



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

April 16, 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 Los Dos Hermanos Mexican Cafe, 6117 Havelock requesting a class C liquor license.

Richardo Rico, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Richardo Rico was born in Oklahoma City, Oklahoma. He attended Le Cordon Bleu College graduating in 2007.

Richardo Rico employment history is as follows:

2007 - 2008	Cook, Café Maude	Richfield, MN.
2007 - 2008	Sales, First Shoe Store	Bloomington, MN
2006 - 2007	Cook, Shooters Billiards	Burnsville, MN.
2003 - 2005	Cook, Los Dos Hermanos	Lincoln, NE.

Mr. Rico will complete the required training on May 14th 2009.

A criminal history has been included for your review.



A nationally accredited law enforcement agency



If this request is approved the Lincoln Police Department requests the following condition.

No business or personal alcohol related offenses with in the first year of approval.

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.

A handwritten signature in black ink, appearing to read 'Tom Casady', written in a cursive style.

THOMAS K. CASADY, Chief of Police



LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "****END OF LISTING****" does not appear at the bottom of this report, then this list is not complete.

FOR: RICHARDO TIBRUCIO RICO , Male, DOB:
Date of listing: 04-14-2009

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 02-04-2006 for (M)SUSPENDED/REVOKED, NOT ELIGIBLE Case A6-011765
 Disposed 03-23-2006 as (M)SUSPENDED LICENSE, ELIGIBLE Cit# LB000879
FOUND GUILTY Fined \$100.00

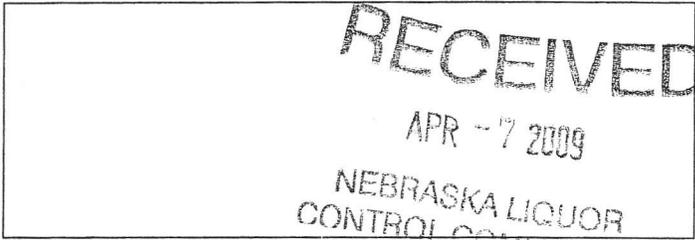
Cited on 12-24-2005 for (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS Case A5-139736
 Disposed 04-13-2006 as (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS Cit# LB001390
FOUND GUILTY Fined \$400.00 & Sentenced 7 DAYS

Cited on 08-24-2005 for (M)SUSPENDED/REVOKED, NOT ELIGIBLE Case A5-093430
 Disposed 09-29-2005 as (M)SUSPENDED LICENSE, ELIGIBLE Cit# LA987449
FOUND GUILTY Fined \$100.00

*** END OF LISTING ***

APPLICATION FOR LIQUOR LICENSE

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



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
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 Ricky Rico Phone number: 402-261-3854

Firm Name Los Dos Hermanos

PREMISE INFORMATION

Trade Name (doing business as) LOS DOS HERMANOS MEXICAN CAFE

Street Address #1 6117 HAVELOCK AVE.

Street Address #2 _____

City LINCOLN County Lancaster Zip Code 68507

Premise Telephone number _____ City # 02

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

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

Name Ricardo Rico

Street Address #1 6117 Havelock ave.

Street Address #2 _____

City LINCOLN State NE Zip Code 68507

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

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

See

Attached

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NEBRASKA LIQUOR CONTROL COMMISSION

6117 Havelock Ave. Lincoln NE

Commercial BLDG Sections:

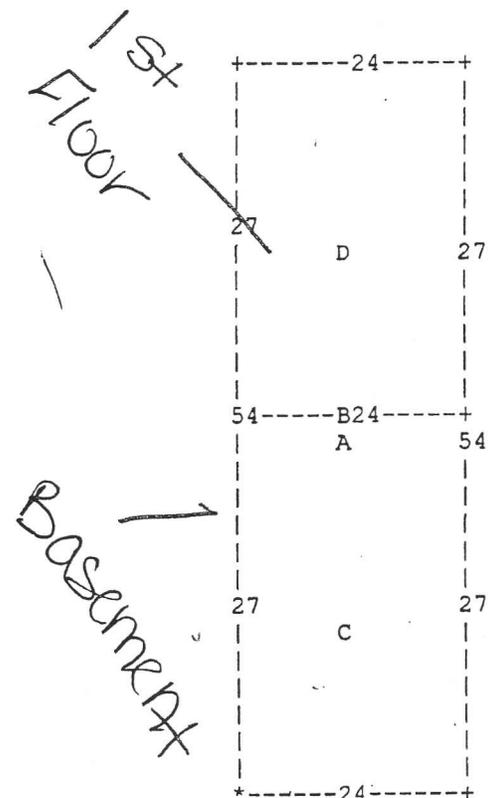
Description	Stories	Wall HGT	GFA	Perimeter
BASEMENT	1	8.00	1,296	156
COM 1ST FLOOR	1	10.00	1,296	156
COM 2ND FLOOR	1	9.00	648	102
COM 2ND FLOOR	1	9.00	648	102

Commercial Refinements:

Description	Unit	Mear-1	Mear-2	Mear-3

Building Sketch: 01

BUILDING SKETCH



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NEBRASKA LIQUOR CONTROL COMMISSION

*	BASEMENT	Square Feet:	1296
A	COM 1ST FLOOR	Square Feet:	1296
B	COM 2ND FLOOR	Square Feet:	648
C	COM 2ND FLOOR	Square Feet:	648

entire 1st floor of two story building approx 24 x 54 including basement area

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 - 2005 December Guilty; Hit Run -

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

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CONTROL COMMISSION

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)

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NEBRASKA LIQUOR CONTROL COMMISSION

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.

Wells Fargo 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.

