



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

October 7, 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 Bricktop, 1427 'O' Street requesting a class C liquor license.

This location currently holds a class C liquor license but has been purchased by new owners.

David Marlborough, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

David Marlborough was born in Brookhaven, New York. He attended Dowling College receiving his Masters degree in 2003.

David Marlborough employment history is as follows:

Present	Owner, Bricktop	Lincoln, NE.
2006 - 2009	Manager, Bricktop	Lincoln, NE.
2005 - 2006	Sales, Homers	Lincoln, NE.
1992 - 2005	Sales, Patchogue	Patchogue, New York.

The required training will be completed on 11-12-2009.

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



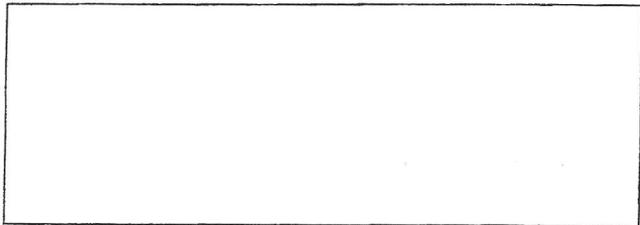
A nationally accredited law enforcement agency



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 = 11/16/09



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

RETAIL LICENSE(S)

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

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SEP 22 2009

Application Fee
\$45.00
\$45.00
\$45.00
\$45.00
\$45.00
\$100.00

NEBRASKA LIQUOR

CONTROL COMMISSION

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*
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00	100 to 150 barrel*
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00	150 to 200 barrel*
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00	200 to 300 barrel*
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00	300 to 400 barrel*
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00	400 to 500 barrel*
<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

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 Michael T. Imbroce Phone number: 1-516-314-9497

Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as)

Bricktop

Street Address #1

1427 O Street

RECEIVED

Street Address #2

City

Lincoln

County

Lancaster

Zip Code

68508

Premise Telephone number

402-682-3720

SEP 22 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

Is this location inside the city/village corporate limits:



