

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

September 11, 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 Kabredlo's, 4715 W. Adams Street requesting a class D liquor license.

Anthony Olderbak, owner has requested that he be approved as the manager of the liquor license. His background information is on file.

Mr. Olderbak is current on his required training.

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



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/

RECEIVED
SEP 04 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

**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 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 Brett Walrath Phone number: (402) 742-9148
Firm Name Kabredlo's Inc.

PREMISE INFORMATION

Trade Name (doing business as) Kabredlo's #126

Street Address #1 4715 West Adams

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68504

Premise Telephone number not yet assigned

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

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

Name Kabredlo's, Inc.

Street Address #1 2601 West L Street, Suite A.

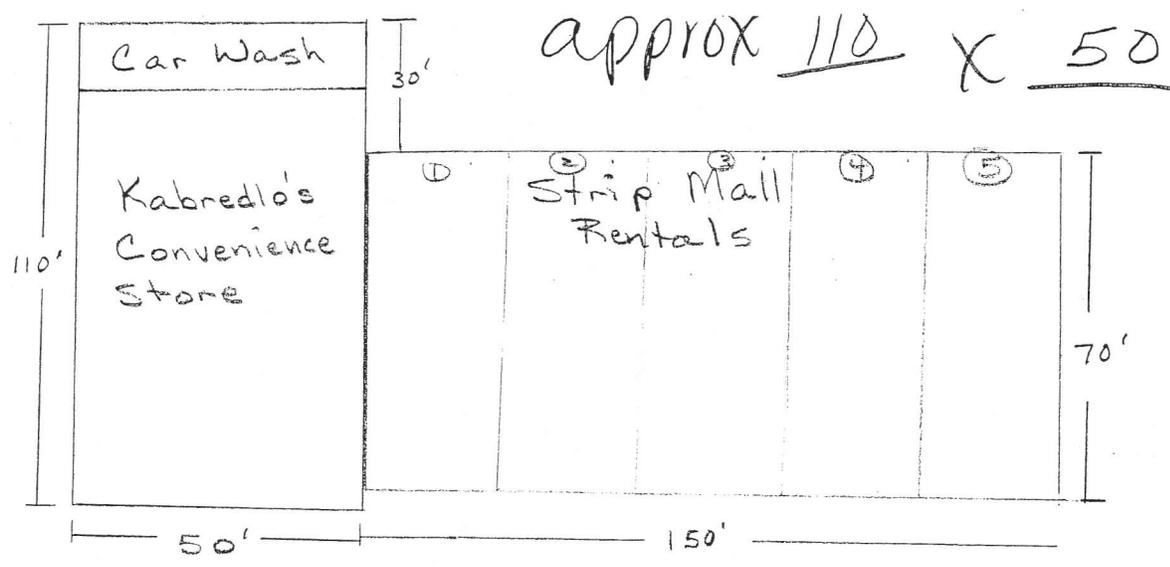
Street Address #2 _____

City Lincoln County Lancaster Zip Code 68522

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.

No Basement - One Story Building



License Application for this property only.

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.

Background verifications are attached.

Mark Oldertalk had a misdemeanor on 9/15/98 for unnumbered motorboat

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 Union Bank

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.

Security First Bank, 5710 S. 53rd Street, Lincoln, NE 68516

Michael D. Olderbak, Mark S. Olderbak

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.

38593; 41512; 47959; 47961; 47960; 49658; 38742; 42812; 38741; 39842970; 42974; 54924; 58074; 65510

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. Andrew Maxey 5-10 hours/week

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.

see attached + has constant access to Karsullo's written policies, as well as state + city laws + regulations.

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 6/30/09

Deed

Purchase Agreement*

15. When do you intend to open for business? As soon as license is issued.

16. What will be the main nature of business? Retail sales.

17. What are the anticipated hours of operation? 10am to 11pm Mon-Fri. 7am to 11pm Sat + Sun.

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
Michael D. Olderbak <u>Lincoln, NE</u>	1996	2007	Cheri Olderbak, <u>Sioux City, Iowa</u>	1996	2000
			<u>Omaha, NE</u>	2000	2007
Mark Olderbak <u>Lincoln, NE</u>	1996	2007			
	2002	2007	<u>Omaha, NE</u>		

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.

[Handwritten Signature]

Mike
Olderbak

Signature of Applicant

Signature of Spouse

[Handwritten Signature]

Signature of Applicant

[Handwritten Signature]

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 Darlington

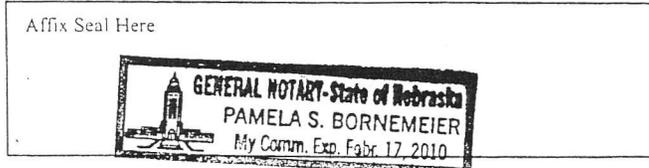
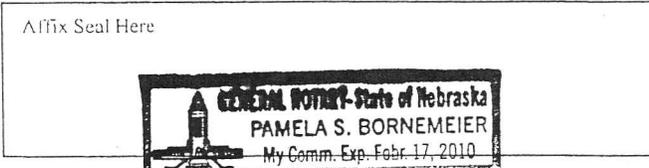
The foregoing instrument was acknowledged before me this 7-11-08 by

County of Darlington

The foregoing instrument was acknowledged before me this 7-11-08 by

[Handwritten Signature]
Notary Public signature

[Handwritten 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

Office Use

RECEIVED

SEP 04 2008

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: Kabredb's, Inc.

