

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 Jasmine / Cellar, 129 North 10th Street, holder of a class I liquor license requests this liquor license be upgraded to a class CK liquor license.

They are also adding room #113 to the liquor license

Monte Froehlich, owner will remain as the manager of the license and is the approved manager for the current liquor license. Mr. Froehlich 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



APPLICATION FOR LIQUOR LICENSE
CATERING LICENSE

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

FEE \$100.00

A catering license allows a retail license holder to sell and consume beer, for consumption at a local (SDL). The catering license is renewed annually and is held by the licensee. A licensee shall not be held liable for any law enforcement notification letter mailed to the Commission. The \$40 per day license fee and the number of events allowed is up to the licensee.

RECEIPT

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OCT - 6 2009

NEBRASKA LIQUOR CONTROL COMMISSION

DATE	<u>10/6/09</u>	No. 166023		
FROM	<u>The Grand Manse</u>			
FOR	<u>Catering App</u>			
 <input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>1756</u> <input type="checkbox"/> MONEY# _____ ORDER	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ <u>100.00</u></div>			
			Received by <u>[Signature]</u>	

CLASS OF LICENSE AND NUMBER ~~82289, Class I~~ 87861 New App

NAME OF LICENSEE Monte L. Froehlich

TRADE NAME The Grand Manse

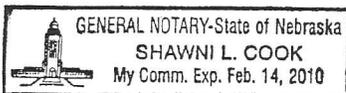
PREMISE ADDRESS 129 N. 10th Street

CITY/STATE/ZIP CODE Lincoln, NE 68508

A copy of your application for a catering license will be forwarded to the local governing body for recommendation. Neb. rev. state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

[Signature]
Signature of Licensee

Subscribed in my presence and sworn to before me this 6th day of October 2009

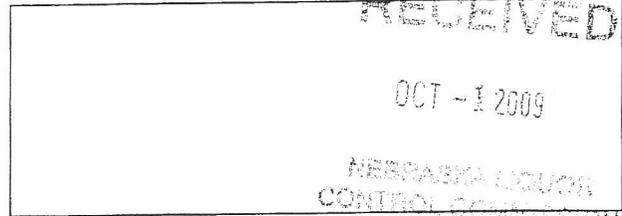


[Signature]
Notary Public Signature & Seal



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*
<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
<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 Monte Froehlich Phone number: 402-875-9101
 Firm Name US Property, LLC

PREMISE INFORMATION

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Trade Name (doing business as) The Grand Manse

