

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 12, 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 Cheapest Damn Cigarettes, 4821 Cornhusker, holder of a class B liquor license requests this liquor license be upgraded to a class D liquor license.

James Harman, owner will remain as the manager of the license and is the approved manager for the current liquor license. Mr. Harman has completed the required training

This application must conform 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



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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/

OCT - 7 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

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

Table with 3 columns: License Class, Description, Application Fee. Includes Retail License(S) options A through K.

Table with 3 columns: License Class, Description, Application Fee, Bond Required. Includes Miscellaneous options L through 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: J Michael Rierden Phone number: 476-2413
Firm Name: Rierden Law Office

PREMISE INFORMATION

Trade Name (doing business as) Cheapest Damn Cigarettes

Street Address #1 4821 Cornhusker

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68504

Premise Telephone number 464-4900

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Is this location inside the city/village corporate limits: YES NO OCT - 7 2009

Mail address (where you want receipt of mail from the commission)
Name same as above

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 _____

Street Address #2 _____

City _____ State _____ Zip Code _____

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

EXISTING 50' CUT

SIDEWALK

6.5'
5.8'
4.0'
3.0'

30' SET BACK

EXISTING PA

480 SQ FT

57'
13'x19'
9'x19'
9'x19'
9'x19'

50'
TOBACCO STORE
LICENSED PREMISES
SP #06048
4821 CORNHUSKER HWY
2242 SQ FT
SIDE WALK
RAMP UP

12 SPACES @ 9'x19'

EXISTING PAVING

EXISTING PAVING

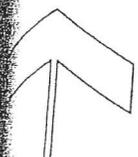
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**NEBRASKA LIQUOR
CONTROL COMMISSION**

No Basement
1 Floor

15' SETBACK
246.62'



SITE PLAN

1"=20'

SPECIAL PERMIT #06048 RESOLUTION PC-01014
ZONING H-3 [I-1 ABUTTING SOUTH]
4821 CORNHUSKER HIGHWAY
LEGAL LOT 60

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 year and individual's name.

YES NO

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

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 uprading # 06048

- 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, spouse Janice M Harman

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. See Attached

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

1. 9/20/06-Unlawful use of plates
2. 6/14/05-Load not safely secured
3. 3/4/04-No valid license or proof of insurance
4. 11/15/94-Speeding violation/No seat belt
5. 2/20/94-No plates
6. 4/1/93-Improper registration
7. 3/3/87-Speeding
8. Unlawful Hauling

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**NEBRASKA LIQUOR
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. 53-111)

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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

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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.

Hastings State Bank (applicant and spouse) James Harman & Janice Harman

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.

Class B License at same location

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:
James N Harman	2006 to Present	above mentioned Class B License at same location

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 ~~4/30/2010~~ August 1st 2014
- Deed
- Purchase Agreement

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

15. What will be the main nature of business? liquor store

16. What are the anticipated hours of operation? legal hours

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
James and Janice Harman	1997	2009	South Bend Nebraska		

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.

James N. Harman
Signature of Applicant

Jan Harman
Signature of Spouse

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Signature of Applicant

Signature of Spouse

OCT - 7 2009

Signature of Applicant

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Randolph

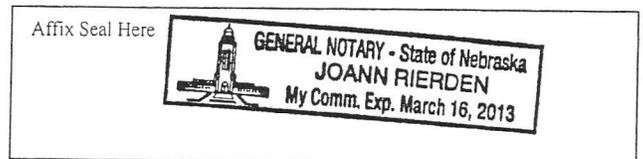
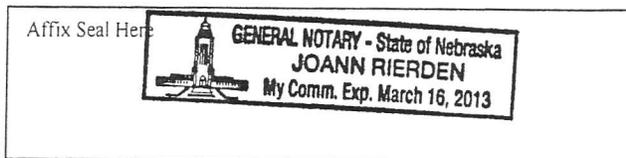
County of Randolph

