

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

June 17, 2008

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 Reyes Club, 2608 Park Boulevard requesting a class I liquor license.

Gilberto Reyes, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Gilberto Reyes was born in Omaha, Nebraska. He attended Southeast Community College graduating in 2008.

Gilberto Reyes employment history is as follows:

2006 - Present Clerk, MBA Poultry Waverly, 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



PREMISE INFORMATION

Trade Name (doing business as) Reyes Club

Street Address #1 2608 Park Blvd.

Street Address #2 _____

City Lincoln, County Lancaster #2 Zip Code 68502

Premise Telephone number (402)335-0394 (cell phone)

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

city

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

Name Gilberto Reyes Jr

Street Address #1 2608 N. 88th

Street Address #2 _____

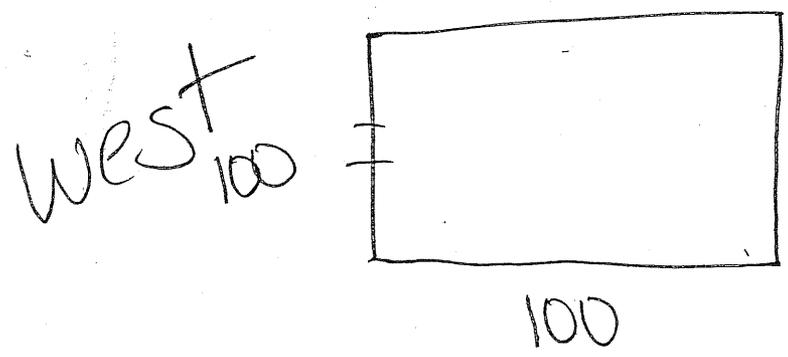
City Lincoln, County Lancaster Zip Code 68507

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.

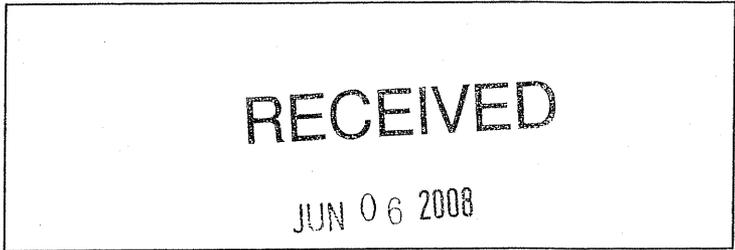
one story building

No Basement



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/



CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES NEBRASKA LIQUOR CONTROL COMMISSION
CHECK DESIRED CLASS(S)

*Brian did per applicant
1718 permit #*

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 the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- L Craft Brewery (Brew Pub) \$295.00 \$1,000 minimum bond
- O Boat \$ 95.00
- V Manufacturer \$ 45.00(+license fee) \$10,000 minimum bond
- W Wholesale Beer \$545.00 \$5,000 minimum bond
- X Wholesale Liquor \$795.00 \$5,000 minimum bond
- Y Farm Winery \$295.00 \$1,000 minimum bond
- Z Micro Distillery \$295.00 \$1,000 minimum bond

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 & 3c)
- Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION
(commission will call this person with any questions we may have on this application)

Name Yesire Diaz Phone number: (402) 613-7313

Firm Name N/A

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.

Union Bank GILBERTO REYES GILBERTO REYES JR

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.

Not applicable

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.

Gilberto Reyes Jr. - 24 hrs; Gilberto Reyes - 24 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.

None

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 July 31, 2009

Deed

Purchase Agreement

15. When do you intend to open for business? June 14, 2008

16. What will be the main nature of business? Entertainment-Club

17. What are the anticipated hours of operation? 7pm-1am

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
Gilberto Reyes Jr. Lincoln, NE	2006	2008-Present			
Gilberto Reyes Jr. Lincoln, NE	2005	2006			
Gilberto Reyes Jr. Tecumseh, NE	1991	2005			
Gilberto Reyes Lincoln, NE	2007	Present 2008	Olivia Reyes, Lincoln, NE	2007	Present 2008
Gilberto Reyes Tecumseh, NE	1991	2007	Olivia Reyes, Tecumseh, NE	1991	2007

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 _____

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. Chairs, coolers, DJ equipment

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

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.

Alberto Reyes Sr.

Signature of Applicant

Signature of Spouse

Alberto Reyes

Signature of Applicant

Olivia Reyes

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska
County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this June 4, 2008 by

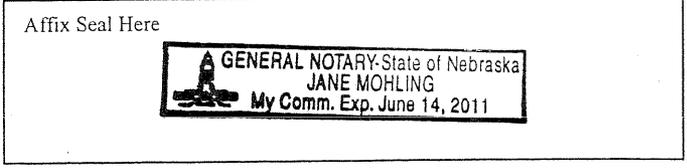
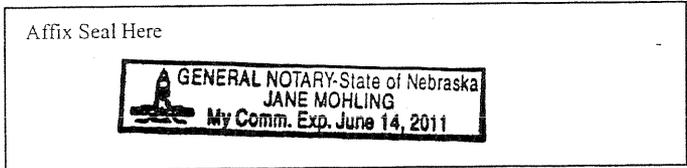
The foregoing instrument was acknowledged before me this June 4, 2008 by

