



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

March 26, 2009

#11

RECEIVED  
APR 13 2009  
CITY COUNCIL  
OFFICE

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 Las Herraduras, 100 North 1<sup>st</sup> Street requesting a class C liquor license.

Patricia Sanchez, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Patricia Sanchez was born in Texas. She attended Lincoln High School graduating in 1980.

Mrs. Sanchez has been employed by the State of Nebraska since 1985.

Mrs. Sanchez will complete the required training on April 9<sup>th</sup> 2009.

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



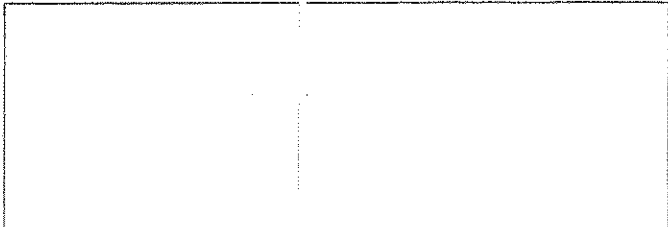
A nationally accredited law enforcement agency



**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 = 5/4/09



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

**RECEIVED**

MAR 13 2009

NEBRASKA LIQUOR  
 CONTROL COMMISSION

**RETAIL LICENSE(S)**

		Application Fee
<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**

	Application Fee	Bond Required
<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 31<sup>st</sup>  
 All other licenses expire April 30<sup>th</sup>  
 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: \_\_\_\_\_

**PREMISE INFORMATION**

Trade Name (doing business as) Las Herraduras

Street Address #1 100 N 1st st. ste. 384

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 402 742-2596

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

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

Name Patricio Sanchez

Street Address #1 100 N 1st st ste 3

Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68508

**RECEIVED**

MAR 13 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

**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

1st

0" ST

NEBRASKA LIQUOR CONTROL COMMISSION

MAR 13 2009

RECEIVED

PARKING

SOUTH 50 FEET

WEST 70 FEET

RESTAURANT AREA

ALCOHOL

EAST

EXIT

EXIT

EXIT

CLEANING SUPPLIES STORAGE

RESTAURANT

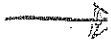
RESTAURANT

FOOD STORAGE

EXIT

STORAGE

NORTH



**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 pled 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.

**RECEIVED**

MAR 13 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

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.

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

RECEIVED  
MAR 13 2009

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Wells Fargo Bank, Patricia Sanchez

NEBRASKA LIQUOR CONTROL COMMISSION

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.

N/A

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:
Patricia Sanchez	1985	WC South, El Matador.

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 Dec 31, 2011
- Deed
- Purchase Agreement

14. When do you intend to open for business? It is open as a restaurant  
 15. What will be the main nature of business? restaurant  
 16. What are the anticipated hours of operation? Weekdays 11AM to 9PM Weekends 11AM to 1AM

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, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, NE	1960	2009	Lincoln, NE	1991	2009

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 incorrect, inaccurate or fraudulent.

RECEIVED  
 March 11, 2009  
 NEBRASKA LIQUOR CONTROL COMMISSION

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 shall 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 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.

Patricia Sanchez  
 Signature of Applicant

Martin Sanchez  
 Signature of Spouse

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

\_\_\_\_\_  
 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 Lincoln

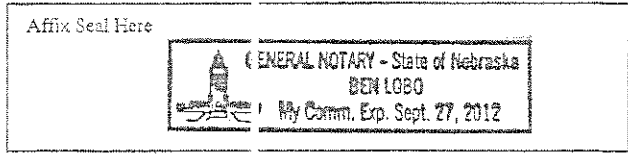
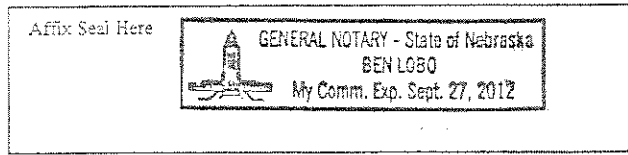
County of Lincoln

