



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 27, 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 Speakeasy, 3233 ½ South 13th Street requesting a class C liquor license.

This location was previously known as J. R's Down Under which held a class C liquor license

Benjamin Zoz, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Benjamin Zoz was born in Lincoln, Nebraska. He obtained his GED at Southeast Community College.

Benjamin Zoz employment history is as follows:

2007 - Present Cook, Gourmet Grill Lincoln, NE.

The required training will be completed on November 12th 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 = 12/3/09

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 NEBRASKA LIQUOR CONTROL COMMISSION

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

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 James Beckmann Phone number: 402-438-0028
 Firm Name Beckmann Law Offices

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PREMISE INFORMATION

Trade Name (doing business as) Speakeasy
Street Address #1 3233 1/2 S. 15th St.
Street Address #2 _____
City Lincoln County Lancaster Zip Code 68508
Premise Telephone number _____

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CONTROL COMMISSION

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

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

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Name James Beckmann

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CONTROL COMMISSION

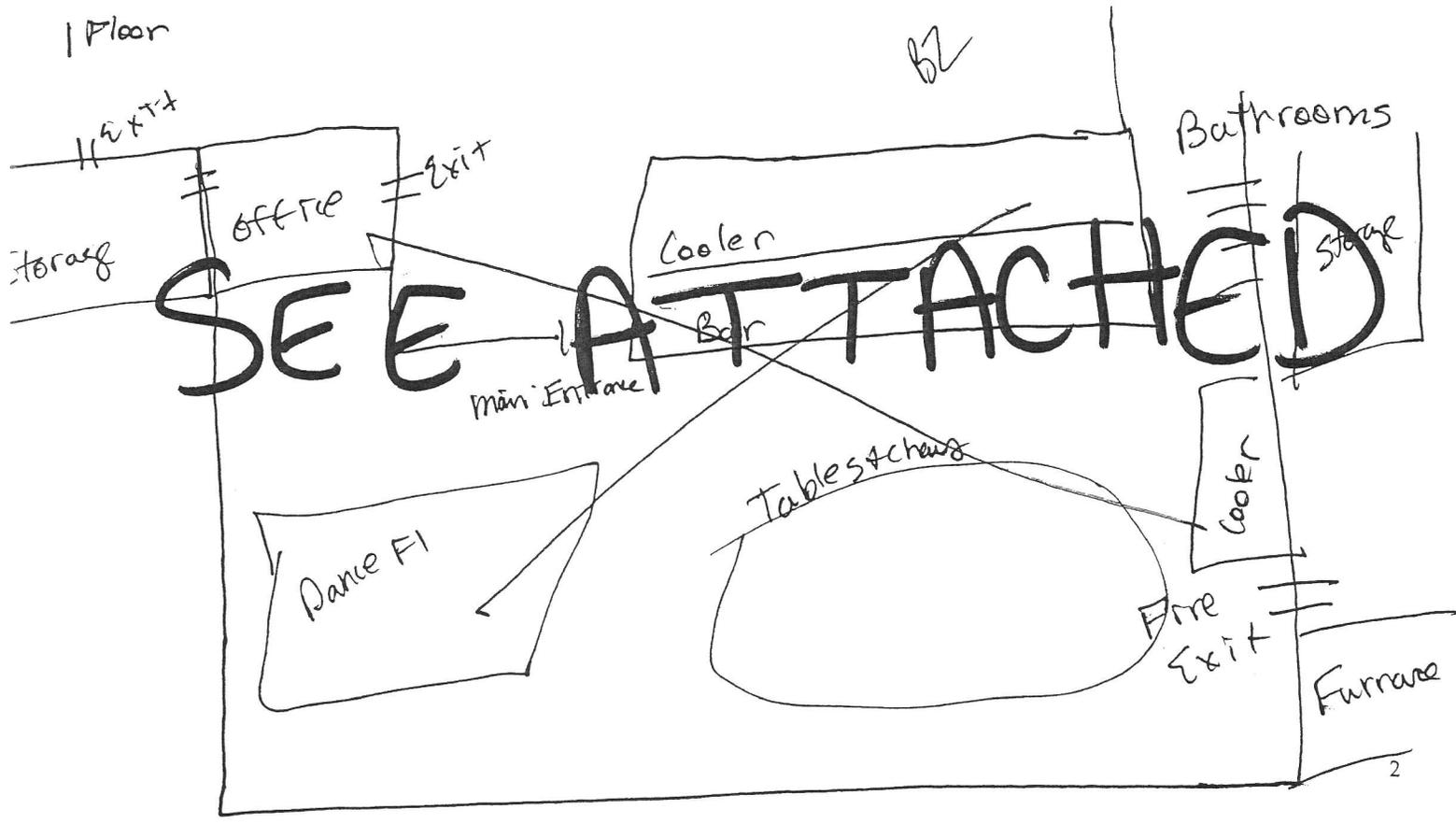
Street Address #1 134 S. 13th #901

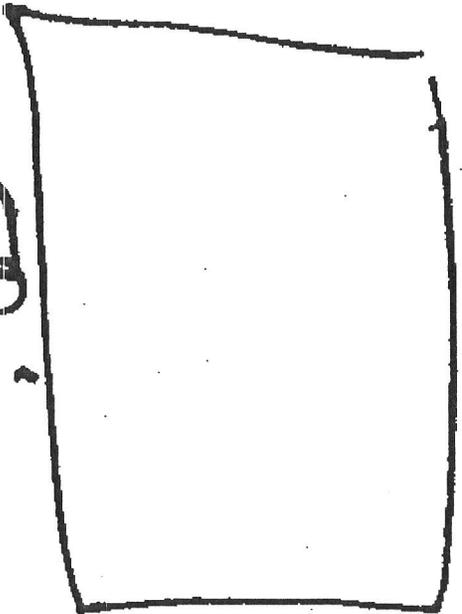
Street Address #2 411

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





50'

44'

1 Floor - Bar in
Basement

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.

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BZ

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. (Rel. Reg. Stat. § 47-177)

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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

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10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual who will be authorized to write checks and/or withdrawals on accounts at the institution.

Ben Zoz ; Tier One

BZ

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)

BZ

Name:	Date:	Where:
Gourmet Grill	2008-present	1400 O St

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 1/31/2011
- Deed
- Purchase Agreement

BZ

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

15. What will be the main nature of business? Night Club / Bar

16. What are the anticipated hours of operation? 11am - 1pm

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 414 Bridger Rd	2009	Nov			
Lincoln NE 1631 J St	2007	2009			
Lincoln NE 1717 F St	1996	2007			

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) (with birth names only, no initials).

