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

April 14, 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 Paul's Old Style BBQ, 4724 Pioneers requesting a class A liquor license.

Nicole Nevels, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Nicole Nevels was born in Lincoln, Nebraska. She attended Nebraska Wesleyan graduating in 2002.

Nicole Nevels employment history is as follows:

2000 - Present	Owner, Paul's BBQ	Lincoln, NE.
2007 - 2008	Manager, Whataburger	Phoenix, AZ.
1996 - 2002	Manager, Douglas Theatres	Lincoln, NE.

The required training will be completed on May 13th 2010.

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

PREMISE INFORMATION

Trade Name (doing business as) Pauls Old Style BBQ

Street Address #1 4724 Pioneers Blvd

Street Address #2

City Lincoln County Lancaster Zip Code 68506

Premise Telephone number 402-488-7427

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

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

Name Paul Nevels

Street Address #1 4724 Pioneers Blvd

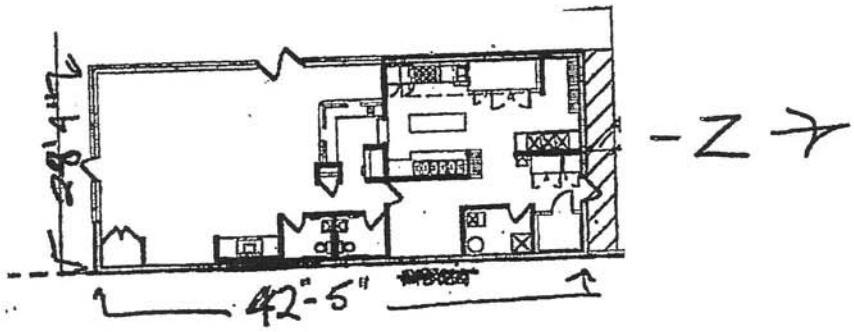
Street Address #2

City Lincoln State NE Zip Code 68506

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



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.
attached - form 3C

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 U.S. Bank – pre-existing loans

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.

US Bank - Paul Nevels, Nicole Nevels

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:
Nicole Nevels	1999-2001	Pershing Auditorium - Ribfest training session
Nicole Nevels	2005-2006	The Pit Crew - cocktail waitress
Nicole Nevels	2000-2001	La Paloma Restaurant - waitress

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 Sept 2011
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? already open - Sept '06
15. What will be the main nature of business? restaurant
16. What are the anticipated hours of operation? M-Sa 11a-8pm Su 12p-6p

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
Paul Nevels 3435 Cable Ave Lincoln NE	1978	present			
Nicole Nevels - see form 3c					

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.

Paul Nevels **Signature of Applicant**	**Signature of Spouse**
Nicole L Nevels **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 Dec 2nd, 2009 by

Paul Nevels & Nicole Nevels

Jeffrey D. McKeown

Notary Public signature

Affix Seal Here

JEFFREY D. MCKEOWN
General Notary
State of Nebraska
My Commission Expires Apr 5, 2011

County of _____

The foregoing instrument was acknowledged before me this _____ by

_____

_____

Notary Public signature

Affix Seal Here

in compliance with the ADA, this manager insert form [illegible] formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

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

Last Name: Nevels First Name: Paul MI: J

Social Security Number: Date of Birth:

Title: Pres Number of Shares 75

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

Spouse Social Security Number: Date of Birth:

Last Name: Nevels First Name: Nicole MI: L

Social Security Number Date of Birth:

Title: Vice President Number of Shares 25

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:

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:

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

RECEIVED
APR 5 2010
NEBRASKA LIQUOR CONTROL COMMISSION

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: Nicole Nevels

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

Nevels Inc

Corporation Address: 3435 Cable Av.

City: Lincoln State: Ne Zip Code: 68506

Corporation Phone Number: 402-488-7427 Fax Number 402-488-7429

Total Number of Corporation Shares Issued:

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

Last Name: Nevels First Name: Paul MI: J

Home Address: 3435 Cable Av City: Lincoln

State: Ne Zip Code: 68506 Home Phone Number: 402-730-2038

Paul Nevels

Signature of president

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

Dec. 2nd, 2009 (date) by Paul Nevels (name of person acknowledged)

Jeffrey D McKeown

Notary Public signature

Affix Seal Here

JEFFREY D. MCKEOWN
General Notary
State of Nebraska
My Commission Expires Apr 6, 2011

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: January Ending Date: December

Is this a Non-Profit Corporation?

☐ YES ☒ NO

If yes, provide the Federal ID #.

_____

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

Print Form

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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APR 5 2010

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: Nevels Inc

Premise information

Premise License Number:
(if new application leave blank)

Premise Trade Name/DBA: Pauls Old Style BBQ

Premise Street Address: 4724 Pioneers Blvd

City: Lincoln Zip Code: 68506

Premise Phone Number: 402-488-7427

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.