Premise information

Premise License Number: _____

Premise Trade Name/DBA: Kabredb's #126

Premise Street Address: 4715 West Adams

City: Lincoln State: Nebraska Zip Code: 68504

Premise Phone Number: _____

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)
Mike Olderbak

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

pl

Last Name: Olderbak First Name: Anthony MI: L

Home Address (include PO Box if applicable): 6920 Starr Street

City: Lincoln State: NE Zip Code: 68505-1869

Home Phone Number: (402) 435-1710 Business Phone Number: (402) 742-9148

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Grand Forks, ND

prints on file 3-31-2008

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

YES NO

Spouse's information

prints on file 3-27-2008

Spouses Last Name: Olderbak First Name: Patricia
MI: L

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Great Falls, MT

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>Lincoln, NE</u>	<u>1996 2007</u>	<u>Lincoln, NE</u>	<u>1996 2007</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>94 96</u>	<u>76 Truck Stop Alda</u>		
<u>96 96</u>	<u>Village Inn Grand Island</u>		

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

Kabredlo's

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

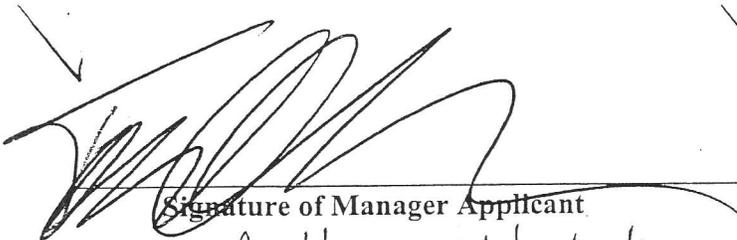
On File ✓

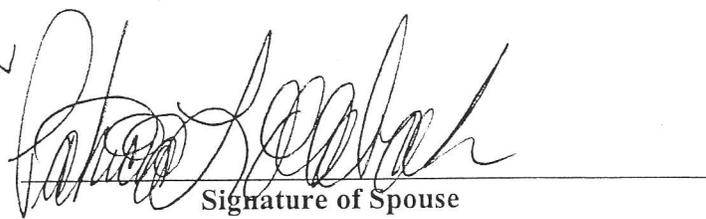
PERSONAL OATH AND CONSENT OF INVESTIGATION

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
Anthony Olderbak


Signature of Spouse

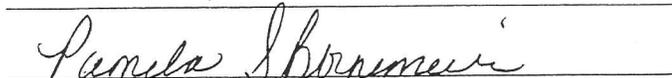
State of Nebraska

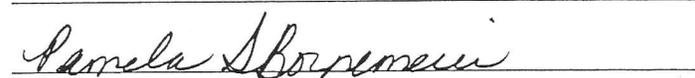
County of Lancaster

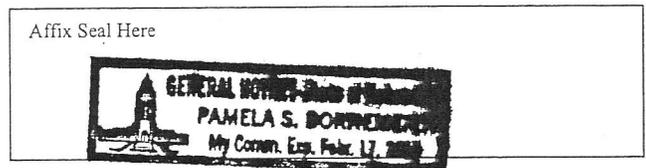
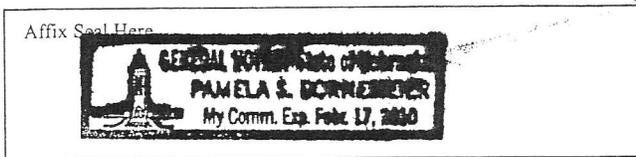
County of Lancaster

The foregoing instrument was acknowledged before me this 11-11-07 by

The foregoing instrument was acknowledged before me this 11-11-07 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.