The foregoing instrument was acknowledged before me this 11th, March 2009 by

The foregoing instrument was acknowledged before me this March 11, 2009 by

[Signature]  
 Notary Public signature

[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  
INDIVIDUAL  
INSERT - FORM 1

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

Office Use

RECEIVED  
MAR 13 2009  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Individual applicants, including 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 sign the signature page of the Application for License form
- 6) Applicant may be required to take a training course

Name of individual applicant who will hold license

Last Name: Sanchez

First Name: Patricia

MI: \_\_\_\_\_

Home Address: 1928 S 13<sup>th</sup> St City: Lincoln Zip Code: 68502

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

Home Telephone Number: 402 326-8051

Drivers License Number: \_\_\_\_\_ State: NE

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: Sanchez

Spouses First Name: Martin

MI: \_\_\_\_\_

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

Drivers License Number: \_\_\_\_\_ State: NE

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities. A ten day advance period is required in writing to produce the alternate format.

### SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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

Office Use  
**RECEIVED**  
MAR 18 2009  
NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

*Martin Sanchez*

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Martin Sanchez

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

03/08/09

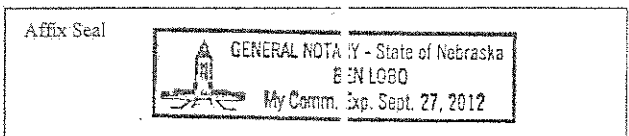
by BEN LOBO

date

name of person acknowledged

*[Signature]*

Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

*Patricia Lopez*

Signature of individual involved with application  
(Spouse of individual listed above)

*Patricia Sanchez*

Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

3/8/09

by Anna M. Barragan

date

name of person acknowledged

*Anna M Barragan*

Notary Public signature



wife

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

STANDARD FORM NO. 5  
**CERTIFICATION OF VITAL RECORD**

TEXAS DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS

NEGATIVE

MAR 1 2009

LIQUOR COMMISSION  
 CERTIFICATE NO. 492676

WARNING: The penalty for knowingly making a false statement in this form is 2 to 10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Chapter 195, Sec. 195.003, 1989)

STATE OF TEXAS  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS

REGULAR NOTARY STATE OF TEXAS  
 W. C. COOPER  
 My Comm. Exp. March 24, 2009

Signature: *W. C. Cooper*  
 Date: *November 19, 1998*

SUPPORTING DOCUMENT #	TYPE OF DOCUMENT	DATE OF BIRTH	BY WHOM ISSUED AND SIGNED
1	BIRTH CERT. COPY OF	22322-1	STATE DIRECTOR LINCOLN, NEBRASKA
2	BIRTH CERT. COPY OF	206060	STATE DIRECTOR LINCOLN, NEBRASKA
3	AFFID. OF OLDER SISTER, DELFINA BOWER, 5724 ODE, LINCOLN, NE.		LYNETTE BECKER, N.P. STATE OF NEBRASKA
4			FRANCISCA LOPEZ

DATE OF BIRTH: *November 19, 1998*  
 PLACE OF BIRTH: *Brownsville, Texas*

STATE REGISTRAR'S CERTIFICATION: I hereby certify that the documentary evidence, abstracted above, has been reviewed and that it substantiates the facts as set forth regarding the registration of this birth.

Signature: *W. C. Cooper*  
 Date: *November 19, 1998*

DATE ISSUED	DATE ORIGINAL ENTRY
04/12/1995	10/29/1980
NOT STATED	NOT STATED
04/17/1995	07/07/1982
NOT STATED	NOT STATED
04/05/1999	11/13/1998
TRINIDAD GUTIERREZ	
DATE ISSUED	DATE ORIGINAL ENTRY
APR 05 2009	

E760911

This is a true and correct reproduction of the original record as recorded in this office, issued under authority of Section 191.051, Health and Safety Code.

ISSUED: MAY 10 2009

*Linda B. Bay*  
 FOR: LINDA B. BAY  
 STATE REGISTRAR

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