Street Address #1 129 N. 10th Street

OCT - 1 2009

Street Address #2 _____

City Lincoln

County Lancaster

NEBRASKA LIQUOR
CONTROL COMMISSION
68508

Premise Telephone number 402-476-4560

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

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

Name The Grand Manse

Street Address #1 129 N. 10th Street Suite #107

Street Address #2 _____

City Lincoln

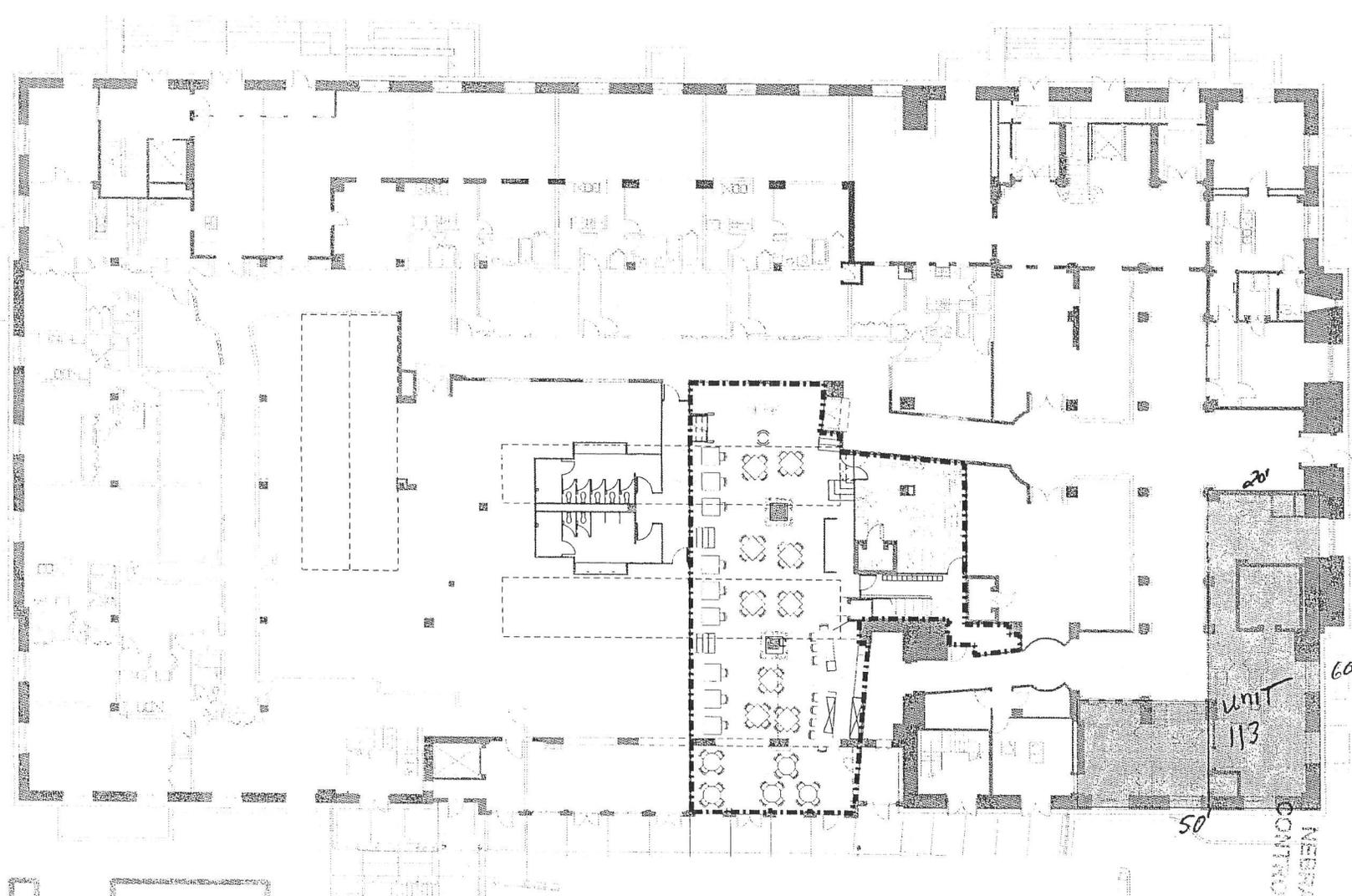
State NE

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



1ST FLOOR OF THREE STORY BLDG APPROX 123FT X 82FT, COMMONS AREA
 APPROX 134FT X 9FT, UNIT 107 APPROX 49FT X 29FT, UNIT 108 APPROX
 30FT X 65FT, UNIT 109 APPROX 28FT X 30FT, UNIT 113 APPROX 60FT X
 50FT X 20FT AND SIDEWALK CAFE APPROX 20FT X 40FT

NEBRASKA LIQUOR
 CONTROL COMMISSION

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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

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

Building and Safety Occupancy Certificate violation - Chuck Schweitzer

Misdemeanor, November, 2008

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CONTRACTOR
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)

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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

OCT - 1 2008

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.

Pinnacle Bank, Monte Froehlich and Joel Anderson

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.

83829

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:
Monte L. Froehlich	May 8, 2008	Lincoln Lancaster Health Dept., 3140 N St., 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 _____
- Deed
- Purchase Agreement

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

15. What will be the main nature of business? _____

16. What are the anticipated hours of operation? _____

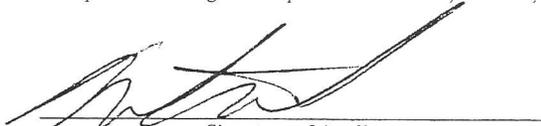
17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Grand Manse, 129 N. 10th St., Lincoln, NE	2008	Present	Grand Manse, 129 N. 10th St., Lincoln, NE	2008	Present
6011 S. 72nd St., Lincoln, NE	1996	2008	6011 S. 72nd St., Lincoln, NE	1996	2008

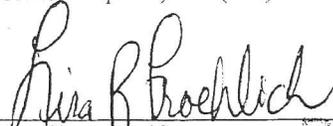
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) 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

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 Signature of Applicant

 Signature of Spouse

OCT - 1 2009

 Signature of Applicant

 Signature of Spouse

NEBRASKA LIQUOR CONTROL COMMISSION

 Signature of Applicant

 Signature of Spouse

 Signature of Applicant

 Signature of Spouse

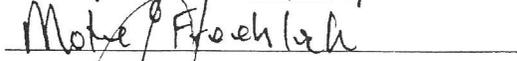
State of Nebraska

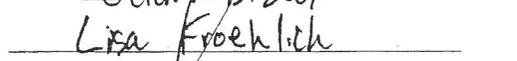
County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this 5th day of October 2009