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)

-Needs Training

Name:	Date:	Where:
Cafe Maude	07-08	Richfield MN
Shooters Billiard Cafe	06-07	Bloomington MN
Rico's Mexican Restaurant	00-02	Lincoln 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 2003
- Deed
- Purchase Agreement

14. When do you intend to open for business?

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

16. What are the anticipated hours of operation? 10 AM - 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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln NE	99	06			
Eagan MN	06	08			
Lincoln NE	08	09			

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

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Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of _____

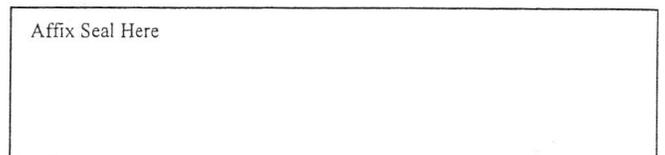
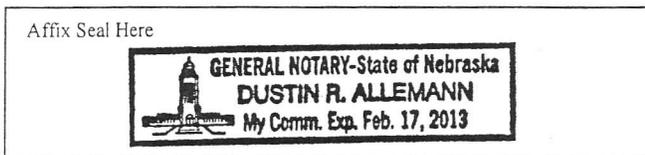
The foregoing instrument was acknowledged before me this April 7th 2009 by

The foregoing instrument was acknowledged before me this _____ by



Notary Public signature

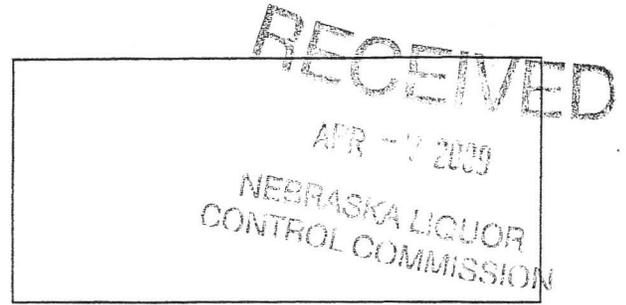
Notary Public signature



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.

**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.nol.org/home/NLCC/



Name of Applicant:

Last Name Rico

First Name Ricardo MI T

Home Address 6117 Havelock ave City Lincoln

Home Telephone Number (402) 261-3854

Drivers License Number _____ State NE

Are you married? Yes No If yes, complete the following:

Spouses Names (Last, First, Middle)

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State _____

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS
DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK
THE DOCUMENT FOLD CONTAINS A SECURITY BACKGROUND EMBOSSED SEAL AND THERMOCHROMIC
INK. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

WARNING:

VERIFY PRESENCE OF WATERMARK - HOLD TO LIGHT TO VIEW

It is in violation of Oklahoma Statutes, Title 63, Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."
CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.



James M. Crutcher
James M. Crutcher
Commissioner of Health
Office of Vital Statistics
Department of Health

This is true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped:

B00517645



CERTIFICATE OF LIVE BIRTH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

135 - 83-046744

LOCAL REG. NO.		STATE FILE NO.					
1. CHILD	NAME: <i>First Middle Last</i> Ricardo Tiburcio Rico			2. DATE OF BIRTH: Month Day Year		3. HOUR: 10:55 AM	
4. SEX: Male	5a. THIS BIRTH: SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>		6a. COUNTY OF BIRTH: Oklahoma		
6b. CITY, TOWN, OR LOCATION OF BIRTH: Oklahoma City		6c. INSIDE CITY LIMIT: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		6d. HOSPITAL - NAME: Hillcrest Osteopathic Hospital			
7. MOTHER: MAIDEN NAME: <i>First Middle Last</i> Maria Ester Carranza		8. AGE (at time of this birth): 28		9. BIRTHPLACE: <i>State or foreign country</i> Salvador			
10a. RESIDENCE - STATE: Oklahoma		10b. COUNTY: Oklahoma		10c. CITY, TOWN, OR LOCATION: Oklahoma City		10d. INSIDE CITY LIMIT: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
10e. STREET ADDRESS: 6317 South Phillips		11. FATHER: NAME: <i>First Middle Last</i> Tiburcio (none) Rico		12. AGE (at time of this birth): 27		13. BIRTHPLACE: <i>State or foreign country</i> Mexico	
14. MOTHER'S SIGNATURE: <i>Maria Rico</i>		15. MOTHER'S MAILING ADDRESS: <i>Street or R.F.D. No. Postoffice State ZIP Code No.</i> 6317 South Phillips; Oklahoma City, Oklahoma 73149		16. DATE TEST MADE: Oct. 19, 1983		16a. IF NO TEST, STATE REASON THEREFORE:	
17. WEIGHT OF CHILD AT BIRTH: 9 LBS. 2 OZS.		18. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
I hereby certify that this child was born alive on the date stated above.	19a. SIGNATURE OF ATTENDANT: <i>R. Goodman</i>			19b. DATE SIGNED: 10-19-83			
	19c. NAME OF ATTENDANT (Print or Type): Robert L. Goodman, D. O.			19d. ATTENDANT AT BIRTH: M.D. <input type="checkbox"/> P.O. <input type="checkbox"/> D.C. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> (Specify)			
19e. ADDRESS OF ATTENDANT: <i>Street or R.F.D. No. Postoffice State ZIP Code No.</i> 2519 S.W. 59; Oklahoma City, Oklahoma 73119		20. LOCAL REGISTRAR'S SIGNATURE: <i>Roger G. Perrong</i>		21. DATE RECEIVED BY STATE REGISTRAR: NOV 17 1983			
22a. DATE CORRECTIONS MADE:		22b. ITEMS CORRECT:		22c. AUTHORITY:		22d. CLERK:	

August 21, 2008