YES



NO

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

Name

Bricktop c/o David R. Marlborough

Street Address #1

1427 O Street

Street Address #2

City

Lincoln

State

Nebraska

Zip Code

68508

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

BRICKTOP

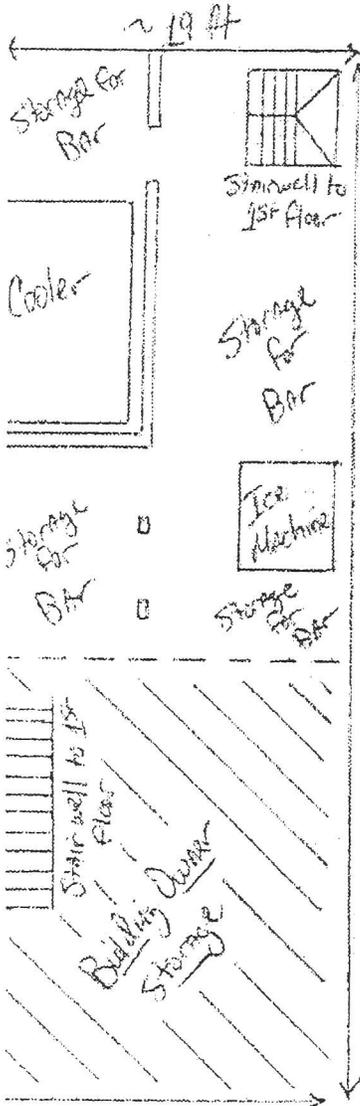
1427 O STREET : LINCOLN, NE 68508

www.thebricktop.com

TEL: 402.682.3720

FAX: 402.682.3715

Basement Floor

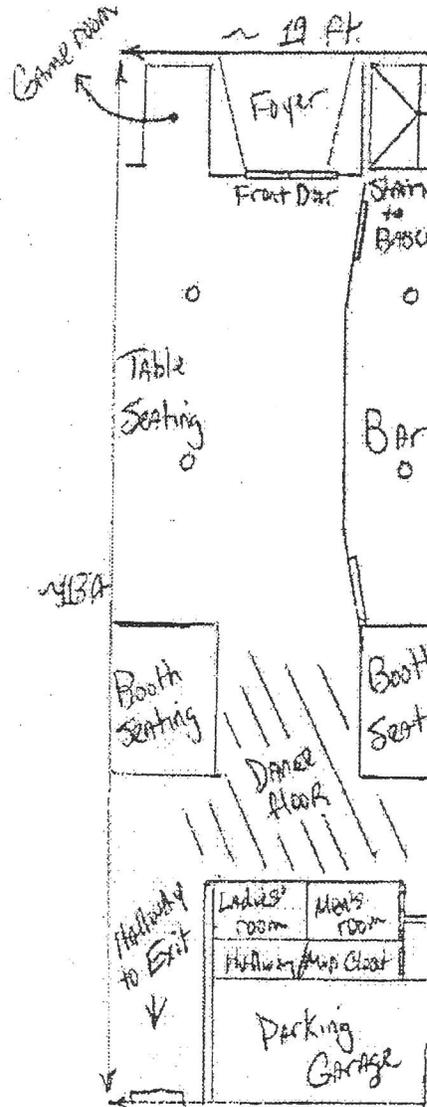


N
W + E
S
"O Street"

The Bricktop
Bar
+
Basement

~113A

First Floor (The Bar)



"The Alley"

Stair
to 1st
St
COFF

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.

On October 24th 2008 I was pulled over and charged with

To: Hobie

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

YES NO

If yes, give name of business and license number *Bricktop Entertainment Inc*

NEBRASKA LIQUOR
CONTROL COMMISSION

- 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.

OK #331

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 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)

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9. Is anyone listed on this application a law enforcement officer?

YES NO

SEP 22 2009

If yes, list the person, the law enforcement agency involved and the person's exact duties.

NEBRASKA LIQUOR CONTROL COMMISSION

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.

US Bank David Marlborough & Michael T Imbruce

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:
David R. Marlborough	December 2005 - June 2009	Bar Manager at the Bricktop

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 July 31st, 2014
- Deed
- Purchase Agreement

14. When do you intend to open for business?

Immediately

15. What will be the main nature of business?

Dance Club + Cocktail Bar

16. What are the anticipated hours of operation?

Monday - Saturday 7pm - 1am, Sundays 8pm - 1am

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 ONLY, IF APPLICABLE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, Nebraska	2005	2009	N/A		
Patchogue, New York	1975	2005	N/A		

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, member and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Michael Imbruce

Signature of Applicant

David R. Marlborough

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

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Signature of Spouse

SEP 22 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

Signature of Spouse

Signature of Spouse

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 15th September 2009 by

Michael T Imbruce & David R Marlborough

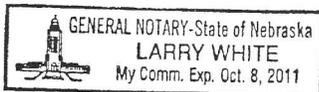
Notary Public signature

County of _____

The foregoing instrument was acknowledged before me this _____ by

Notary Public signature

Affix Seal Here

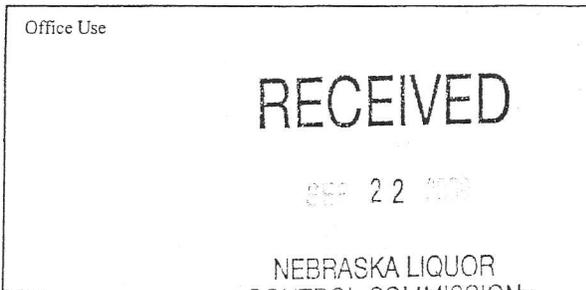


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in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

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



Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

OK

Name of Registered Agent:

David R. Marlborough

Name of Corporation that will hold license as listed on the Articles

Strong Island Enterprises, Inc.

Corporation Address:

1427 O Street

City:

Lincoln

State:

Nebraska

Zip Code:

68508

Corporation Phone Number:

402-682-3720

Fax Number:

402-682-3715

Total Number of Corporation Shares Issued:

100

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

Last Name:

Marlborough

First Name:

David

MI:

R.

Home Address:

940 Rutland Drive Apt. #301 City: Lincoln

State:

NE

Zip Code:

68512

Home Phone Number:

402-423-3283

David R. Marlborough

Signature of president

County of

Lancaster

The foregoing instrument was acknowledged before me this

15th September 2009

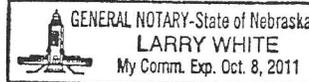
by

David R. Marlborough

[Signature]

Notary Public signature

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

Sign
F.P.

