CITY OF LINCOLN
NEBRASKA

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

LINCOLN
The Community of Opportunity

January 21, 2010

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 Crescent Moon, 816 'P' Street requesting a class I liquor license.

Melinda Martinson, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Melinda Martinson was born in Lincoln, Nebraska. She attended Nebraska Wesleyan graduating in 2009.

Melinda Martinson employment history is as follows:

| | | |
|---|---|---|
| 2007 - Present | Instructor, Southeast Community College | Lincoln, NE. |
| 1997 - 2007 | RN, Dialysis Center of Lincoln | Lincoln, NE. |

The required training will be completed on February 11, 2010

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

## 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/

FILED
JAN - 5 2010
CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

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

45= 2/15/10

RETAIL LICENSE(S)

| | | | Application Fee |
|---|---|---|---|
| ☐ | A | BEER, ON SALE ONLY | $45.00 |
| ☐ | B | BEER, OFF SALE ONLY | $45.00 |
| ☐ | C | BEER, WINE & DISTILLED SPIRTS, ON & OFF SALE | $45.00 |
| ☐ | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | $45.00 |
| ☑ | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | $45.00 |
| ☐ | Class K Catering license (requires catering application form) | | $100.00 |

MISCELLANEOUS

| | | | Application Fee | | Bond Required |
|---|---|---|---|---|---|
| ☐ | L | Craft Brewery (Brew Pub) | $295.00 | | $1,000 minimum |
| ☐ | O | Boat | $ 95.00 | | none |
| ☐ | V | Manufacturer | | | |
| | ☐ | Alcohol & Spirits | $1,045.00 | | $1,000 minimum |
| | ☐ | Beer (excluding produced by a craft brewery) | $145.00 | 1 to 100 barrel* | $1,000 minimum |
| | ☐ | Beer (excluding produced by a craft brewery) | $245.00 | 100 to 150 barrel* | $1,000 minimum |
| | ☐ | Beer (excluding produced by a craft brewery) | $395.00 | 150 to 200 barrel* | $1,000 minimum |
| | ☐ | Beer (excluding produced by a craft brewery) | $545.00 | 200 to 300 barrel* | $1,000 minimum |
| | ☐ | Beer (excluding produced by a craft brewery) | $695.00 | 300 to 400 barrel* | $1,000 minimum |
| | ☐ | Beer (excluding produced by a craft brewery) | $745.00 | 400 to 500 barrel* | $1,000 minimum |
| ☐ | W | Wholesale Beer | $545.00 | | $5,000 minimum |
| ☐ | X | Wholesale Liquor | $795.00 | | $5,000 minimum |
| ☐ | Y | Farm Winery | $295.00 | | $1,000 minimum |
| ☐ | 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 n/a Phone number:

Firm Name

## PREMISE INFORMATION

Trade Name (doing business as) Crescent Moon Coffee

Street Address #1 816 P Street, Suite 100

Street Address #2

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 402-435-2828

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

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

Name Crescent Moon Coffee

Street Address #1 816 P Street, Suite 100

Street Address #2

City Lincoln State Nebraska Zip Code 68508

## DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

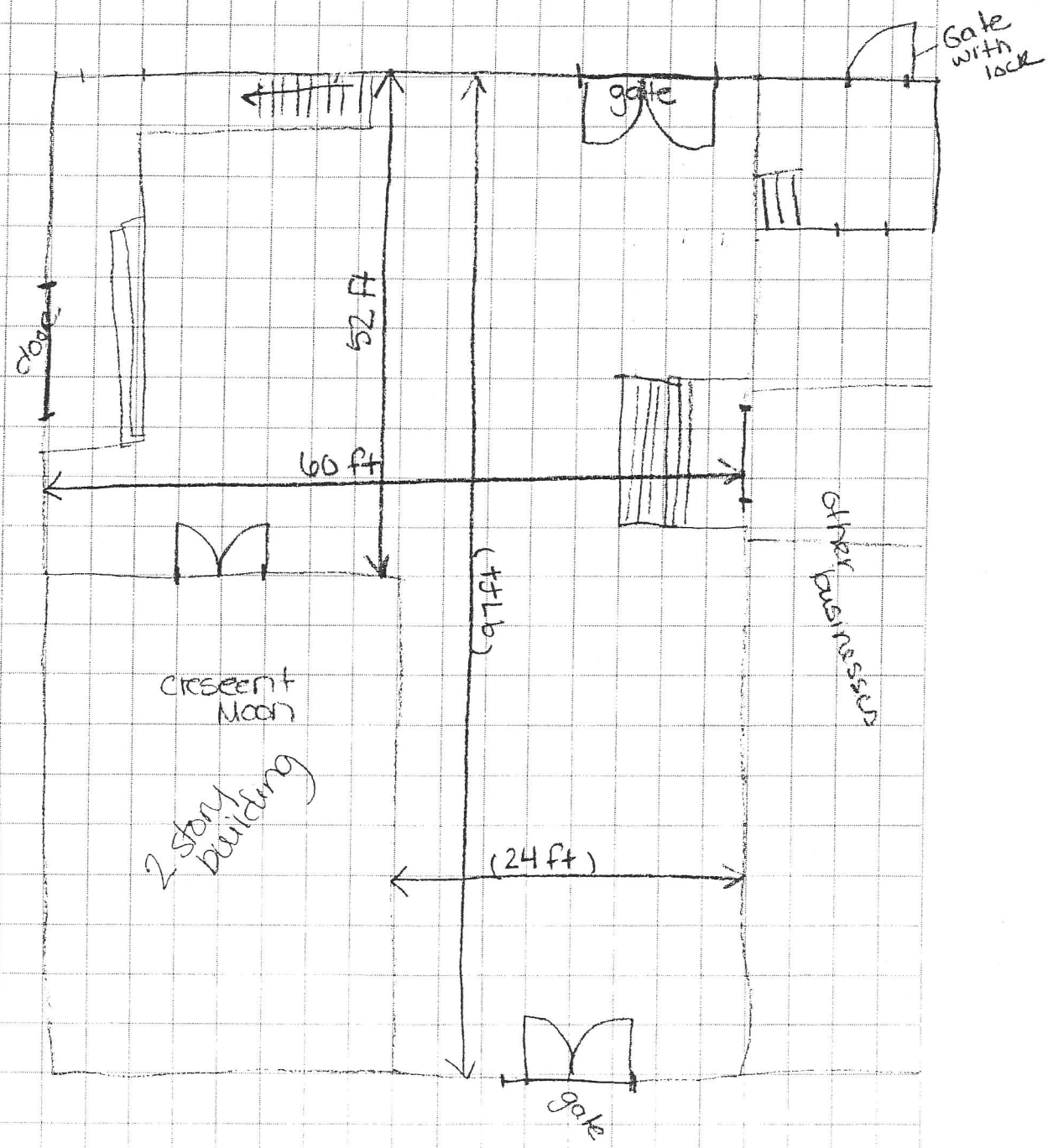
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

See Attached

North

(Courtyard) Seasonal



Basement of two story building
basement
storage
45ft 6in
10ft 5in
Main floor of two story building
Main floor
stairs
backroom
24ft 5in
4ft 8in
16ft 2in
19ft 2in
45ft 6in
16ft 10in
5ft 6in
North

## 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_____

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)

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

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.

City Bank and Trust Melinda Martinson

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

n/a

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

a) Individual, applicant only (no spouse)
b) Partnership, all partners (no spouses)
c) Corporation, manager only (no spouse)
d) Limited Liability Company, manager only (no spouse)

| Name: | Date: | Where: |
|---|---|---|
| Melinda J. Martinson | 1988 | Casey's General Store, Ceresco Nebraska |
| | | |
| | | |

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 April 2013

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? Currently Operating

15. What will be the main nature of business? Coffee Shop

16. What are the anticipated hours of operation? 7am - 11pm Alcohol to be served after 4pm

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 FROM | YEAR TO | SPOUSE: CITY & STATE | YEAR FROM | YEAR TO |
| 5204 Colby Street, Lincoln, NE | 2003 | current | | | |
| 4425 N. 69th Street | 1998 | 2003 | | | |
| | | | | | |
| | | | | | |

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.

Melinda J. Martenson

Melinda J. Martenson

**Signature of Applicant** | **Signature of Spouse**

**Signature of Applicant** | **Signature of Spouse**

**Signature of Applicant** | **Signature of Spouse**

**Signature of Applicant** | **Signature of Spouse**

**Signature of Applicant** | **Signature of Spouse**

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 12/7/09 by

Melinda Martenson

Cherie Buysman

**Notary Public signature**

County of _____

The foregoing instrument was acknowledged before me this _____ by

**Notary Public signature**

Affix Seal Here

GENERAL NOTARY-State of Nebraska
CHERIE BUYSMAN
My Comm. Exp. June 22, 2012

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.

**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

**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: Melinda J. Martinson

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

Martinson Enterprises LLC.

