



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

December 22, 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 Sam & Louie's, 1332 'P' Street requesting a class I liquor license.

Larry Jurgens, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Mr. Jurgens is a currently approved manager of a liquor license.

The required training was completed on 2-10-2008.

Stockholder information has been included for your review.

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



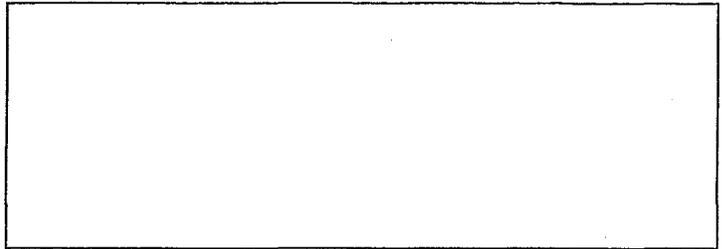
A nationally accredited law enforcement agency



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 = 2/1/2010



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

RETAIL LICENSE(S)	Application Fee
<input type="checkbox"/> A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/> B BEER, OFF SALE ONLY	\$45.00
<input 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 checked="" 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	Application Fee	Bond Required
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/> O Boat	\$ 95.00	none
<input type="checkbox"/> V Manufacturer		
<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/> W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/> X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/> Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/> Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/> Copy of TTB permit (if applying for L, V, W, X, Y or Z)		

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- Individual License (requires insert form 1)
 Partnership License (requires insert form 2)
 Corporate License (requires insert form 3a & 3c)
 Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION (commission will call this person with any questions we may have on this application)

Name _____ Phone number: _____

Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) Sam & Louie's

Street Address #1 1332 P St Suite A

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68508

Premise Telephone number 402-475-0777

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

city

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

Name Larry Jurgens

Street Address 1 4714 W High Ridge Rd

Street Address 2 _____

City Lincoln State Ne Zip Code 68522

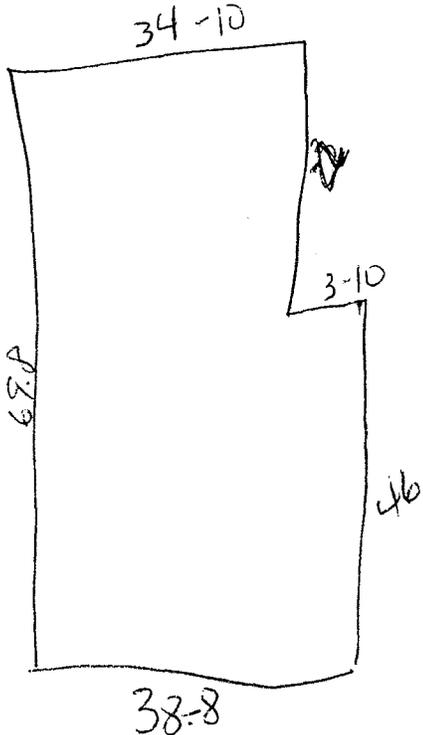
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

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

has basement to be excluded

See attached



~~OFF~~
main floor of two story building approx 39 x 70

§

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.

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 Bank of Steinauer, Steinauer, Ne

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

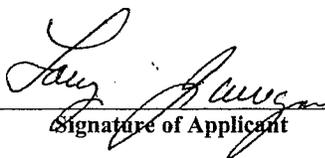
If yes, explain.

No silent partners

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.

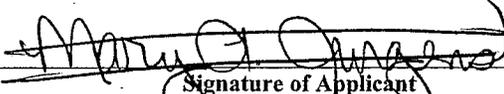
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓


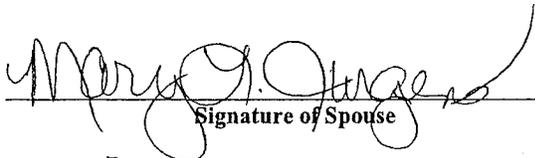
Signature of Applicant

~~~~

Signature of Spouse

~~~~

Signature of Applicant

✓


Signature of Spouse

~~_____
Signature of Applicant~~

~~_____
Signature of Spouse~~

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Signature of Applicant~~

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Signature of Spouse~~

~~_____
Signature of Applicant~~

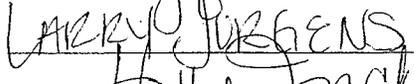
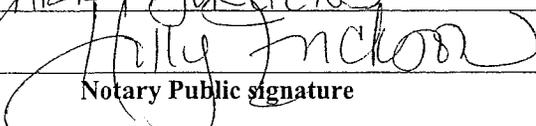
~~_____
Signature of Spouse~~

State of Nebraska
County of LANCASTER

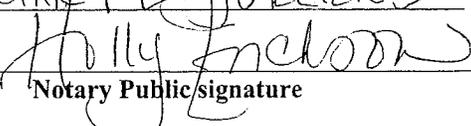
County of LANCASTER

The foregoing instrument was acknowledged before me this 17th day of December, 2009 by

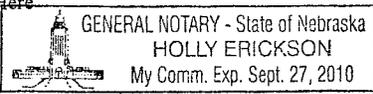
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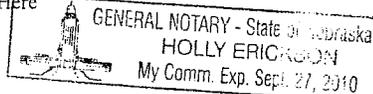



Notary Public signature

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.

