



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

May 10, 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 The Bar, 1644 'P' Street requesting a class C/K liquor license.

This location has changed ownership and currently has a class C/K liquor license.

Seth Regan, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Regan will be omitted as he is a current approved owner at this location.

The required training was completed on March 11, 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

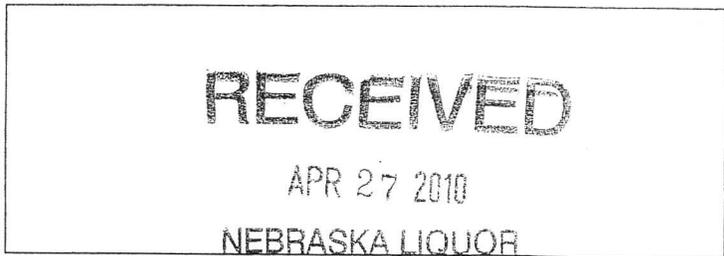


A nationally accredited law enforcement agency



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



CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND CONTROL COMMISSION 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 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 checked="" 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 Jackie Puppke Phone number: 402-636-8270

Firm Name Barnd Holm

PREMISE INFORMATION

Trade Name (doing business as) The Bar

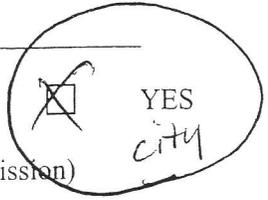
Street Address #1 1644 "P" St Lincoln NE 68508

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68508

Premise Telephone number 402-474-6592

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



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

Name The Bar

Street Address #1 PO Box 83643

Street Address #2 _____

City Lincoln State NE Zip Code 68508

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in all 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

3. Are your 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, City Bank & Trust, Colin Doo, Gregory List, Seth Regan

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.

Downtown-Lazzaris, Gregory List

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)

RHC

Name:	Date:	Where:
Seth Regan	3/2010	Bar Manager Training, LPD, 27th & Hedgerge

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 3-31-2020
 Deed
 Purchase Agreement

14. When do you intend to open for business? 5-1 2010

15. What will be the main nature of business? Alcohol Sales

16. What are the anticipated hours of operation? 4-2, pending new law M-SUN

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	95	Present	Elsie, NE	00	02
			Crete, NE	02	04
			Lincoln, NE	04	Present

see attached for rest of info

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.

Seth Ragan Careless driving, leaving scene, Speeding tickets
Colon Dero No Contest DUI
Corey List No Contest DUI, Found Guilty, 2nd offense DUI

2. Are you buying the business and/or assets of a licensee?

YES NO

If yes, give name of business and license number Twisted Steaks CK 49267

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.

RECEIVED

4. Are you borrowing any money from any source to establish and/or operate the business?

YES NO

If yes, list the lender _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

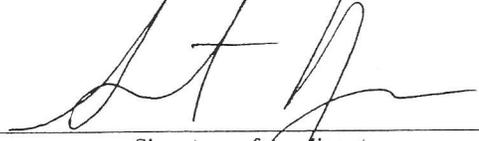
If yes, explain. _____

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.

✓  Seth

Signature of Applicant

✓ 

Signature of Spouse

✓ 

Signature of Applicant

Signature of Spouse
RECEIVED
APR 27 2010
Signature of Spouse
NEBRASKA LIQUOR CONTROL COMMISSION

✓ 

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Applicant

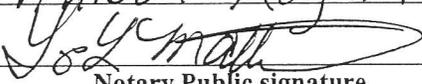
Signature of Spouse

State of Nebraska
County of LANCASTER

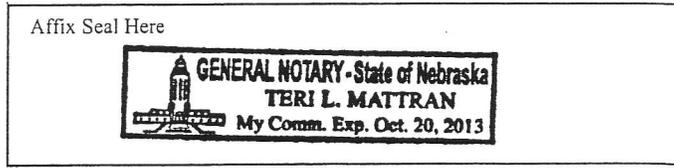
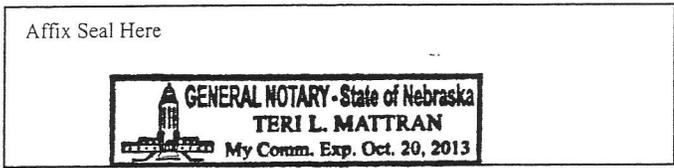
County of LANCASTER