The foregoing instrument was acknowledged before me this 9/22/09 by _____

The foregoing instrument was acknowledged before me this 9/22/09 by _____

Joann Rierden
Notary Public signature

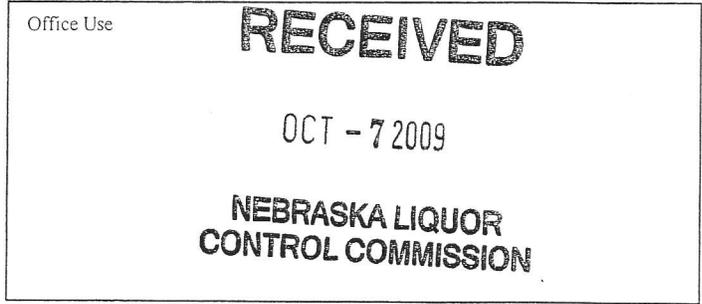
Joann Rierden
Notary Public signature



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



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: Harman

First Name: James MI: N

Home Address: 32118 West Lake Park Dr City: South Bend Zip Code: 68058

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: 402-944-7786

Drivers License Number: _____ State: Neb

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: Harman

Spouses First Name: Janice MI: M

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: Neb

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.

STATE OF NEBRASKA

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
10/17/2006
LINCOLN, NEBRASKA

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

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NEBRASKA LIQUOR CONTROL COMMISSION

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

FEB-74(VS)
REV. 4-84
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

BIRTH No. **52**

1. PLACE OF BIRTH a. COUNTY Lancaster		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, write RURAL) TOWN Lincoln		c. CITY (If outside corporate limits, write RURAL) TOWN White Cloud	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) Janice		b. (Middle) Marlene	
		c. (Last) Ross	
4. SEX Female	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Year) OF BIRTH
FATHER OF CHILD R-200			
7. FULL NAME a. (First) Ivan		b. (Middle) Theodore	
		c. (Last) Ross	
		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Starling, Nebraska	11a. USUAL OCCUPATION / FARMER	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Lucille		b. (Middle) Arlene	
		c. (Last) Heiser	
		13. COLOR OR RACE White	
14. AGE (At time of this birth) 24 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Valparaiso, Nebraska	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 30 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Ivan T. Ross Mother			
18a. SIGNATURE <i>Lucille Heiser</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS <i>Lincoln Nebraska</i>		19. MOTHER'S MAILING ADDRESS Mrs. Ivan T. Ross White Cloud, Kansas	
20. DATE RECD BY LOCAL REG. JUN 4 1962		21. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>	

STATE OF NEBRASKA

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DATE OF ISSUANCE
10/17/2006
LINCOLN, NEBRASKA

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

NEBRASKA LIQUOR
CONTROL COMMISSION

PHS-100 (VS)
REV. 4-01
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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

50-0:

BIRTH No. 126.....

1. PLACE OF BIRTH a. COUNTY <i>Lancaster</i>		1. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Nebraska</i> b. COUNTY <i>Lancaster</i>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <i>Lincoln</i>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <i>Lincoln</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Mem Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>6919 Ballard</i>	
2. CHILD'S NAME (Type or print) a. (First) <i>James</i> b. (Middle) <i>Newell</i> c. (Last) <i>Harman</i>		3. DATE (Month) (Day) (Year) OF BIRTH	
4. SEX <i>Male</i>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Year) OF BIRTH
FATHER OF CHILD <i>H-655</i>			
7. FULL NAME a. (First) <i>Ralph</i> b. (Middle) <i>Loren</i> c. (Last) <i>Harman</i>		8. COLOR OR RACE <i>W</i>	
9. AGE (At time of this birth) Yrs. <i>30</i>	10. BIRTHPLACE (City, town, or county) (State or foreign country) <i>Lincoln, Nebraska</i>	11a. USUAL OCCUPATION <i>Manager</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>The Corned Store</i>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <i>Jane</i> b. (Middle) <i>Lucille</i> c. (Last) <i>Wilks</i>		13. COLOR OR RACE <i>W</i>	
14. AGE (At time of this birth) Yrs. <i>29</i>	15. BIRTHPLACE (City, town, or county) (State or foreign country) <i>Beatrice, Nebraska</i>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <i>1</i> b. How many OTHER children were born alive but are now dead? <i>0</i> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT'S SIGNATURE OR NAME--Relationship <i>Mrs. Ralph Harman - mother</i>		18. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
I hereby certify that this child was born alive on the date stated above at <i>5:12 a.m.</i>		19a. SIGNATURE <i>[Signature]</i>	19. MOTHER'S MAILING ADDRESS <i>6919 Ballard Lincoln, Nebraska</i>
19a. ADDRESS <i>2730 No. 48</i>		20. DATE RECD BY LOCAL AGENCY <i>MAY 13 1950</i>	
21. REGISTRAR'S SIGNATURE <i>Islandi Roder M.D.</i>			