**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

- 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

*Need Lamm's voter reg
BC's enclosed*

Corporation/Limited Liability Corporation (LLC) information

√ Name of Corporation/LLC: L & M Foods, Inc

Premise information

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

Premise Trade Name/DBA: Sam & Louie's

√ Premise Street Address: 1332 P St Suite A

City: Lincoln, NE Zip Code: 68508

Premise Phone Number: 402-475-0777

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: Jurgens First Name: Larry MI: J

Home Address (include PO Box if applicable): 4714 W. High Ridge Rd

City: Lincoln State: Ne Zip Code: 68522

Home Phone Number: 402-261-5097 Business Phone Number: 402-475-0777

Social Security Number: - Drivers License Number & State: - NE

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: Jurgens First Name: Mary MI: L

Social Security Number: - Drivers License Number & State: - NE

Date Of Birth: - Place Of Birth: Atell, Ks

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

APPLICANT

SPOUSE

CITY & STATE	YEAR		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
<input checked="" type="checkbox"/> Lincoln, Ne	2008	-	<input checked="" type="checkbox"/> Lincoln, Ne	2008	-
Madison, Ne	1977	2008	Madison, Ne	1977	2008

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1998	2009	Vulcraft	Vern Zwingman	644-8590
1997	1998	Dand D Industries	closed	

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.**

YES

NO

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

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

Sam & Louie's 78895
83646

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

on file Nov 1, 2007

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

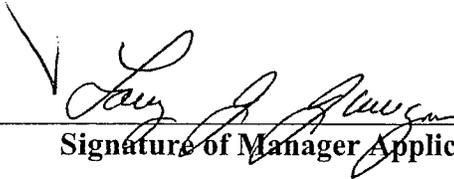
Date:	Where:
10 Jan 08	Hospitality Risk Management - Lincoln, Ne

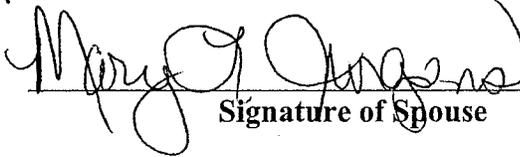
PERSONAL OATH AND CONSENT OF INVESTIGATION

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.


Signature of Manager Applicant


Signature of Spouse

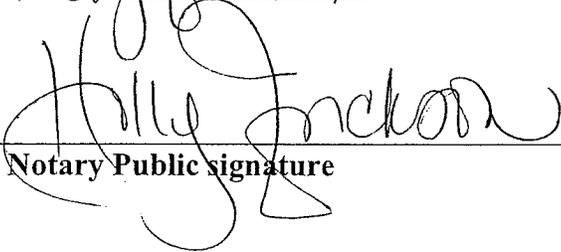
State of Nebraska

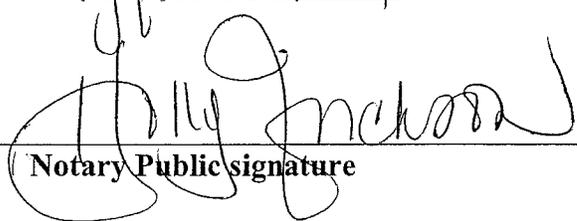
County of LANCASTER

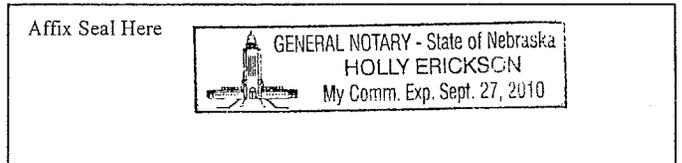
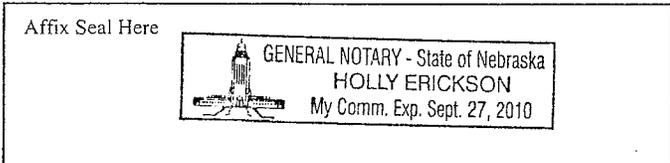
County of LANCASTER

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Notary Public signature


Notary Public signature



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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
09/10/2007
LINCOLN, NEBRASKA