The foregoing instrument was acknowledged before me this 22 April 2010 by Seth Regan, Colin Sero, Gregg List


Notary Public signature

The foregoing instrument was acknowledged before me this 22 April 2010 by Allison Regan


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
CATERING LICENSE

45 days = 6/14/10

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.nol.org/home/NLCC/



FEE: \$100.00

A Catering License allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The Catering License is renewed in the same manner and time as the retail license held by the licensee. A Licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be file with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40.00 per day license fee for a SDL is waived for the holder of a Catering License and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER CK 49267

NAME OF LICENSEE: 1644 STEELE LLC

TRADE NAME: THE BAR

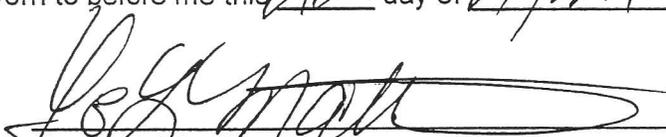
PREMISE ADDRESS: 1644 P. ST.

CITY/STATE/ZIP CODE: LINCOLN, NE 68508

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


Signature of Licensee

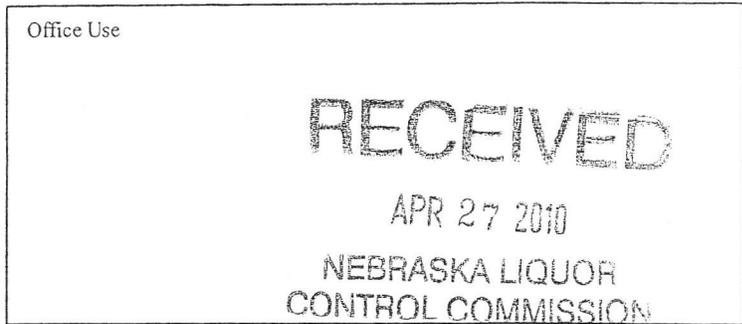
Subscribed in my presence and sworn to before me this 22 day of April, 2010.


Notary Public Signature



**APPLICATION FOR TEMPORARY
AGENCY AGREEMENT**

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



- This application may be submitted along with a completed application for liquor license
- Must include a copy of the signature card from the financial institution where account has been set up
- Agreement is effective upon processing of the application and the three digit number has been issued to applicant
- Agreement is effective up to 120 days from issuance of ID number

ID# _____

On (date) 4/27/2010 seller and buyer entered into a contract for sale of the business known as The Bar, which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 120 days subsequent to 4/27/2010, the date of filing the application with NLCC.

Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

Buyer will at all times be the agent of the seller, but buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when buyer is acting as seller's agent; it is specifically understood that seller shall have no liability for the operation of the business during this period of time, and buyer agrees to indemnify and hold seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the seller and seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as seller's license is canceled;

At time of closing, certain funds will be held in escrow pending issuance of the license.

Name of financial institution (Name, address, account number) of where escrow account is being held (SEND COPY OF SIGNATURE CARD) _____

OVER

All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the buyer shall receive no profits from the operation of the business until the liquor license has been issued to buyer, but shall have the right to direct the investment of profit funds by escrow agent.

This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.

Ronald W. [Signature] PR
Signature of seller

[Signature]
Signature of buyer

State of Nebraska
County of Lancaster

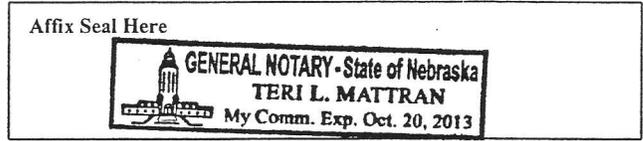
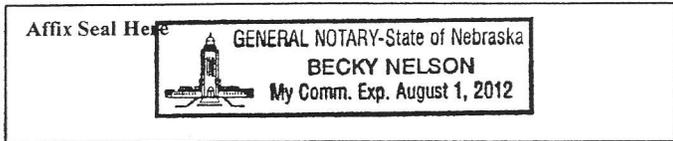
State of Nebraska
County of Lancaster

The forgoing instrument was acknowledge before me this April, 26, 2010
Date

The forgoing instrument was acknowledge before me this 4-22-10
Date

Becky Nelson
Notary Public Signature

[Signature]
Notary Public Signature



City Bank & Trust Co.
1135 Main Street
Crete, NE 68333-0288

ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS
1644 STEELE, LLC
1644 P STREET
LINCOLN, NE 68508