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Ben *[Signature]*

Signature of Applicant

Signature of Spouse
NEBRASKA LIQUOR CONTROL COMMISSION **NEBRASKA LIQUOR CONTROL COMMISSION**

Signature of Spouse

Signature of Applicant

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of _____

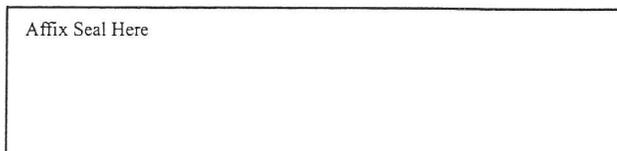
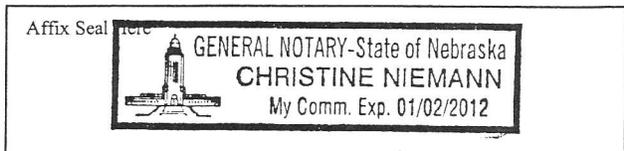
The foregoing instrument was acknowledged before me this 14 Sept 09 by

The foregoing instrument was acknowledged before me this _____ by

Christine Niemann Benjamin Zoz

Christine Niemann
 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

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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)

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

Name of Registered Agent: James Beckmann

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

SpeakEasy Management Group, LLC

LLC Address: 3233 S. 13th St

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 217-3625 Fax Number: _____

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

Last Name: Zoz First Name: Benjamin MI: J

Home Address: 419 Bridger Rd City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 402-217-3625

Bm 
Signature of Contact Member

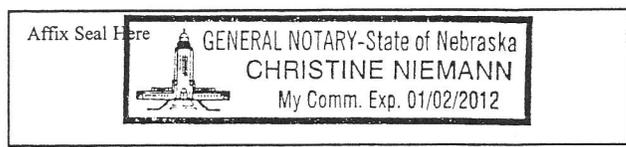
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

14 Sept. 2009
date

by Benjamin Zoz
name of person acknowledged

Christine Niemann
Notary Public signature



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

Last Name: 202 First Name: Benjamin MI: 3

Social Security Number: _____ Date of Birth: _____ BZ

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

Spouse Social Security Number: _____ Date of Birth: _____ **RECEIVED**

Last Name: _____ First Name: _____ MI: OCT 15 2009

Social Security Number: _____ Date of Birth: _____ **NEBRASKA LIQUOR CONTROL COMMISSION**

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? **RECEIVED**

YES NO

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

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

Starting Date: Jan Ending Date: Dec

Is this a Non Profit Corporation?

YES NO

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If yes, provide the Federal ID #.

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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

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

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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: Speakeasy Management Group, LLC

Premise information

Premise License Number: Not yet issued
(if new application leave blank)

Premise Trade Name/DBA: Speakeasy

Premise Street Address: 3233 S. 13th st.

City: Lincoln Zip Code: 68508

Premise Phone Number: 217-3625

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)

Signature line

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Zoz, Benjamin J. First Name: Benjamin J.