Jane Mohling

Notary Public signature

Jane Mohling

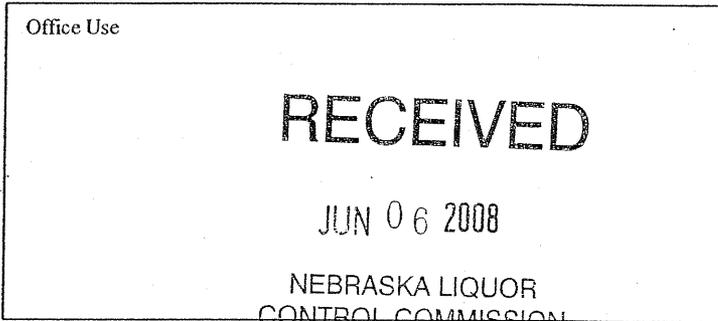
Notary Public signature



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.

**APPLICATION FOR LIQUOR LICENSE
PARTNERSHIP
INSERT – FORM 2**

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



Partner(s), including spouses, are required to adhere to the following requirements

- 1) **Must be a citizen of the United States**
- 2) **At least one (1) partner 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 sign the signature page of the Application for License form**
- 6) **Primary Partner may be required to take a training course**

Name of Primary Partner (Please note if your partnership is a husband/wife combination then opposite spouse will need to complete the additional partner section on the next page)

Last Name: Reyes Jr.

First Name: Gilberto MI: _____

Home Address: 2608 N. 88th Street City: Lincoln, Zip Code: 68507

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: Cell (402) 335-0394

Drivers License Number: _____ State: Nebraska

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

YES

NO

If yes, provide your spouse's information below

Spouses Last Name: _____

Spouses First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: _____

BC
Signed

Name of additional partner(s) (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Last Name: Reyes

First Name: Gilberto MI: _____

Home Address: 2608 N. 88th Street City: Lincoln Zip Code: 68507

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: Cell (402) 350-3780

Drivers License Number: _____ State: Nebraska

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

YES NO If yes, provide your spouse's information below

Spouses Last Name: Reyes

Spouses First Name: Olivia MI: _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: Nebraska

If necessary, this page can be copied for additional partner information

In compliance with the ADA, this partnership insert form 2 is available in other formats for person with disabilities. A ten day advance period is required in writing to produce the alternate format.

JMS
Pr
JMS
Pr
Sign

DOUGLAS COUNTY HEALTH DEPARTMENT
 Vital Statistics Section
 OMAHA, NEBRASKA
CERTIFICATE OF LIVE BIRTH

446059

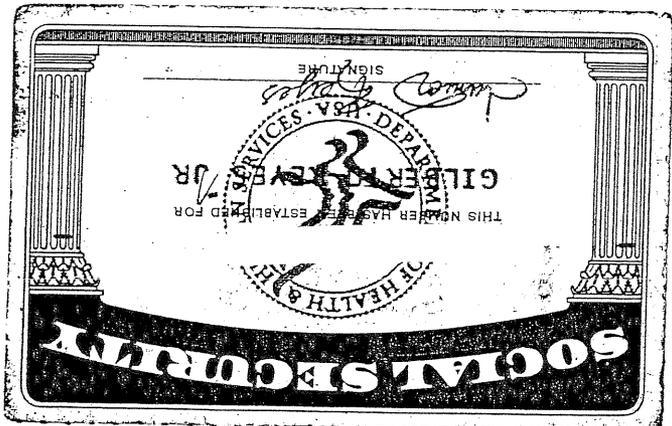
CHILD—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (Month, Day, Year)	HOUR
1. HOSPITAL—NAME (If not in hospital, give street and number)		Gilberto	Reyes, Jr		Male		6:49 P M
2. INSIDE CITY LIMITS (Specify Yes or No)		Clarkson		Omaha			
3. I certify that the stated information concerning this child, known to hospital of my knowledge and belief:		4a. (Signature)		4b. DATE SIGNED (Month, Day, Year)	4d. NAME AND TITLE OF ATTENDANT (If other than certifier)		
5a. (Signature)		5b. MAILING ADDRESS		5c. (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
6a. REGISTRAR—SIGNATURE		6b. RECEIVED		6c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)			
7a. MOTHER—MAIDEN NAME		7b. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		7c. STREET AND NUMBER			
8a. RESIDENCE—STATE		8b. CITY, TOWN, OR LOCATION, (include zip code)		8c. P.O. Box 474			
9a. Nebraska		9b. Johnson		9c. Tecumseh 68451			
10. MOTHER'S MAILING ADDRESS—Enter if not same as residence		11a. FATHER—NAME		11b. AGE (At time of this birth)			
		11a. FIRST MIDDLE LAST		11b. 27			
		11a. Gilberto Reyes		11c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)			
		11a. Gilberto Reyes		11c. Durango, Mexico			
		12a. other (Informant)		12b. RELATION TO CHILD			
		12a. Gilberto Reyes		12b. Father			

This certifies this document to be a true copy of an original record on file with the Vital Statistics Section of the Douglas County Health Department, Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproductions of this green certificate are not legal copies.

