



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

February 4, 2009

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 the Spigot Lounge, 1624 'O' Street requesting a class C liquor license.

This location has been purchased and is under new ownership.

Randy Wilson, owner has requested that he be approved as the manager of the liquor license.

Background information on the Mr. Wilson will be omitted as he is the current approved liquor manager for Randy's Grill & Chill.

Mr. Wilson is current on the 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



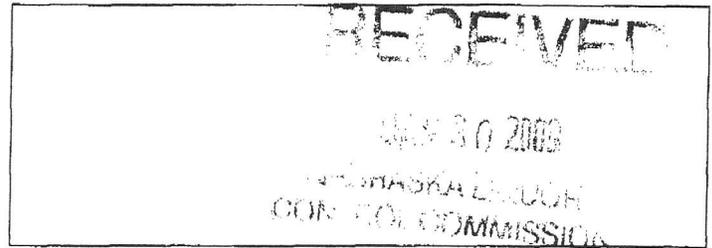
A nationally accredited law enforcement agency



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/

45 days = March 18th



CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

		<u>Application Fee</u>
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS

		<u>Application Fee</u>	<u>Bond Required</u>
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
	<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00	1 to 100 barrel* \$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00	100 to 150 barrel* \$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00	150 to 200 barrel* \$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00	200 to 300 barrel* \$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00	300 to 400 barrel* \$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00	400 to 500 barrel* \$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Copy of TTB permit (if applying for L, V, W, X, Y or Z)		

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st
 All other licenses expire April 30th
 Catering license (K) expires 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 _____ Phone number: _____

Firm Name _____

NA 6. If wishing to run on current liquor license enclose temporary agency agreement (**must be Commission form only, must include copy of signature card from the bank showing both the seller and buyers name on account**).

NA 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

OK 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

NA 9. For individual, partnership and LLC enclose proof of citizenship; copy of birth certificate (certificate from the State where born, not hospital certificate), naturalization paper or passport, for all applicants, members and spouses.

OK 10. If corporation or LLC enclose a copy of articles as filed with the Secretary of States Office. This document must show barcode.

11. Check with local governing bodies for any further requirements or restrictions.

12. If you have a business plan, please submit a copy.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

[Signature]
Signature

RECEIPT	DATE	<u>1-30-09</u>	No.	<u>165637</u>
	FROM	<u>GJJR LLC</u>		
	FOR	<u>NEW APP - SPIGOT</u>		
		<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> CHECK # <u>3014</u>	\$ <u>45</u>
		<input type="checkbox"/> MONEY#		
		ORDER		
	Received by	<u>[Signature]</u>		

PREMISE INFORMATION

Trade Name (doing business as) THE SPIGOT LOUNGE

Street Address #1 1624 O' St

Street Address #2 _____

City Lincoln County LANCASTER # Zip Code 68508

Premise Telephone number 402-435-4582

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

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

Name John B. Cooper

Street Address #1 5201 Braemar Rd

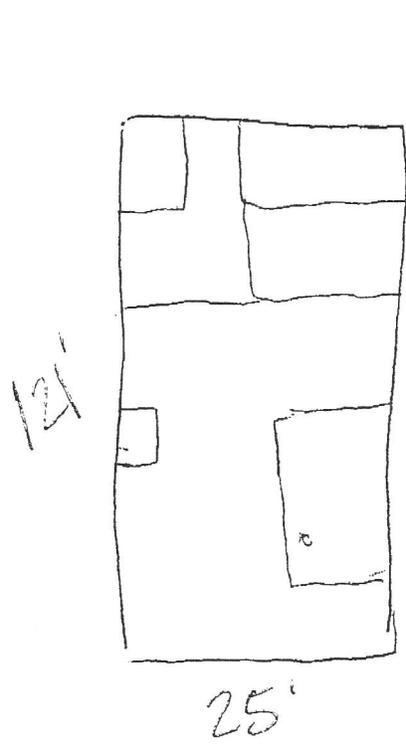
Street Address #2 _____

City Lincoln State NE Zip Code 68516

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.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms



Entire ^{first} floor
Storage ^{two} bldg
25 X 121

APPLICANT INFORMATION

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.

SPEEDING TICKETS YEARS UNKNOWN RANDY A WILSON JR NE
FINE FOR DRINKING ON JOB 2007 RANDY A WILSON JR
DUI IN WI 2002. MIP & VUI IN IL 2007 LE 1477
see attached for Gretchen, John and Jeff

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

YES NO

upgrading to corp
Kern Ind. C-79067

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?

