Schmitz  
 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.
- Hastings State Bank?Walter Jon Scott
- 
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.
- 16th Street Liquor/Downtown Brakes And Oil, Inc/1603 N Street Lincoln, Nebraska
-

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.

Walter Jon Scott 20 hrs  
 Tony Schmitz 20 hrs  
 Rita Schmitz 20 hr

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.

Walter Jon Scott worked at Mary's Place on West O as a bouncer and a bartender and has also owned and operated 16th Street Liquor for over 1 year

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 8-31-2012  
 Deed  
 Purchase Agreement

15. When do you intend to open for business? as soon as possible

16. What will be the main nature of business? What are the anticipated hours of operation?

**Liquor store / Legal hours**

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.

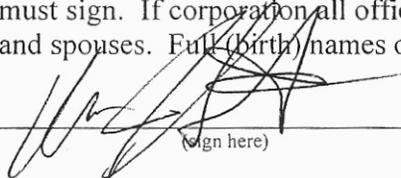
Applicant Name	From: Year	To: Year	City/State
Walter Jon Scott	1985	2007	Lincoln

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

17<sup>th</sup> day of July, 2007

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

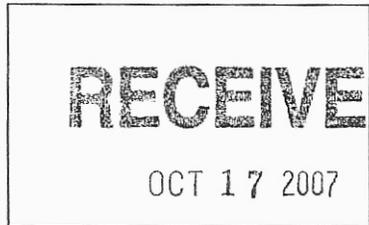


In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

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/>



**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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.

SALEOFF ENTERPRISES, INC

Corporate Street Address: 1930 West O Street

City: Lincoln State: NE Zip Code: 68528

Corporate Telephone Number: \_\_\_\_\_

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 Walter J Scott

Name of Proposed Manager Walter Jon Scott  
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Scott First Name: Walter MI J

Address Street 1833 SW 22nd Street City Lincoln

State NE Zip Code 68522 Home Phone number 476-1873

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

---

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

Last Name Scott First Name Walter

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

Title President Number of Shares 52

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

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

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

---

Last Name Schmitz First Name Tony

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

Title None Number of Shares 24

Spouse Name (indicate N/A if single) Rita

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

Title \_\_\_\_\_ Number of Shares 24

---

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 \_\_\_\_\_

---

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

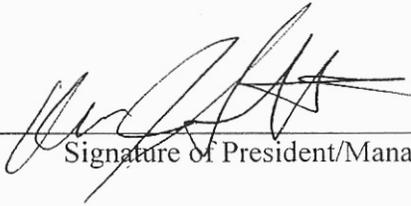
---

Indicate tax year with the IRS

Starting Date 01/01/2007

Ending Date 12/31/2007

---



Signature of President/Managing Member

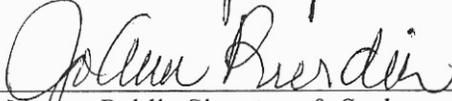
---

Notary Public Signature & Seal

---

Subscribed in my presence and sworn to before me this

17<sup>th</sup> day of July, 2007



Notary Public Signature & Seal

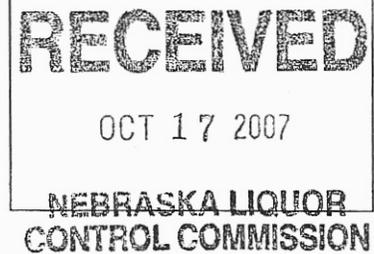


In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4183  
REV. 4/05

**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 SALEOFF ENTERPRISES< INC  
CLASS & LICENSE NUMBER D-  
TRADE NAME Saleoff  
STREET ADDRESS 1930 West O Street CITY Lincoln

Applicant  
SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME Walter Jon Scott  
ADDRESS 1833 SW 22nd Street  
CITY Lincoln STATE NE ZIP CODE 68522  
HOME PHONE NUMBER 476-1873 BUSINESS PHONE NUMBER 430-8555  
SEX  MALE  FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

**SPOUSES INFORMATION (IF NOT MARRIED INDICATE)**

SPOUSE NAME N/A  
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.