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NEBRASKA LIQUOR CONTROL COMMISSION

P/169696

OWNERSHIP OF ACCOUNT - PERSONAL (Select One and Initial):
 Single-Party Account _____ Trust-Separate Agreement _____
 Multiple-Party Account _____
 Other _____

RIGHTS AT DEATH (Select One And Initial):
 Single-Party Account _____
 Multiple-Party Account With Right of Survivorship _____
 Multiple-Party Account Without Right of Survivorship _____
 Single-Party Account With Pay On Death _____
 Multiple-Party Account With Right of Survivorship and Pay On Death _____
PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:

NEW EXISTING
TYPE OF ACCOUNT
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW _____
Account Name: Basic Business Checking
 This is a Temporary account agreement.

Number of signatures required for withdrawal 1
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE
 SOLE PROPRIETORSHIP PARTNERSHIP
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 LIMITED LIABILITY COMPANY

BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: LANCASTER NEBRASKA
AUTHORIZATION DATED: 02/23/10

[
X
]

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

Deposit Account Funds Availability Truth in Savings
 Electronic Fund Transfers Privacy Substitute Checks

DATE OPENED 04/22/10 BY Teri Mattran
INITIAL DEPOSIT \$ 0.00
 CASH CHECK _____
HOME TELEPHONE # _____
BUSINESS PHONE # _____
DRIVER'S LICENSE # _____
E-MAIL _____
EMPLOYER _____
MOTHER'S MAIDEN NAME _____
Name and address of someone who will always know your location: _____

(1): [
X
] SETH REGAN
I.D. # _____ D.O.B. _____

(2): [
X
] COLIN DARO
I.D. # _____ D.O.B. _____

(3): [
X
] RONALD W GRUMMERT
I.D. # _____ D.O.B. _____

(4): [
X
] _____
I.D. # _____ D.O.B. _____

AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:

BACKUP WITHHOLDING CERTIFICATIONS
TIN: _____
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
 BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.
SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).
X: [Signature] 4/22/10
(Date)

(Select One and Initial):
 Agency Designation Survives Disability or Incapacity of Parties _____
 Agency Designation Terminates on Disability or Incapacity of Parties _____

City Bank & Trust Co.
1135 Main Street
Crete, NE 68333-0288

ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS
1644 STEELE, LLC
1644 P STREET
LINCOLN, NE 68508

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APR 27 2010
NEBRASKA LIQUOR CONTROL COMMISSION

OWNERSHIP OF ACCOUNT - PERSONAL (Select One and Initial):
 Single-Party Account _____ Trust-Separate Agreement _____
 Multiple-Party Account _____
 Other _____

RIGHTS AT DEATH (Select One And Initial):
 Single-Party Account _____
 Multiple-Party Account With Right of Survivorship _____
 Multiple-Party Account Without Right of Survivorship _____
 Single-Party Account With Pay On Death _____
 Multiple-Party Account With Right of Survivorship and Pay On Death _____
PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:

TYPE OF ACCOUNT
 NEW EXISTING
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW _____
Account Name: Basic Business Checking
 This is a Temporary account agreement.

Number of signatures required for withdrawal 1
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE
 SOLE PROPRIETORSHIP PARTNERSHIP
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 LIMITED LIABILITY COMPANY

BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: LANCASTER NEBRASKA
AUTHORIZATION DATED: 02/23/10

[X]
SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

Deposit Account Funds Availability Truth in Savings
 Electronic Fund Transfers Privacy Substitute Checks

DATE OPENED 04/22/10 BY Teri Mattran
INITIAL DEPOSIT \$ 0.00
 CASH CHECK _____
HOME TELEPHONE # _____
BUSINESS PHONE # _____
DRIVER'S LICENSE # _____
E-MAIL _____
EMPLOYER _____
MOTHER'S MAIDEN NAME _____
Name and address of someone who will always know your location: _____

(1): [X]
SETH REGAN
I.D. # _____ D.O.B. _____

(2): [X]
COLIN DARO
I.D. # _____ D.O.B. _____

(3): [X] *PR*
RONALD W GRUMMERT
I.D. # _____ D.O.B. _____

(4): [X]
I.D. # _____ D.O.B. _____

AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:

(Select One and Initial):
 Agency Designation Survives Disability or Incapacity of Parties _____
 Agency Designation Terminates on Disability or Incapacity of Parties _____

BACKUP WITHHOLDING CERTIFICATIONS
TIN: _____
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
 BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.
SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).
X _____
(Date)

City Bank & Trust Co.
Crete, NE 68333-0288

ADDENDUM: This account agreement addendum is incorporated into and made a part of the accompanying account agreement for all purposes.