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

54

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126

PHS-796 (VS)
REV. 4-43
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

1. PLACE OF BIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska h. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Norfolk		c. CITY (If outside corporate limits, write RURAL) OR TOWN Enola	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Our Lady of Lourdes		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) Larry b. (Middle) Joseph c. (Last) Jurgens			
4. SEX Male	5a. THIS BIRTH Single <input type="checkbox"/> Twin <input checked="" type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) 9-6-25
FATHER OF CHILD			
7. FULL NAME a. (First) Lyle b. (Middle) Ernest c. (Last) Jurgens		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Madison	11. USUAL OCCUPATION Deceased	12. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Darlene b. (Middle) Elizabeth c. (Last) Weiland		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Madison	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 4 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME—Relationship			
I hereby certify that this child was born alive on the date stated above at 11:54 p.m.		18a. SIGNATURE <i>H.C. McClanahan Jr.</i>	18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
18c. ADDRESS <i>Madison, Nebraska</i>		19. MOTHER'S MAILING ADDRESS Enola, Nebraska	
20. DATE RECD BY SOCIAL REG. 8-3-1954	21. REGISTRAR'S SIGNATURE <i>A.R. Boyer</i>		

KANSAS STATE BOARD OF HEALTH
 Division of Vital Statistics
 MAY 6 - 1955 Registrar's No. 35

CERTIFICATE OF LIVE BIRTH

BIRTH NUMBER

55
 DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH a. COUNTY <u>Wyandotte</u> b. TOWNSHIP <u>580</u>		2. USUAL RESIDENCE OF MOTHER (If born does mother live?) a. STATE <u>KANSAS</u> b. CITY <u>Lawrence</u> c. CITY <u>Sabetha</u> d. STREET <u>3 miles S. W. South</u> e. APARTMENT	
3. CHILD'S NAME (Type or print) <u>Mary Royal Lietz</u>		4. DATE (Month) (Day) (Year) <u>May 6 1955</u>	
5. SEX a. THIS BIRTH Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> b. IF TWIN OR TRIPLET (this child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. FATHER OF CHILD a. (Print) <u>George Lietz</u> b. (Middle) c. (Last) <u>Lietz</u>	
7. FULL NAME a. (Print) <u>Mary Royal Lietz</u> b. (Middle) c. (Last) <u>Lietz</u>		8. COLOR OF HAIR <u>White</u>	
9. AGE (at time of this birth) <u>41</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Lawrence Kansas</u>	
11. FULL MAIDEN NAME <u>Gertrude Lietz</u>		12. MOTHER OF CHILD <u>Maude Lietz</u>	
13. AGE (at time of this birth) <u>57</u> YEARS		14. BIRTHPLACE (State or foreign country) <u>Lawrence Kansas</u>	
15. How many OTHER children are now living? <u>3</u>		16. CHILDREN PREVIOUSLY BORN TO MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>3</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>	
17. I hereby certify that this child was born alive on the date stated above.		18. SIGNATURE OF REGISTRAR <u>Gene S. Hansen</u>	
19. DATE RECD BY LOCAL REG. <u>May 5 - 1955</u>		20. REGISTRAR'S SIGNATURE <u>Gene S. Hansen</u>	
21. DATE ON WHICH GIVEN NAME ADDED		22. DATE SIGNED <u>5-6-55</u>	

**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

Office Use

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)

Name of Registered Agent: Larry J. Jurgens

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

L & M Foods, Inc

Corporation Address: 1501 Pine Lake Rd

City: Lincoln State: Ne Zip Code: 68512

Corporation Phone Number: 402-420-0195 Fax Number: _____

Total Number of Corporation Shares Issued: 10,000

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

Last Name: Jurgens First Name: Larry MI: J

Home Address: 4714 W. High Ridge Rd City: Lincoln

State: Ne Zip Code: 68522 Home Phone Number: 402-261-5097

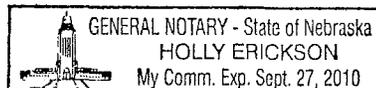
Larry J. Jurgens
Signature of president

County of Lancaster

The foregoing instrument was acknowledged before me this 7th day of December, 2009 by

Holly Erickson
Notary Public signature

Affix Seal Here



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

*Signed
Printson
file*

Last Name: Jurgens First Name: Larry MI: J

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares: 5,000

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Jurgens First Name: Mary MI: L

*Signed
prints
on file*

Social Security Number _____ Date of Birth: _____

Title: Vice President/Secretary/Treasurer Number of Shares: 5,000

Spouse Full Name (indicate N/A if single): Larry J. Jurgens

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: _____

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

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

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

Starting Date:

Jan

Ending Date:

Dec

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.