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.

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

YES NO

If yes, list the lender

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.

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. Pool TABLES, Magna touch coin op,

Junk box. VVS (H)

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 your 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.

U.S. BANK Randy, Jeff, John, Gretchen, Brian see

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.

652 UC RANDY'S GRILL & LOUNGE STILL IN OPERATION Randy Cooper to
Gretchen Cooper

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
RANDY WICKEN		
RANDY WICKEN	2004-2009	RANDY'S GRILL & LOUNGE
HOSPITALITY CLASS	4 TIMES	

13. 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 OCT. 31, 2010
- Deed
- Purchase Agreement

14. When do you intend to open for business? 1/1/09

15. What will be the main nature of business? BAR

16. What are the anticipated hours of operation? 2pm - 1am DAILY

17. 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, INCLUDING SPOUSES, AND ALSO BE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
RANDY ANNUNZIO LINCOLN, NE	1945	2009			
JEFFREY HUBBARD LINCOLN, NE	2002	2009			
YORK, NE	2001	2001			
FORT WORTH, TX	1998	2001			

Brian Mohl

see attached for Gretchen and John

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.

DUI reduced to reckless driving - Lincoln NE 2004? John B. Cooper
Speeding tickets - ~~John B~~ Gretchen E. Cooper - # years unknown NE

JEFFREY HUBBARD : DUI - LANCASTER COUNTY 2004
SPEEDING TICKETS - YEARS UNKNOWN NE OR KS

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

YES NO

If yes, give the 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 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 this business?

YES NO

If yes, list the lender

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

YES NO

If yes, explain. All involved persons must be disclosed in 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

Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for persons, 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, 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.

U.S. Bank Robert A Wilson Jr Brian John B Cooper
 Jefferson Hubbard Gretchen E Cooper

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, license number, and list reason for termination of any license(s) previously held.

Randy's Grill & Chill - Gretna Cooper

12. List the training and/or experience (when and where) of each person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, member only (no spouse)

Name:	Date:	Where:

13. 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 leasehold 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 _____
- Deed _____
- Purchase Agreement _____

14. When do you intend to open for business? _____

15. What will be the main nature of business? _____

16. What are the anticipated hours of operation? _____

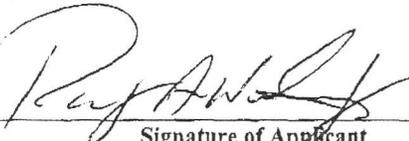
17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Gretchen Cooper Lincoln Nebraska	1969	Present	John Cooper Lincoln Nebraska	1969	Present

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.

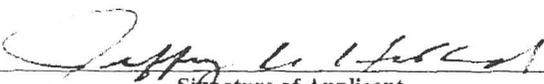
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person 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

X 

 Signature of Applicant

 Signature of Spouse

 Signature of Applicant

 Signature of Spouse

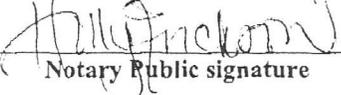
 Signature of Applicant

 Signature of Spouse

State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this 27th day of January 09 by

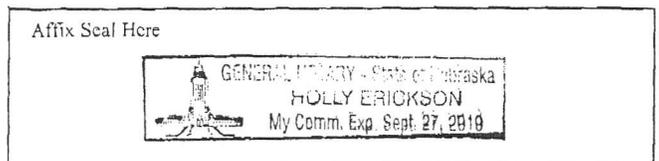
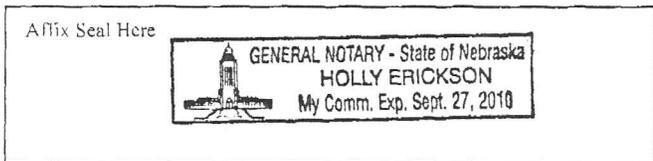
JEFF HUBBARD + KRISTY WILSON


 Notary Public signature

The foregoing instrument was acknowledged before me this 27th day of January 09 by

BRIAN MOSE


 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.

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.