LLC Address: 816 P St. Suite 100

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 402-435-2828 Fax Number

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

Last Name: Martinson First Name: Melinda MI: J

Home Address: 5204 Colby St. City: Lincoln

State: NE Zip Code: 68504 Home Phone Number: 402-432-0547

Melinda J. M

**Signature of Contact Member**

County of LANCASTER

The foregoing instrument was acknowledged before me this 29th day of December, 2009 by

Holly Erickson

Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
HOLLY ERICKSON
My Comm. Exp. Sept. 27, 2010

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

Last Name: Martinson First Name: Melinda MI: J.

Social Security Number: _____ Date of Birth: _____

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

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

_____

**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

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Martinson First Name: Melinda MI: J

Home Address (include PO Box if applicable): 5204 Colby St.

City: Lincoln State: NE Zip Code: 68504

Home Phone Number: 402-432-0547 Business Phone Number: 402-435-2828

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 | YEAR TO | CITY & STATE | YEAR FROM | YEAR TO |
| Lincoln, NE | 1989 | Current | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**MANAGER'S LAST TWO EMPLOYERS**

| YEAR FROM | YEAR TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|---|---|---|---|---|
| 2007 | Current | Southeast Community College | Virginia Hess | 471-3333 |
| 1997 | 2007 | Dialysis Center of Lincoln | Lil Gibson | 438-4017 |

**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**

## Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Martinson Enterprises LLC

## Premise information

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

Premise Trade Name/DBA: Crescent Moon Coffee

Premise Street Address: 816 P st. Suite 100

City: Lincoln Nebraska Zip Code: 68508

Premise Phone Number: 402-435-2828

**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.**

Melinda J. [illegible]
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

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

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: |
|---|---|
| 1987 | Casey's General Store, Ceresco, Nebraska |
| | |
| | |

## 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.

Melinda J.

**Signature of Manager Applicant**

**Signature of Spouse**

State of Nebraska

County of LANCASTER

County of

The foregoing instrument was acknowledged before me this 9th day of December, 2009 by

The foregoing instrument was acknowledged before me this _____ by

Holly Erickson

**Notary Public signature**

**Notary Public signature**

Affix Seal Here

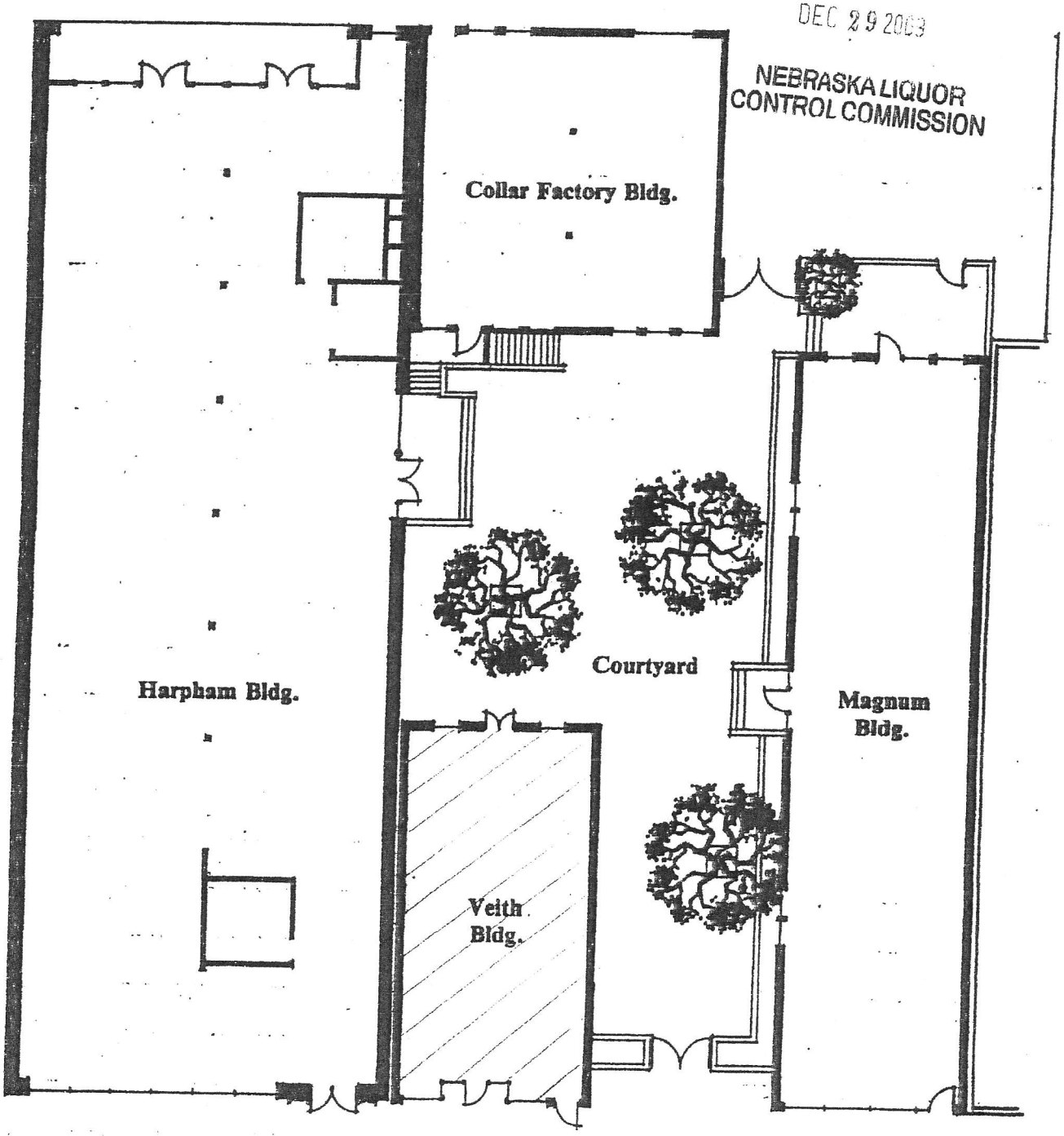
GENERAL NOTARY - State of Nebraska
HOLLY ERICKSON
My Comm. Exp. Sept. 27, 2010