1592
LOCAL FILE NUMBER

MONTANA
CERTIFICATE OF LIVE BIRTH

BIRTH NUMBER

CHILD - NAME First Patricia Lynn Hauck			Middle	Last	DATE OF BIRTH (Month, Day, Year) 2.	SEX 3. Female
HOSPITAL - NAME (If not in hospital, give street and number) 4a. Montana Deaconess Hospital			CITY, TOWN OR LOCATION OF BIRTH 4b. Great Falls		COUNTY OF BIRTH 4c. Cascade	HOUR 5. 11:26 P.M.
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 6a. Signature) Beverly Roberts Beverly Roberts					DATE SIGNED (Mo., Day, Yr) 6b. 1-2-73	NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) 6c.
CERTIFIER - NAME AND TITLE (Type or Print) 6d. State Department of Health and Environmental Sciences, Helena, Montana					MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
LOCAL REGISTRAR 7a. Signature) Bette Bonner, Deputy Registrar					DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Yr.) 7b. January 5, 1973	
MOTHER - MAIDEN NAME FIRST Mary			MIDDLE Ann	LAST Garlock	STATE OF BIRTH (If not in U.S.A., name country) 8b. Montana	AGE (At time of this birth) 8c. 20
RESIDENCE - STATE 8a. Montana		COUNTY 9b. Cascade	CITY, TOWN OR LOCATION 9c. Great Falls		STREET AND NUMBER OF RESIDENCE 9d. 3514 Central Avenue	Inside City Limits (Yes or No) 9e. Yes
FATHER - NAME FIRST 10a. Jeffrey			MIDDLE Paul	LAST Hauck	STATE OF BIRTH (If not in U.S.A., name country) 10b. North Dakota	AGE (At time of this birth) 10c.
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. 11a. Signature of Mother)					MOTHER'S MAILING ADDRESS (If same as above, enter zip code only) 11b.	

Handwritten signature

REC'D APR 8 1974

NORTH DAKOTA
CERTIFICATE OF LIVE BIRTH
STATE DEPARTMENT OF HEALTH

Birth Number

Local Registrar's File No. 53281

CHILD - NAME 1. Anthony Lee Olderbak			DATE OF BIRTH (MONTH, DAY, YEAR) 2.	HOUR 3. 4:10 P.M.
SEX 4. Male	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 5. Single	IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)	COUNTY OF BIRTH 6. Grand Forks	
CITY OR TOWNSHIP OF BIRTH 7a. Grand Forks		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. Yes	HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 7c. United Hospital - St. Michael's Unit	
MOTHER - MAIDEN NAME 8a. Rogene Val Jacoby			AGE (AT TIME OF THIS BIRTH) 8b. 28	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Missouri
RESIDENCE - STATE 9a. Minn.		COUNTY 9b. Polk	CITY OR LOCATION 9c. East Grand Forks	STREET AND NUMBER 9d. Phinshart Drive
FATHER - NAME 10a. James Vernon Olderbak			AGE (AT TIME OF THIS BIRTH) 10b. 31	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 10c. North Dakota
INFORMANT 11a. Rogene Olderbak		RELATION TO CHILD 11b. Mother	MOTHER'S MAILING ADDRESS (STREET OR R.F.D. NO., CITY, STATE, ZIP) 11c. R.R. 1 Phinshart Dr. East Grand Forks ND 58721	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. 12a. Signature) Rodney G. Clark			DATE SIGNED (MONTH, DAY, YEAR) 12b. March 29, 1974	ATTENDANT (M.D., B.O., NURSE, OTHER) (SPECIFY) 12c. M.D.
CERTIFIER - NAME (TYPE OR PRINT) 13a. Rodney G. Clark, M.D.			MAILING ADDRESS 13b. 221 So. 4th St. Grand Forks, ND 58201	
REGISTRAR - SIGNATURE 14a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL REGISTRAR 14b. April 5, 1974	

NEBRASKA LIQUOR CONTROL COMMISSION

SEP 04 2008

RECEIVED

"Buy North Dakota Products"
(VS 1-277) Blumark Tribune 33371

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

Office Use
RECEIVED
SEP 04 2008
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 *On-File* (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: Michael P. Olderbak

Name of Corporation that will hold license as listed on the Articles
Kabredlo's, Inc.

Corporation Address: 2601 West L Street

City: Lincoln State: NE Zip Code: 68522

Corporation Phone Number: 402-408-3055 Fax Number (402) 477-0675

Total Number of Corporation Shares Issued: 400

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

Last Name: Olderbak First Name: Michael MI: D

Home Address: 2840 South 74th St City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-480-4410

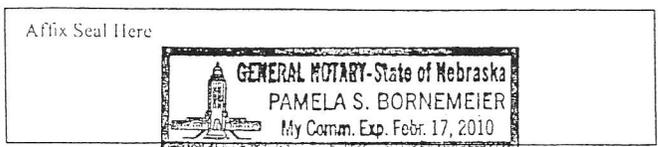
[Handwritten Signature]
Signature of president

State of Nebraska
County of DeSoto

The foregoing instrument was acknowledged before me this

7-11-07 date by _____ name of person acknowledged

Pamela Bornemeier
Notary Public signature



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

Last Name: Olderbak First Name: Michael MI: D *signed*
Social Security Number: _____ Date of Birth: _____
Title: President Number of Shares 232
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: N/A Date of Birth: N/A

Last Name: Olderbak First Name: Mark MI: J. *signed*
Social Security Number: _____ Date of Birth: _____
Title: Vice-President/Secretary Number of Shares 168
Spouse Full Name (indicate N/A if single): Cheri Olderbak *signed*
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Olderbak First Name: Cheri MI: _____
Social Security Number: _____ Date of Birth: _____
Title: N/A Number of Shares 0
Spouse Full Name (indicate N/A if single): Mark J. Olderbak
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: _____~~

Is the applying Corporation controlled by another Corporation?

YES

NO

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

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

Starting Date: July Ending Date: June

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

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