X

John B. Cooper
Signature of Applicant

Gretchen E. Cooper
Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of LANCASTER

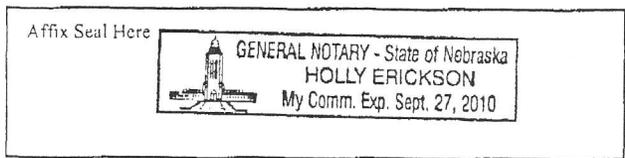
County of _____

The foregoing instrument was acknowledged before me this 30th day of January 2009 by

The foregoing instrument was acknowledged before me this _____ by

John + Gretchen Cooper
Holly Erickson
Notary Public signature

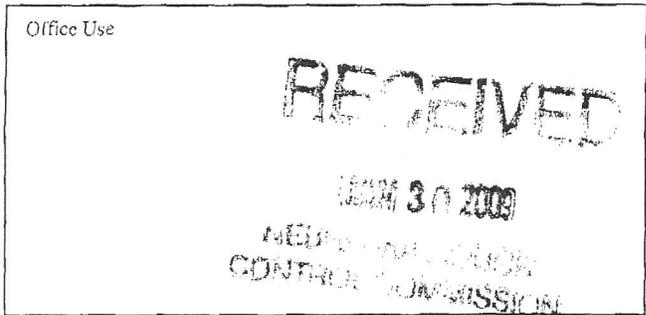
Notary Public signature



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.

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

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



All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: John Cooper per articles (e)

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

GJJRB LLC

LLC Address: 5201 Braemar Rd

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402-420-5558 Fax Number 402-420-6555

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Wilson First Name: Randy MI: A

Home Address: 5717 Harding Dr City: Lincoln

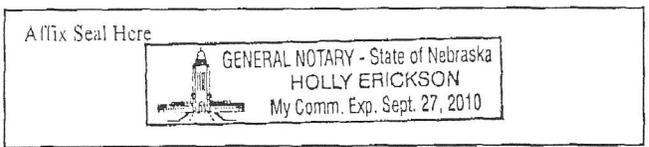
State: NE Zip Code: 68521 Home Phone Number: 402-477-7992

Randy A Wilson
Signature of Contact Member

County of LANCASTER

The foregoing instrument was acknowledged before me this 20th day of January, 2009 by

Holly Erickson
Notary Public signature



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Wilson Jr First Name: Randy MI: A

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: N/A Date of Birth: N/A

Last Name: Mahl First Name: Brian MI: A

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: N/A Date of Birth: N/A

Last Name: Hubbard First Name: Jeffrey MI: L

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: N/A Date of Birth: N/A

Last Name: Cooper First Name: John MI: B

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Gretchen E. Cooper

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Cooper First Name: Gretchen MI: E

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): John B Cooper

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

YES

NO

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

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

Starting Date: 1/1/2009 Ending Date: 12/31/2009

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

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

JAN 30 1957
AIR FORCE
CENTRAL COMMISSION

Birth Certificate

This Certifies



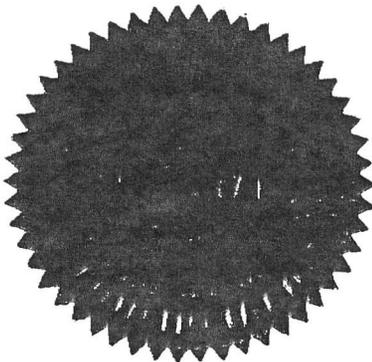
UNITED STATES AIR FORCE
HOSPITAL
BOLLING AIR FORCE BASE
WASHINGTON 25, D. C.

That JOHN BERNARD COOPER

was born to George G. and Norine M. Cooper

in this Hospital at 5:07 P. m. Thursday

the _____ day of _____ A. D. 19 _____



In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer and its Official Seal to be hereunto affixed.

Levi M. Browning
LEVI M. BROWNING
Colonel, USAF (MC)
Base Surgeon

JAMES L. EAVEY
Attending Surgeon

Capt., USAF (MC)

Hospital Register Number 40108

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
DEC 6 2000
LINCOLN, NEBRASKA

Stanley S. Cooper JAN 20 2001
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics

3- 15663

CERTIFICATE OF BIRTH

State File No. _____

2-34

Full name of child Gretchen Elizabeth Goodloe

Sex F Color or Race W Date of Birth _____

Born in the United States of America Salem, Richardson County, Nebraska

Full name of father James Marvin Goodloe

Date of birth _____ Color or race W

Citizenship American Birthplace Stella, Nebr.

Residence Salem, Nebr. Usual occupation Truck Driver

Full name of mother Ellen Bernice Barnes

Date of birth _____ Color or race W

Citizenship American Birthplace Salem, Nebr.

Residence Salem, Nebr.

