CITY OF LINCOLN
NEBRASKA

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

LINCOLN
The Community of Opportunity

#10

RECEIVED
APR 28 2009
CITY COUNCIL
OFFICE

April 1, 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 Woodees, 2001 West 'O' Street requesting a class C liquor license.

Andrew Hubka, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Andrew Hubka was born in Overland Park, Kansas. He attended Amador High School, California graduating in 1986.

Mr. Hubka has been self employed for over 20 years. He is to attend the required training on May 14, 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

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 = 5/11/09

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

RETAIL LICENSE(S)			Application Fee
☐	A	BEER, ON SALE ONLY	$45.00
☐	B	BEER, OFF SALE ONLY	$45.00
☒	C	BEER, WINE & DISTILLED SPIRTS, 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 (requires catering application form)		$100.00

MISCELLANEOUS			Application Fee		Bond Required
☐	L	Craft Brewery (Brew Pub)	$295.00		$1,000 minimum
☐	O	Boat	$ 95.00		none
☐	V	Manufacturer			
	☐	Alcohol & Spirits	$1,045.00		$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$145.00	1 to 100 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$245.00	100 to 150 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$395.00	150 to 200 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$545.00	200 to 300 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$695.00	300 to 400 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$745.00	400 to 500 barrel*	$1,000 minimum
☐	W	Wholesale Beer	$545.00		$5,000 minimum
☐	X	Wholesale Liquor	$795.00		$5,000 minimum
☐	Y	Farm Winery	$295.00		$1,000 minimum
☐	Z	Micro Distillery	$295.00		$1,000 minimum

☐ 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 Andrew Hubka Phone number: 402-223-9770

Firm Name Woodees

PREMISE INFORMATION

Trade Name (doing business as) Woodees

Street Address #1 2001 W O Street

Street Address #2

City Lincoln County Lancaster Zip Code 68522

Premise Telephone number 402-223-9770

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

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

Name Andrew Hubka

Street Address #1 6001 Grable Ave 1

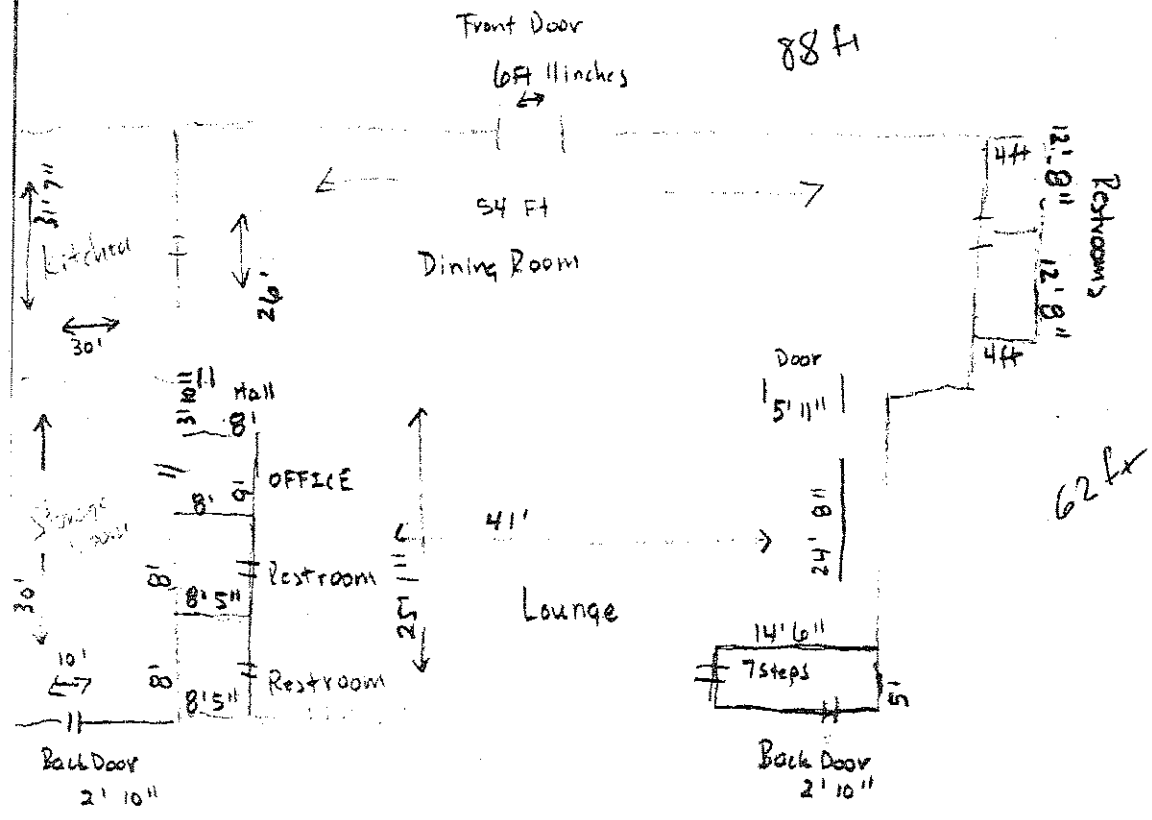
Street Address #2

City Beatrice State Ne Zip Code 68310

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



APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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