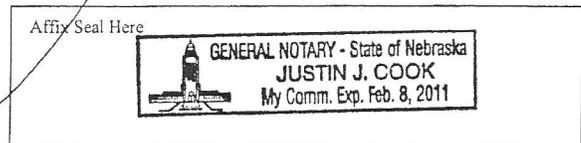
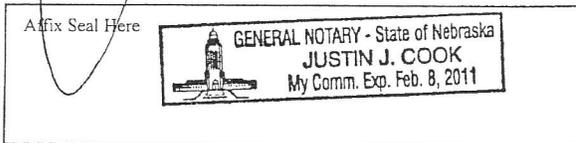
The foregoing instrument was acknowledged before me this October 5th 2009





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
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

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

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NEBRASKA LIQUOR
CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Monte L. Froehlich

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Old Federal Place Limited Liability Corporation

LLC Address: 129 N. 10th Street

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 402-475-4560 Fax Number 402-476-4616

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Froehlich First Name: Monte MI: L

Home Address: 129 N. 10th Street, #112 City: Lincoln

State: NE Zip Code: 68508 Home Phone Number: 402-202-1775



Signature of Contact Member

State of Nebraska

County of Landaste

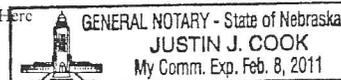
The foregoing instrument was acknowledged before me this

1st day of October, 2009
date

by Monte Froehlich
name of person acknowledged

Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

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Last Name: Froehlich First Name: Monte MI: L.

OCT - 1 2009

Social Security Number: _____ Date of Birth: _____

NEBRASKA LIQUOR
CONTROL COMMISSION

Spouse Full Name (indicate N/A if single): Lisa R. Froehlich

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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: _____

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: _____

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: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

YES

NO

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

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CONTROL SECTION

Indicate the company'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 limited liability company insert form 3b 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
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NEBRASKA LIQUOR CONTROL COMMISSION

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

- 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:

Premise information

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA:

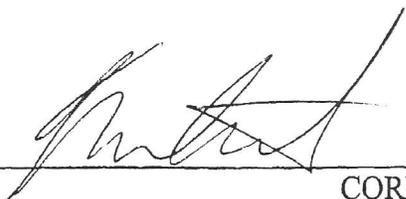
Premise Street Address:

City:

Zip Code:

Premise Phone Number:

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.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Froehlich First Name: Monte MI: NE

Home Address (include PO Box if applicable): 129 N. 10th Street, #112

City: Lincoln State: NE Zip Code: 68508

Home Phone Number: 402-202-1776 Business Phone Number: 402-875-9109

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

Date Of Birth: _____ Place Of Birth: Norfolk, NE

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

YES NO

Spouse's information

Spouses Last Name: Froehlich First Name: Lisa MI: R

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

Date Of Birth: _____ Place Of Birth: Oelevein, IA

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
129 N. 10th Street, Lincoln, NE	2008	Present	129 N. 10th Street, Lincoln, NE	2008	Present
6011 S. 72nd St., Lincoln, NE	1996	2008	6011 S. 72nd Street, Lincoln, NE	1996	2008

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
		Self Employed since 1995		

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

OCT - 1 2009

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.**

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

Building and Safety Occupancy Certificate violation - Chuck Schweitzer
Misdemeanor, November 2008

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.

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:
11-2008 to Present	Grand Manse On-Sale Liquor Licenses

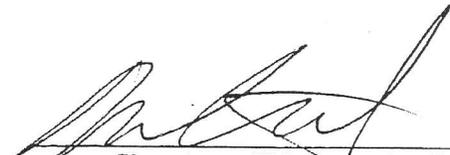
PERSONAL OATH AND CONSENT OF INVESTIGATION

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.

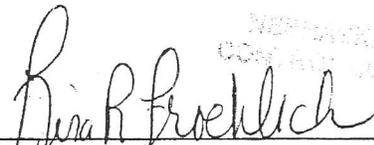
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action 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.

OCT - 3 2009



Signature of Manager Applicant



Signature of Spouse

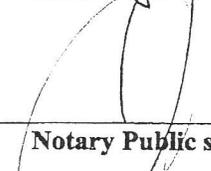
State of Nebraska

County of Lancaster

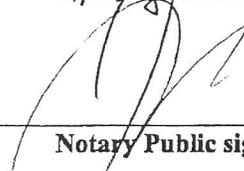
County of Lancaster

The foregoing instrument was acknowledged before me this 1st Day of October 2009

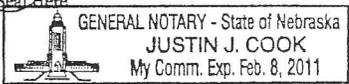
The foregoing instrument was acknowledged before me this 1st day of October 2009 by

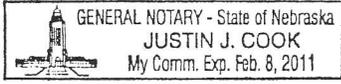


Notary Public signature



Notary Public signature

Affix Seal Here


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.

Revised 9/2008