Dated the 9 day of October, 19 56

(SEAL) _____
County Judge

Filed the 10th day of October, 19 56

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
1/30/2009
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND HUMAN SERVICES

RECEIVED

AN 50 700
VITAL RECORDS DIVISION
COMMISSION

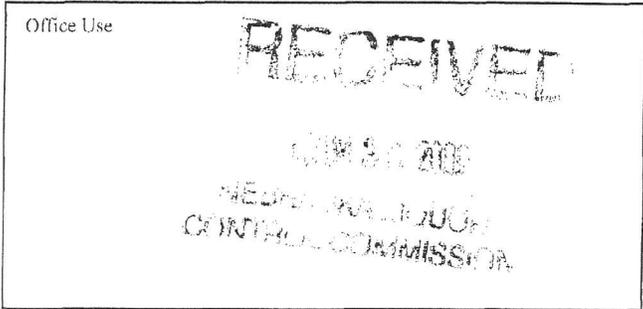
STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

126- 68 17436
W-425 BIRTH NUMBER

CHILD—NAME 1. Randy Alan Wilson, Jr.			DATE OF BIRTH (MONTH, DAY, YEAR)	HOUR
SEX 2. Male	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 3a. Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 3b. _____	COUNTY OF BIRTH 3c. Lancaster	
CITY, TOWN, OR LOCATION OF BIRTH 5b. Lincoln, Nebr.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. Bryan Memorial Hospital	
MOTHER—MAIDEN NAME 6a. Linda Jean Oliver			AGE (AT TIME OF THIS BIRTH) 6b. 18	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Nebraska
RESIDENCE—STATE 7a. Nebraska	COUNTY 7b. Lancaster	CITY, TOWN, OR LOCATION 7c. Lincoln	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. Yes	STREET AND NUMBER 7e. 6700 Frances 68505
FATHER—NAME 8a. Randy Alan Wilson			AGE (AT TIME OF THIS BIRTH) 8b. 18	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Nebraska
INFORMANT—NAME OR SIGNATURE 9a. Linda Wilson			RELATION TO CHILD 9b. Mother	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) 10a. 9-26-68	ATTENDANT—M.D., D.O., OTHER (SPECIFY) 10b. M.D.
SIGNATURE 10c. <i>K. T. McGinnis M.D.</i>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10d. 3145 O Street, Lincoln, Nebr.	
REGISTRAR—SIGNATURE 11a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL REGISTRAR MONTH YEAR 11b. OCT 5 1968	

**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



Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit 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/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: GJJRB, LLC

Premise information

Premise License Number: 79067
(if new application leave blank)

Premise Trade Name/DBA: The Spigot Lounge

Premise Street Address: 1624 O Street

City: Lincoln Zip Code: 68508

Premise Phone Number: 402-435-4582

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.

A handwritten signature in black ink, appearing to read "Raza White".

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Wilson Jr First Name: Randy MI: A

Home Address (include PO Box if applicable): 5717 HARDING DR

City: LINCOLN State: NE Zip Code: 68521

Home Phone Number: 402-477-7992 Business Phone Number: 402-435-4582

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

Date Of Birth: _____ Place Of Birth: LINCOLN, NE

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: _____ First Name: _____ MI: _____

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
LINCOLN, NE	1968 2009		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2001 2009	RANDY'S GRILL & CHILL	Self employed	402-467-4947
1996 2001	GATEWAY BOWL	FRAS manager/owner	NO LONGER IN BUSINESS

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.

Randy A Wilson speeding tickets years unknown in NE
Randy A. Wilson FINE FOR DRINKING on job 2007 NE

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 Gateway Bowl & Randy's Grill & Chill

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

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

Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

Date: 88/89	Where: PLAZA BOWL / BEAZA III LOUNGE
89/90	MADSEN'S BLDG / E T'S LOUNGE
90/2001	GATEWAY BOWL / SPARETIME LOUNGE
2001/2009	RANDY'S GRILL & CHILL

Hospitality Training (du)

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.

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.

[Handwritten Signature]

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of LANCASTER

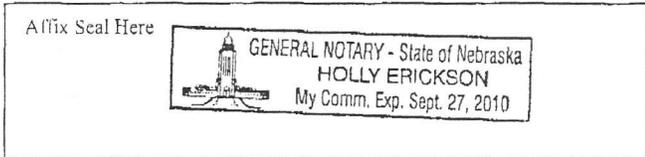
County of _____

The foregoing instrument was acknowledged before me this 31st day of January, 2009 by

The foregoing instrument was acknowledged before me this _____ by

[Handwritten Signature]
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.