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

RECEIVED
DEC 29 2003
NEBRASKA LIQUOR
CONTROL COMMISSION

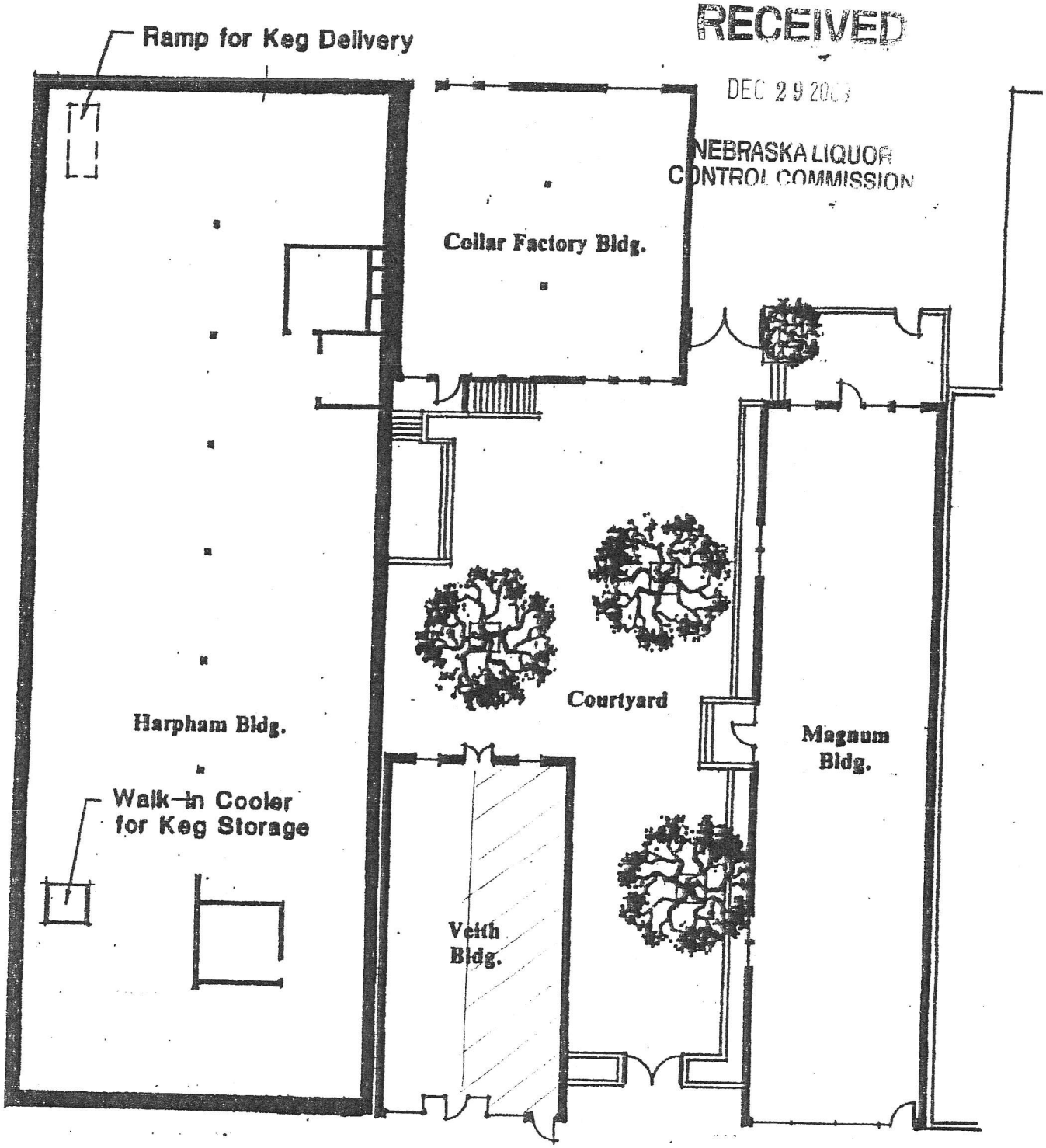



First Floor

"P" Street

North

RECEIVED
DEC 29 2003
NEBRASKA LIQUOR
CONTROL COMMISSION




BASEMENT PLAN

"P" Street

North

MAYAHKI SQUARE

ATTACHMENT 1B

I, Melinda J. Martinson am requesting a waiver for the two bathroom requirement. I have one restroom in close proximity to the staff area and can be monitored by staff during times when alcohol is being served.

Melinda J. Martinson
Member Martinson Enterprisio LLC.

RECEIVED
DEC 29 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

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

DATE OF ISSUANCE
AUG 21 1991
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

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

126- 68

| | |
|---|---|
| 1 CHILD—NAME (FIRST, MIDDLE, LAST) | Melinda Jo Martinson |
| 2 SEX | Female |
| 3a THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) | Single |
| 3b IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) | |
| 3c BIRTH NUMBER | |
| 4 DATE OF BIRTH (MONTH, DAY, YEAR) | |
| 5 HOUR | 9:00 a.m. |
| 6a CITY, TOWN, OR LOCATION OF BIRTH | Lincoln |
| 6b COUNTY OF BIRTH | Lancaster |
| 6c HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) | |
| 7a MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) | Darlene Lavonne Cook |
| 7b AGE (AT TIME OF THIS BIRTH) | 26 |
| 7c STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | Nebraska |
| 7d RESIDENCE—STATE | Nebraska |
| 7e COUNTY | Lancaster |
| 7f CITY, TOWN, OR LOCATION, ZIP CODE | Lincoln |