*SEE ATTACHED*

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.      1603 N Street Lincoln, Nebraska

YES       NO      Approx. Nov of 2005

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

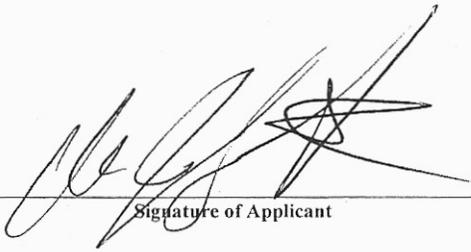
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM      TO		SPOUSE: CITY & STATE	
				FROM	YEAR TO
Lincoln, Nebraska		1985	2007		
EMPLOYERS - LIST LAST TWO EMPLOYERS					
MONTH/YEAR FROM      TO		NAME OF EMPLOYER		NAME OF SUPERVISOR	
				TELEPHONE NUMBER	
01/77	07/07	Self			

**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.

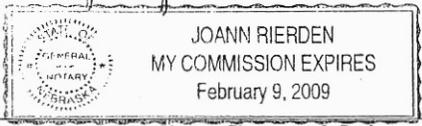


Signature of Applicant

Signature of Spouse

Subscribed in my presence and sworn to before me this 17<sup>th</sup>  
day of July, 2007

Subscribed in my presence and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_



Notary Signature & Seal



Notary Signature & Seal

RECEIVED

OCT 17 2007

NEBRASKA LIQUOR  
CONTROL COMMISSION

---

RESOLUTION NO. PC- 01079

SPECIAL PERMIT NO. 07037

1           WHEREAS, Saleoff Enterprises Inc. has submitted an application  
2 designated as Special Permit No. 07037 for authority to sell alcoholic beverages for  
3 consumption off the premises generally located at 1930 West O Street, legally  
4 described as:

5           Lots 4-7, and the south 95.5' of Lot 8, Woods Bros.  
6 Lakeview Acres, except that portion deeded to the State,  
7 located in the Southeast Quarter of Section 21, Township 10  
8 North, Range 6 East of the 6th P.M., Lancaster County,  
9 Nebraska; and

10           WHEREAS, the real property adjacent to the area included within the site  
11 plan for this permit to sell alcoholic beverages off the premises will not be adversely  
12 affected; and

13           WHEREAS, said site plan together with the terms and conditions  
14 hereinafter set forth are consistent with the intent and purpose of Title 27 of the Lincoln  
15 Municipal Code to promote the public health, safety, and general welfare.

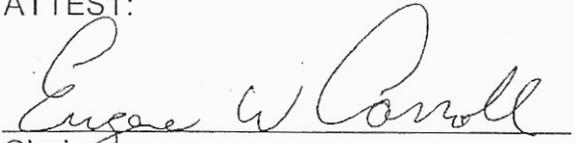
16           NOW, THEREFORE, BE IT RESOLVED by the Lincoln City-Lancaster  
17 County Planning Commission of Lincoln, Nebraska:

18           WHEREAS, said site plan together with the terms and conditions

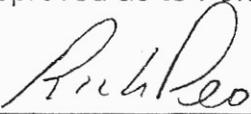
1 permit and the letter of acceptance with the Register of Deeds, filing fees therefor to be  
2 paid in advance by the Permittee.

3 The foregoing Resolution was approved by the Lincoln City-Lancaster  
4 County Planning Commission on this 26 day of September, 2007.

ATTEST:

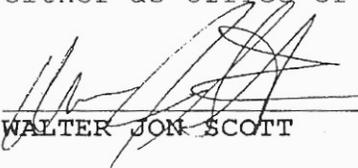
  
Chair

Approved as to Form & Legality:

  
\_\_\_\_\_  
Chief Assistant City Attorney

RESOLUTION

IT IS HEREBY RESOLVED, that SALEOFF ENTERPRISES, INC., by and through it's President, WALTER JON SCOTT, hereby accepts the surrender of the shares of stock in Saleoff Enterprises, Inc. from TONY SCHMITZ and RITA SCHMITZ and also accepts their resignation of any position they may have held in said corporation either as office or director.

  
\_\_\_\_\_  
WALTER JON SCOTT

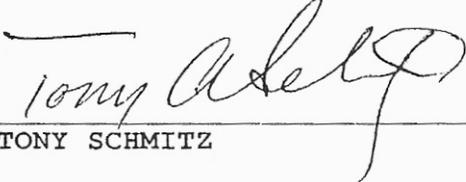


0700019582

1 070001 9582 0000

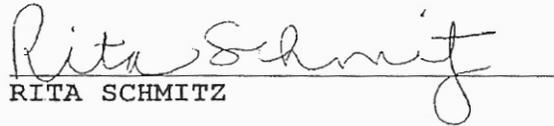
SURRENDER OF STOCK

The undersigned, **TONY SCHMITZ**, hereby surrenders all of his shares of stock (24 shares) in Saleoff Enterprises, Inc., a Nebraska corporation. The undersigned further resigns from any and all positions he held whether as an officer or a director in said corporation.

  
\_\_\_\_\_  
TONY SCHMITZ

SURRENDER OF STOCK

The undersigned, **RITA SCHMITZ**, hereby surrenders all of his shares of stock (24 shares) in Saleoff Enterprises, Inc., a Nebraska corporation. The undersigned further resigns from any and all positions he held whether as an officer or a director in said corporation.

  
RITA SCHMITZ