Revised 9/2008

RECEIVED



DEC 30 2008

NEBRASKA SECRETARY OF STATE
CONTROL COMMISSION

ARTICLES OF ORGANIZATION
OF
GJJRB, LLC

The undersigned, desiring to form a limited liability company (the "Company") under the Nebraska Limited Liability Company Act (the "Act"), state as follows:

1. Name. The name of the Company is GJJRB, LLC.
2. Duration. The period of duration of the Company shall be perpetual. The Company shall begin on the date of filing of these Articles of Organization with the Nebraska Secretary of State and shall continue until dissolved in accordance with the Act.
3. Purpose. The purposes for which the Company is organized are (a) to engage in the bar and grill business, and (b) to engage in the transaction of any lawful business and the performance of any lawful activity which may be carried on by limited liability companies organized under the Act, as now in effect or hereafter amended;
4. Principal Place of Business. The address of the principal place of business of the Company in Nebraska is 5201 Braemer Road, Lincoln, NE 68516.
5. Initial Registered Office and Agent. The address of the initial registered office of the Company in Nebraska is 5201 Braemer Road, Lincoln, NE 68516; and the name of the initial registered agent of the Company at such address is John B. Cooper.
6. Capital Contributed. The total amount of cash and property other than cash contributed by the organizational members as capital is described on Exhibit "A" attached hereto and incorporated herein by reference. The agreed value of the property, other than cash, contributed to the Company is also set forth on Exhibit "A".
7. Additional Contributions. The members may make additional contributions to the capital of the Company at such times and in such amounts as the members determine in accordance with the Operating Agreement of the Company.
8. Additional Members. Additional members of the Company may be admitted to the Company by the members of the Company at such times and upon such terms and conditions as are provided in the Operating Agreement of the Company.
9. Transfer of Interests. The interest of a member in the Company may be transferred or assigned only as provided in the Operating Agreement of the Company.

10. Right to Continue Business. Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member of the Company or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members of the Company may continue the business of the Company by the written consent of members constituting at least a majority in interest in the Company.

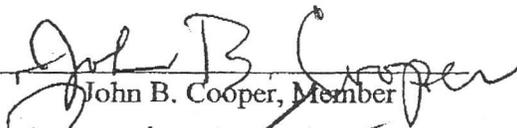
11. Management. Management of the Company is reserved to the members of the Company and shall be vested in each member in proportion to his or her member interest. The names and addresses of the Initial Members of the Company are:

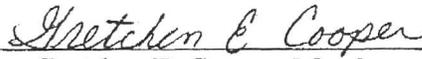
<u>Names of Members</u>	<u>Addresses of Members</u>
John B. Cooper	5201 Braemer Road Lincoln, NE 68516
Gretchen E. Cooper	5201 Braemer Road Lincoln, NE 68516
Randy A. Wilson, Jr.	5717 Harding Dr. Lincoln, NE 68521
Jeff L. Hubbard	5717 Harding Dr. Lincoln, NE 68521
Brian A. Mohl	8125 Mackenzie Rd. Lincoln, NE 68505

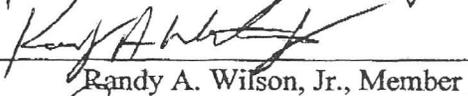
12. Operating Agreement. The administration and regulation of the affairs of the Company shall be governed by a written Operating Agreement not inconsistent with these Articles of Organization or the Act. The initial Operating Agreement of the Company shall be adopted by the unanimous written consent of the initial members of the Company and may be amended as provided therein.

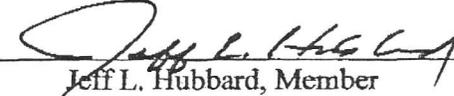
13. Return of Capital Contributions. Unless the return of contributions to the capital of the Company may be rightfully demanded pursuant to law, no member shall have the right to receive out of the property of the Company any part of his or her contributions to the capital of the Company without the prior written consent of all of the members of the Company. For purposes of Section 21-2619(2)(b) of the Act, the time limit for the dissolution of the Company is the period of duration of the Company set forth above; and no member of the Company shall have the right to demand the return of his or her contribution to the capital of the Company except upon the dissolution of the Company.

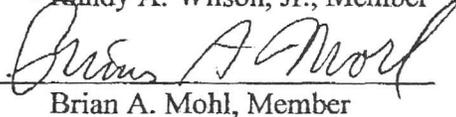
EXECUTED in duplicate original counterparts by the undersigned members on the 30th day of December, 2008.