Last Name: Marlborough First Name: David MI: R

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares: 50

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

Spouse Social Security Number: _____ Date of Birth: 09 22 1953

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Sign
F.P.

Last Name: Imbruce First Name: Michael MI: _____

Social Security Number: _____ Date of Birth: _____

Title: Secretary / Treasurer Number of Shares: 50

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

Spouse Social Security Number: _____ Date of Birth: _____

NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

YES

NO

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

NEBRASKA LIQUOR
CONTROL COMMISSION

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

Starting Date: January 1 Ending Date: December 31

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

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

REVISED 5/2007

**MANAGER APPLICATION
INSERT - FORM 3c**

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

Office Use

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

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NEBRASKA LIQUOR
CONTROL COMMISSION

- 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: Strong Island Enterprises, Inc.

Premise information

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

Premise Trade Name/DBA: Bricktop

Premise Street Address: 1427 O Street

City: Lincoln Zip Code: 68508

Premise Phone Number: 402.682.7320

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.

David R. Klumbach
M.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Sign.
F.P.
B.C.

Last Name: Marlborough First Name: David MI: R

Home Address (include PO Box if applicable): 940 Rutland Drive Apt. # 301

City: Lincoln State: NE Zip Code: 68512

Home Phone Number: 402.423.3283 Business Phone Number: 402.682.7320

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

Date Of Birth: _____ Place Of Birth: Brookhaven, NY

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

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YES NO

22

Spouse's information: NEBRASKA LIQUOR CONTROL COMMISSION

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
<u>Lincoln, NE</u>	<u>2005 2009</u>		
<u>Patchogue, NY</u>	<u>1975 2005</u>		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>2005 2006</u>	<u>Homer's Music + Gift</u>	<u>Charlie Ludwig</u>	<u>402-770-7699</u>
<u>2006 2009</u>	<u>Bricktop</u>	<u>Alex Roskelley</u>	<u>402-202-8780</u>

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

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

TO Hobbie

YES NO If yes, please explain below or attach a separate page.

*October 24th, 2008 Misdemeanor DUI Lancaster County Plead No Contest April 1st, 2009
December 1997 Speeding Ticket Suffolk County, NY Given Fine and Paid Immediately.*

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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.

NEBRASKA LIQUOR CONTROL COMMISSION

YES NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES NO

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

Date:	Where:
<i>2006 - Present</i>	<i>Bricktop - Operations Manager</i>
<i>2006 - Present</i>	<i>Bricktop - Bartender</i>

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.

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David R. Marlborough

Signature of Manager Applicant

NEBRASKA LIQUOR CONTROL COMMISSION

Signature of Spouse

State of Nebraska

County of Lancaster

County of _____

The foregoing instrument was acknowledged before me this 15th September 2009 by David R. Marlborough

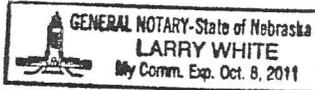
The foregoing instrument was acknowledged before me this _____ by _____

Larry White

Notary Public signature

Notary Public signature

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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



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: DAVID R MARLBOROUGH , Male, DOB:

Date of listing: 10-05-2009

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

Cited on 10-24-2008	for (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS	Case A8-106718
Disposed 04-01-2009	as (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS	Cit# LB145220
FOUND GUILTY Fined \$400.00		
06 MOS PROB		

*** END OF LISTING ***

CERTIFIED TRANSCRIPT OF BIRTH
STATE OF NEW YORK
DEPARTMENT OF HEALTH

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NEBRASKA LIQUOR
CONTROL COMMISSION

FULL NAME OF CHILD:

DAVID R MARLBOROUGH

DATE OF BIRTH:

PLACE OF BIRTH:

Brookhaven, New York

MAIDEN NAME OF MOTHER:

PATRICIA J PAYNE

NAME OF FATHER:

DAVID J MARLBOROUGH

DATE FILED:

May 28, 1975

STATE FILE NO.:

This is to certify that the information concerning the birth of the above named person is a true and accurate transcription of the information recorded on the original certificate of birth on file with the New York State Department of Health.

Peter M. Carucci

Peter M. Carucci
Director, Vital Records Section

DATE August 31, 2009

Do not accept this transcript unless the raised seal of the New York State Department of Health is affixed thereon.