| 7g STREET AND NUMBER | |
| 8a FATHER—NAME (FIRST, MIDDLE, LAST) | Daniel Warren Martinson |
| 8b AGE (AT TIME OF THIS BIRTH) | 21 |
| 8c STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | Nebraska |
| 9 INFORMANT—NAME OR SIGNATURE | Darlene L. Martinson |
| 9a RELATION TO CHILD | Mother |
| 9b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | Lincoln, Nebraska |
| 10 I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. | |
| 10a SIGNATURE | Donald Matthews |
| 10b ATTENDANT—M.D., D.O., OTHER (SPECIFY) | M.D. |
| 11a REGISTRAR—SIGNATURE | G. R. Underwood, M.D. |
| 11b DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) | Aug. 20, 1968 |

## Tonya L. Peters

**From:** Russ Fosler [lpd843@CJIS.LINCOLN.NE.GOV]
**Sent:** Thursday, February 04, 2010 7:45 AM
**To:** Tonya L. Peters
**Cc:** Joan E. Ross
**Subject:** Fw: Request to remove courtyard from liquor license

----- Original Message -----
From: <crescentmoon@inebraska.com>
To: <lpd843@CJIS.LINCOLN.NE.GOV>
Sent: Wednesday, February 03, 2010 4:29 PM
Subject: Request to remove courtyard from liquor license

>I would like to remove the courtyard space from my application for a
> liquor license due to the space being already licensed by a Vincenzo's
> Resturant. I will be seeking to add this space to my license once
> Vincenzo's gives up their license, but at the current time please
> remove this area from my request.
>
> Melinda Martinson
> Crescent Moon Coffee
> 816 P Street, Suite 100
> Lincoln, NE 68508
> 402-435-2828
> cell: 402-432-0547
>
> Thank you
>
> ----------
> This message was sent using IMP, the Internet Messaging Program.
>
>