Paul Nevels

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Nevels First Name: Nicole MI: L

Home Address (include PO Box if applicable): 5544 S. 38th St

City: Lincoln State: NE Zip Code: 68516

Home Phone Number: 402-730-0908 Business Phone Number: 402-488-7427

Social Security Number: Drivers License Number & State: NE

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
5544 S. 38th St Lincoln NE	2008	Present	14935 Randolph Lincoln NE	2002	2005
8330 N. 19th Ave Phoenix AZ	2007	2008	1450 W. B St Lincoln NE	2001	2002
4615 Meredeth Lincoln NE	2006	2007	20110 S. Stable Dr Eagle NE	1998	2001
4032 N St Lincoln NE	2005	2006			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2008	2009	Pauls BBQ	Paul	402-488-7427
2007	2008	Whataburger Restaurants	Derrick	402-254-5154

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.

See attached

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:
1999-2001	Pershing Auditorium - Riblest - req. Short training session
2005-2006	The Pit Crew as a cocktail waitress
2000-2001	La Paloma Restaurant - waitress

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.

Nicole L Neuls

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this Dec 2nd, 2009 by Nicole L. Neuls

Jeffrey D McKeown

Notary Public signature

County of

The foregoing instrument was acknowledged before me this _____ by

Notary Public signature

Affix Seal Here

JEFFREY D. MCKEOWN
General Notary
State of Nebraska
My Commission Expires Apr 5, 2011

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

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

MAR 8 1985

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER, DIRECTOR

BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA — DEPARTMENT OF HEALTH

~~BUREAU OF VITAL STATISTICS~~ 126

CERTIFICATE OF LIVE BIRTH

80

CHILD — NAME (FIRST MIDDLE LAST) 1. Nicole Leigh Nevels	SEX 2. Female	DATE OF BIRTH (Month, Day, Year) 3a.	HOUR 3b. 7:54am
HOSPITAL — NAME (If not in hospital, give street and number) 4a. Bryan Memorial Hospital	INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Lincoln, Nebraska	COUNTY OF BIRTH 4d. Lancaster
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) J W Ballew MD	DATE SIGNED (Month, Day, Year) 5b. 4-21-80	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
CERTIFIER — NAME AND TITLE (Type or print) 6a. J. W. Ballew, M.D.	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 1701 "K" Street, Lincoln, Nebraska 68508		
REGISTRAR — SIGNATURE 7a.		DATE RECEIVED BY REGISTRAR (MONTH DAY YEAR) 7b. MAY 7 1980	
MOTHER — MAIDEN NAME (FIRST MIDDLE LAST) 8a. Sue Ann Blackburn		AGE (At time of this birth) 8b. 25	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Scottsbluff, Nebraska
RESIDENCE — STATE 9a. Nebraska	COUNTY 9b. Lancaster	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Lincoln 68506	INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. 3435 Cable Avenue
MOTHER'S MAILING ADDRESS — Enter if not same as residence 10.			
FATHER — NAME (FIRST MIDDLE LAST) 11a. Paul Joseph Nevels		AGE (At time of this birth) 11b. 27	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Lincoln, Nebraska
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. 12a. (Signature of Parent or other Informant) Sue Nevels			RELATION TO CHILD 12b. Mother

RECEIVED

APR 7 2010

NEBRASKA LIQUOR CONTROL COMMISSION

1000007984

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

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NEBRASKA LIQUOR
CONTROL COMMISSION

PUBLIC RECORD CRIMINAL HISTORY LISTING

PAGE: 1 FOR: PAUL J NEVELS
Printed 05-06-2008 B\M DOB:

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges resulting in diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "***END OF LISTING***" does not appear at the bottom of this report, then this list is not complete.

CODES FOR CRIMINAL HISTORY
M=Misdemeanor F=Felony I= Infraction O=Other

Cited on 09-08-2002 for (M)DISTURBING THE PEACE Case A2-103573
Disposed 11-22-2002 as (M)DISTURBING THE PEACE Cit# LA836532
FOUND GUILTY Fined $150.00

Cited on 03-10-1997 for (M)THEFT OF SERVICES Case 97-052882
Disposed 06-06-1997 as (M)THEFT OF SERVICES Cit# LA5378472
FOUND GUILTY Fined $100.00

Cited on 05-04-1996 for (I)MARIJUANA, POSS 1 OZ OR LESS - 1ST OFF Case 96-046288
Disposed 05-20-1996 as (I)POSS MARIJUANA, LESS THAN 1 OZ - 1ST OFF Cit# LA493941
FOUND GUILTY Fined $100.00

*** END OF LISTING ***