ANY ALTERATION VOIDS THIS TRANSCRIPT

**APPLICATION FOR TEMPORARY
AGENCY AGREEMENT**

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

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NEBRASKA LIQUOR CONTROL COMMISSION

- This application may be submitted along with a completed application for liquor license
- Must include a copy of the signature card from the financial institution where account has been set up
- Agreement is effective upon processing of the application and the three digit number has been issued to applicant
- Agreement is effective up to 120 days from issuance of ID number

ID# _____

On (date) July 15th, 2009 seller and buyer entered into a contract for sale of the business known as Bricktop, which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 120 days subsequent to _____, the date of filing the application with NLCC.

Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

Buyer will at all times be the agent of the seller, but buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when buyer is acting as seller's agent; it is specifically understood that seller shall have no liability for the operation of the business during this period of time, and buyer agrees to indemnify and hold seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the seller and seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as seller's license is canceled;

At time of closing, certain funds will be held in escrow pending issuance of the license.

Name of financial institution (Name, address, account number) of where escrow account is being held (SEND

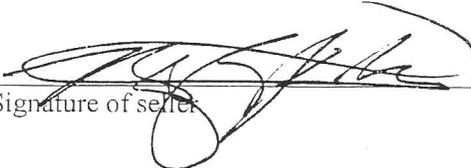
OK COPY OF SIGNATURE CARD) U.S. Bank
344 S 13th St Lincoln, NE

OVER

All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the buyer shall receive no profits from the operation of the business until the liquor license has been issued to buyer, but shall have the right to direct the investment of profit funds by escrow agent.

This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.



Signature of seller



Signature of buyer

RECEIVED

SEP 22 2009

State of Nebraska

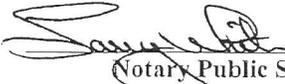
State of Nebraska

County of Lancaster

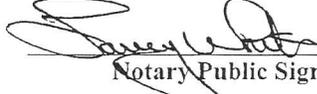
County of Lancaster NEBRASKA LIQUOR CONTROL COMMISSION

The forgoing instrument was acknowledge before me this 15th September 2009
Date

The forgoing instrument was acknowledge before me this 15th September 2009
Date

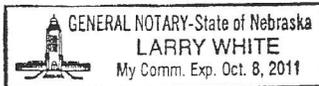


Notary Public Signature

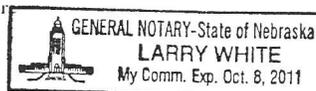


Notary Public Signature

Affix Seal Here



Affix Seal Here



RECEIVED

NEBRASKA LIQUOR CONTROL COMMISSION

U.S. BANK, N.A.		COID	
ACCOUNT NAME *STRONG ISLAND ENTERPRISES, INC.			
AC NAME 1	MICHAEL T IMBRUCE	JOO	AC #
AC NAME 2	DAVID R MARLBOROUGH	JOO	AMT OF INITIAL DEPOSIT \$ 100 200 <i>WBS</i>
AC NAME 3	ALEX ROSKELLEY	SWL	AMOUNT OF CHECK \$ <i>WU OPEN ASBL</i>
AC NAME 4			BANK
AC NAME 5			HOLD <input type="checkbox"/> <i>7-15-09</i>
ADDRESS 1427 O ST			
CITY	LINCOLN	STATE	NE ZIP 685083808 PHONE 402-617-4693 NO. YEARS
TYPE OF BUSINESS		TAX ID #/EIN.	
TYPE OF ACCOUNT	BUS 5 STAR SILVER CHKG	SIGNATURES REQUIRED	EXISTING CUSTOMER
	<input type="checkbox"/> RPM	3	COURTESY CARD
OWNERSHIP	Corporation		
OTHER SERVICES	OFFICE 00376		
RESIDENCE			
RESIDENCE PHONE	402-617-4693	VERIFIED <input type="checkbox"/>	
ID TYPE	ISSUE DATE 00/00/0000	EXP DATE 00/00/0000	CARD NO.
DATE OPENED: 20090715 TIME OPENED: 09:16 OPENED BY: BROWNE, WHITNEY L.			

business verified by drive-by 7-15-09 WBS
 Chex Systems:
 Michael: Soc. avail in NY in 1977 - no records
 David: Soc. avail in NY in 1985 - no records
 Alex: Soc. avail in 1988 MUT - no records
 7-15-09 WBS
 Business: NO R/R