John B. Cooper, Member


Gretchen E. Cooper, Member


Randy A. Wilson, Jr., Member

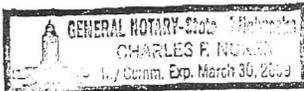

Jeff L. Hubbard, Member


Brian A. Mohl, Member

STATE OF NEBRASKA, COUNTY OF LANCASTER)ss

I, the undersigned Notary Public in and for Lancaster County, State of Nebraska, hereby certify that on the 30 day of Dec, 2008, personally appeared before me John B. Cooper, Gretchen E. Cooper, Randy A. Wilson, Jr., Jeff L. Hubbard and Brian A. Mohl, and each of them being by me first duly sworn, declared that he/she is the person who signed the foregoing Articles of Organization, as an organizational/initial member, and he/she further verified that the statements contained therein are true to the best of his/her knowledge and belief.

Witness my hand and official seal.




Notary Public

Exhibit A - Articles of Organization of **GJJRB, LLC**

INITIAL CASH CAPITAL CONTRIBUTIONS BY MEMBERS

<u>Member</u>	<u>Amount</u>	<u>Interest</u>
Gretchen E. Cooper	\$ <u>50.00</u>	10%
John B. Cooper	\$ <u>50.00</u>	10%
Jeff L. Hubbard	\$ <u>100.00</u>	20%
Randy A. Wilson, Jr.	\$ <u>100.00</u>	20%
Brian A. Mohl	\$ <u>200.00</u>	40%

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STATE OF NEBRASKA ♦ SECRETARY OF STATE'S OFFICE
1445 "K" STREET • STATE CAPITOL SUITE 1301 • LINCOLN, NE • 68509
BUSINESS SERVICES DIVISION

CORPORATIONS

P.O. BOX 94608
(402) 471-4079
FAX: 471-3666

UNIFORM COMMERCIAL CODE

P.O. BOX 95104
(402) 471-4080
FAX: 471-4429

NOTARY

P.O. BOX 95104
(402) 471-2558
FAX: 471-4429

JOHN A. GALE
Secretary of State

www.sos.state.ne.us

JUDY JOBMAN
Deputy Secretary of State

CHARLES F. NOREN
LINCOLN, NE

December 31, 2008

ACKNOWLEDGEMENT OF FILING

The document(s) listed below were filed with the Nebraska Secretary of State's Office, Corporation Division. A label has been affixed to each filing signifying the filing stamp for the Nebraska Secretary of State's Office, Corporation Division. This filing label indicates the date and time of the filing and also references a document number that can be used to reference this filing in the future.

ACKNOWLEDGEMENT OF FILING FEES RECEIVED

Action/Service	Company/Entity Name	Fee Received
Articles Limited	GJRB, LLC	100.00
Per Page Charge	GJRB, LLC	20.00
Certificate	GJRB, LLC	10.00
	Total Fees Received	\$130.00

Adam Pedersen
Filing Officer

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OF
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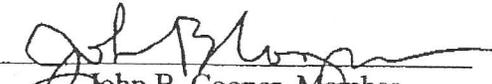
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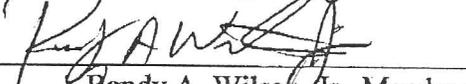
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EXECUTED in duplicate original counterparts by the undersigned members on the
30th day of December, 2008.



John B. Cooper, Member



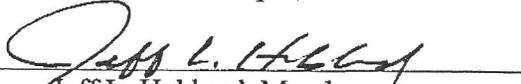
Randy A. Wilson, Jr., Member



Brian A. Mohl, Member



Gretchen E. Cooper, Member

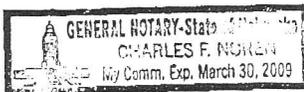


Jeff L. Hubbard, Member

STATE OF NEBRASKA, COUNTY OF LANCASTER)ss

I, the undersigned Notary Public in and for Lancaster County, State of Nebraska, hereby certify that on the 30 day of Dec, 2008, personally appeared before me John B. Cooper, Gretchen E. Cooper, Randy A. Wilson, Jr., Jeff L. Hubbard and Brian A. Mohl, and each of them being by me first duly sworn, declared that he/she is the person who signed the foregoing Articles of Organization, as an organizational/initial member, and he/she further verified that the statements contained therein are true to the best of his/her knowledge and belief.

Witness my hand and official seal.





Notary Public

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