☐ YES ☒ NO

If yes, give name of business and license number

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

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

☐ YES ☒ NO

If yes, list the lender

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

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such items and the owner. Tables, Chairs, Coolers, misc equipment - Lambert Managment.

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 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.

Tier One Bank.

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.

Andrew Hubka - Woodees Bar + Grill Beatrice Ne - Bought other location didn't serve liquor.

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:
Andrew Hubka	1988 to present.	Red Onion Deshler Ne Tree Top's Aurora Ne Woodees Beatrice Ne

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 30th day of April 2012

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? May 10th

15. What will be the main nature of business? Food + Beverage

16. What are the anticipated hours of operation? 6:00 AM to 10: PM.

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 FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Andrew Hubka 601 Grable Ave Beatrice Ne 68310	1994	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**
Signature of Applicant	**Signature of Spouse**
Signature of Applicant	**Signature of Spouse**
Signature of Applicant	**Signature of Spouse**

State of Nebraska

County of Gage

The foregoing instrument was acknowledged before me this _____ by

Tammy L. Brown

Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
TAMMY L. BROWN
My Appt. Exp. Nov. 13, 2012

County of _____

The foregoing instrument was acknowledged before me this _____ by

Notary Public signature

Affix Seal Here

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

Office Use

RECEIVED
MAR 15 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: Hubka

First Name: Andrew MI: L

Home Address: 1001 Grable Ave City: Beatrice Zip Code: 68310

Social Security Number: _____ Date of Birth: ___ , ___ , ___

Home Telephone Number: 402-223-9770

Drivers License Number: _____ State: Nebraska

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

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

Spouses Last Name: _____

Spouses First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: _____

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.

MISSOURI DIVISION OF HEALTH 124

STANDARD CERTIFICATE OF LIVE BIRTH

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 12077

1. PLACE OF BIRTH a. COUNTY Jackson	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Kansas b. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Overland Park Inside Limits Yes ☒ No ☐
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center	d. STREET ADDRESS (If outside, give location) 6025 W. 88th Terr Reside on Farm Yes ☐ No ☒

3. CHILD'S NAME (Type or Print)	a. (First) Andrew	b. (Middle) Leslie	c. (Last) Hubka
4. SEX Male	5a. THIS BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐	5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐	6. DATE OF BIRTH (Month) (Day) (Year)

FATHER OF CHILD

7. FULL NAME	a. (First) Darrell	b. (Middle) Lee	c. (Last) Hubka
8. COLOR OR RACE White			
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Kansas	11a. USUAL OCCUPATION Auditor	11b. KIND OF BUSINESS OR INDUSTRY TWA

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First) Martha	b. (Middle) Lynn	c. (Last) Labaugh
13. COLOR OR RACE White			
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Kansas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT Martha Hubka		a. How many Other children are now living? None	b. How many Other children were born alive but are now dead? None
			c. How many fetal deaths (fetuses born dead at ANY time after conception)? None

I hereby certify that this child was born alive on the date stated above at 2:36 A.M.	18a. CERTIFIER OF ATTENDANT Marcel L. Mooney	18b. ATTENDANT AT BIRTH M.D. ☒ D.O. ☐ OTHER (SPECIFY)	
	18c. ADDRESS 7515 E. 63rd St. Kansas City, Mo.	18d. DATE SIGNED 12/26/67	19. DATE REC'D BY LOCAL REG. 12-27-67
20. REGISTRAR'S SIGNATURE Luther O. Bayt	21. MOTHER'S PERMANENT POST OFFICE ADDRESS, INCLUDE ZONE 6025 West 88th Terr. Overland Park, Kansas		

Marcel L. Mooney

HEALTH AND MEDICAL SECTION (CONFIDENTIAL)

STATE OF MISSOURI
CITY OF KANSAS CITY

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

I hereby certify that this copy is an exact reproduction of the certificate of birth for the person named therein as it now appears in the permanent records of the Bureau of Vital Statistics, Kansas City, Missouri, Witness my hand as Director of Health, Kansas City, Missouri this date of February 8, 1968

Edwin D. Wicks, M.D.

NOISSIMMOC TOLLNOC
HOOP MORRIS
MAR 01 2008
DECEASED