Date issued: JAN 2 1987

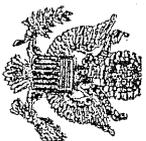
Daniel G. Stawling, M.D.

(Registrar)



RECEIVED
JUN 06 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

DEPARTMENT OF COMMERCE



NAVY DEPARTMENT

No. 22045011

Personal description of holder
as of date of naturalization:

INS Registration No. A90 308 408

Date of birth:

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

Sex: Male

Height: 5 feet 7 inches

Marital status: Married

Country of former nationality:
Mexico

Gilberto Reyes

(Complete and true signature of holder)

Be it known that pursuant to an application filed with the Attorney General
at Omaha, Nebraska

The Attorney General having found that:

GILBERTO REYES

then residing in the United States, intends to reside in the United States when so
required by the Naturalization laws of the United States, and had in all other
respects complied with the applicable provisions of such naturalization laws, and was
entitled to be admitted to citizenship, such person having taken the oath of allegiance
in a ceremony conducted by the United States District Court for the
District of Nebraska

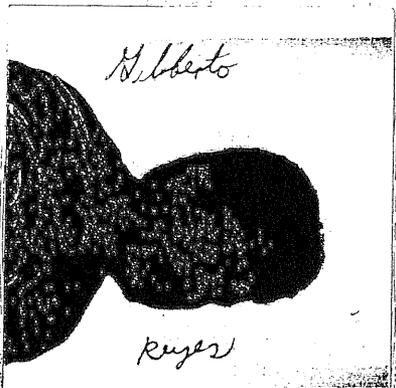
at Lincoln, Nebraska

on 1912

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

Louis Meisner
Commissioner of Immigration and Naturalization



Gilberto

Reyes

DEPARTMENT OF



IMMIGRATION AND NATURALIZATION

No. 22 044 963

Personal description of holder
as of date of naturalization:

INS Registration No. A90 308 409

Date of birth: _____
I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

Sex: Female

Height: 5 feet 0 inches

Olivia Reyes
Complete and true signature of holder

Marital status: Married

I believe that pursuant to application filed with the Attorney General

Country of former nationality: Mexico

at Omaha, Nebraska

The Attorney General having found that

OLIVIA REYES

has been residing in the United States, intends to reside in the United States when so
required by the Naturalization laws of the United States and had in all other
respects complied with the applicable provisions of such naturalization laws and was
called to be admitted to citizenship, such person having taken the oath of allegiance
in a ceremony conducted by the United States District Court for the
District of Nebraska



at Lincoln, Nebraska

on JAN 17 1926

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

Olivia Reyes
Commissioner of Immigration and Naturalization

DEPARTMENT OF JUSTICE

The Secretary of State
of the United States of America
hereby requests all whom it may concern to permit the citizen/
national of the United States named herein to pass
without delay or hindrance and in case of need
give all necessary aid and protection.

Le Secrétaire d'Etat
des Etats Unis d'Amerique
prie par les presentes toutes personnes competentes de laisser passer
le citoyen ou ressortissant des Etats Unis titulaire du present passeport
sans delai ni difficulte et en cas de besoin de lui accorder
toute aide et protection legitimes.

SIGNATURE OF BEARER SIGNATURE DU TITULAIRE
NOT VALID UNTIL SIGNED

UNITED STATES OF AMERICA

PASSPORT

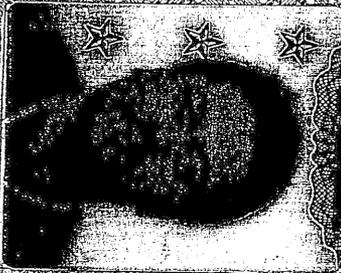
REYES

19 JUN 96

SEATTLE

18 JUN 96

SEATTLE



UNITED STATES OF AMERICA

PASSPORT

REYES

19 JUN 96

SEATTLE

18 JUN 96

SEATTLE

SIGNATURE OF BEARER SIGNATURE DU TITULAIRE
NOT VALID UNTIL SIGNED

The Secretary of State
of the United States of America
hereby requests all whom it may concern to permit the citizen/
national of the United States named herein to pass
without delay or hindrance and in case of need
give all necessary aid and protection.

Le Secrétaire d'Etat
des Etats Unis d'Amerique
prie par les presentes toutes personnes competentes de laisser passer
le citoyen ou ressortissant des Etats Unis titulaire du present passeport
sans delai ni difficulte et en cas de besoin de lui accorder
toute aide et protection legitimes.

UNITED STATES OF AMERICA

PASSPORT

REYES

19 JUN 96

SEATTLE

18 JUN 96

SEATTLE