Home Address (include PO Box if applicable): 419 Bridger Rd

City: Lincoln State: NE Zip Code: 68521

Home Phone Number: 402-217-3625 Business Phone Number:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Lincoln 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: 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
Lincoln NE 419 Bridger Rd	2009 Nov		
Lincoln NE 1631 J St Apt 303	2007 2009		
Lincoln NE 1717 F St	1996 2007		

MANAGER'S LAST TWO EMPLOYERS			
YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2006 2009	Gourmet Grill	Hamid	402-46-7147

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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 held 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.**

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

NEBRASKA LIQUOR CONTROL COMMISSION

Empty lines for providing details of charges.

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)

NO

Date:	Where:

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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[Signature]
Signature of Manager Applicant

N/A
Signature of Spouse

State of Nebraska

County of Lancaster

County of _____ NEBRASKA LIQUOR CONTROL COMMISSION

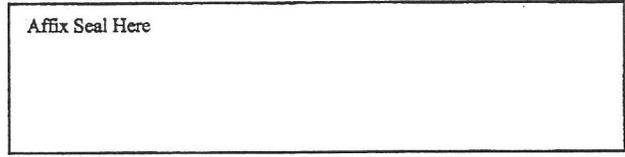
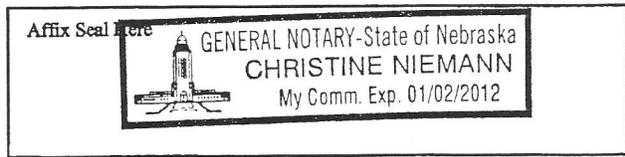
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The foregoing instrument was acknowledged before me this 14 Sept 09 by Benjamin 202

The foregoing instrument was acknowledged before me this _____ by _____

[Signature]
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.

Revised 9/2008

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

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DATE OF ISSUANCE

10/13/2009

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 NEBRASKA LIQUOR CONTROL COMMISSION
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

Surname changed in the District Court of Lancaster County, NE, Nov. 28, 1988
 Amended March 28, 1990

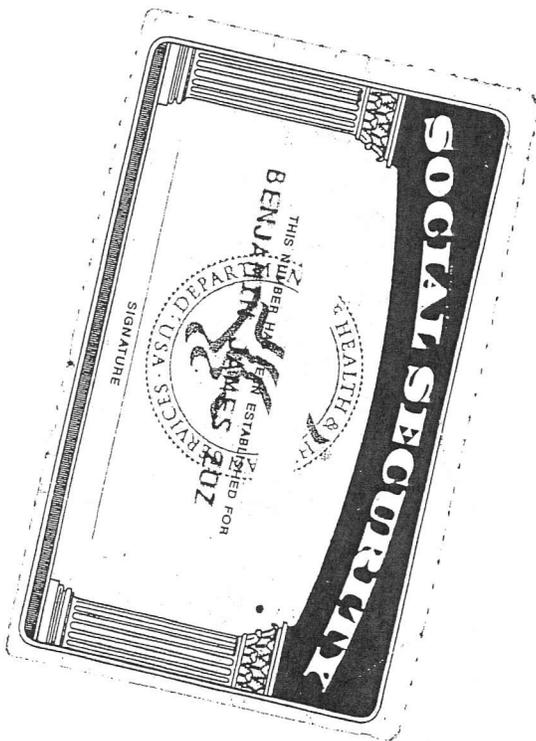
STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF LIVE BIRTH 126- 86

CHILD - NAME FIRST MIDDLE LAST Benjamin James Thaneiser Zoz				SEX 2. Male	DATE OF BIRTH (Month, Day, Year) 3a.	3b. 12:50 P.M.
HOSPITAL - NAME (If not in hospital, give street and number) 1a. Lincoln General Hospital		INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Lincoln		COUNTY OF BIRTH 4d. Lancaster	
CERTIFY that the stated information concerning this child is true to the best of my knowledge and belief. 5a. <i>[Signature]</i>				DATE SIGNED (Month, Day, Year) 5b. May 2, 1986	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
CERTIFIER - NAME AND TITLE (Type, or print) 6a. Russell L. Gorthey, M.D.				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 3440 "O" Street Lincoln, NE 68510		
REGISTRAR - SIGNATURE 7a. <i>[Signature]</i>				RECEIVED MONTH DAY YEAR 7b. MAY 19 1986		
MOTHER - MAIDEN NAME FIRST MIDDLE LAST Kathryn Ann Zoz				AGE (At time of this birth) 8b. 21	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Lincoln, Nebraska	
RESIDENCE - STATE 7a. Nebraska	COUNTY 9b. Lancaster	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Lincoln 68524		INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. 3016 N.W. 52nd Street	
MOTHER'S MAILING ADDRESS - Enter if not same as residence						
FATHER - NAME FIRST MIDDLE LAST Helge Horst Thaneiser				AGE (At time of this birth) 11b. 22	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Germany	
CERTIFY that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant) 12a. Kathryn Thaneiser Zoz <i>[Signature]</i>				RELATION TO CHILD 12b. Mother		

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