1644 STEELE, LLC
1644 P STREET
LINCOLN, NE 68508

Account Number

Date Opened 04/22/10

Additional Terms and Conditions of Your Account:

PAYMENT ORDER OF ITEMS - The law permits us to pay items (such as checks or drafts) drawn on your account in any order. To assist you in handling your account with us, we are providing you with the following information regarding how we process the items that you write. When processing items drawn on your account, our policy is to pay them according to the dollar amount. We pay the smallest items first. The order in which items are paid is important if there is not enough money in your account to pay all the items that are presented. Our payment policy minimizes the number of items that may result in an overdraft or NSF fee. If an item is presented without sufficient funds in your account to pay it, we may, at our discretion, pay the item (creating an overdraft) or return the item (NSF). The amount of the overdraft and NSF fees are disclosed elsewhere. We encourage you to make careful records and practice good account management. This will help you to avoid writing checks or drafts without sufficient funds and incurring the resulting fees.

OTHER CONTRACT TERMS - -----

FINANCIAL PRIVACY NOTICE

City Bank & Trust Co. collects nonpublic personal information about you from the following sources:

Information we received from you on applications or other forms;
Information about your transactions with us or others; and
Information we receive from a consumer-reporting agency.

We do not disclose any nonpublic personal information about you to anyone (i.e. social security number, account number, income, etc.), except as permitted by law. Some examples of such permissible disclosure would be to comply with a subpoena or summons by Federal, State or local authorities, to a consumer reporting agency or to the Internal Revenue Service for tax reporting purposes.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

City Bank & Trust Co. restricts access to your personal and account information to those employees who need to know that information to provide products or service to you. City Bank & Trust Co. maintains physical, electronic, and procedural safeguards that comply with Federal standards to guard your nonpublic personal information.

CITY BANK & TRUST CO.
LINCOLN, NE 68516
CRETE BANK
CRETE, NE 68333

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

RECEIVED

APR 27 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 their 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: 1644 Steele LLC

Premise information

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

Premise Trade Name/DBA: The Bar

Premise Street Address: 1644 P St.

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 402-474-6592

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: Regan First Name: Seth MI: D

Home Address (include PO Box if applicable): 328 S. 52nd

City: Lincoln State: NE Zip Code: 68510

Home Phone Number: 402-770-2923 Business Phone Number: 402-474-6592

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

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

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

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APR 27 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

YES NO

Spouse's information

Spouses Last Name: Regan First Name: Allison MI: K

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

Date Of Birth: _____ Place Of Birth: Sargent NE

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

APPLICANT				SPOUSE			
CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
<u>3621 Cheshire Ct N</u>				1001 Lakeside Dr Lincoln NE			
<u>Lincoln NE</u>		<u>07</u>	<u>08</u>	<u>Elsie, Nebraska</u>		<u>00</u>	<u>02</u>
<u>935 O St Lincoln NE</u>		<u>00</u>	<u>07</u>	<u>Crete, Nebraska</u>		<u>02</u>	<u>04</u>
<u>4929 N 32nd Lnch NE</u>		<u>08</u>	<u>09</u>	<u>4929 N 32nd Lincoln, NE</u>		<u>08</u>	<u>09</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>95</u>	<u>99</u>	<u>Lazzaris</u>	<u>DJ Rezac</u>	<u>402-510-0811</u>
<u>99</u>	<u>00</u>	<u>Man St</u>	<u>John Seltzer</u>	<u>402-890-8289</u>

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. *Speeding tickets*

Seth Regan - Minor Traffic Violations - Careless Driving, Leaving Scene
~~Colin Regan - Pleaded guilty to 1st degree assault (sexual abuse) 4/11/02~~
~~Michelle Regan -~~
~~Abigail Regan -~~
~~John D. Regan -~~

RECEIVED

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.

APR 27 2010

YES NO

NEBRASKA LIQUOR CONTROL COMMISSION

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

prints enclosed

5. List the training and/or experience (when and where)

Date:	Where:
<i>00 - Present</i>	<i>Owner of Downtown Lazzaris, The Bar</i>
<i>00 - Present</i>	<i>Level 4 Food handler Permit</i>
<i>Present</i>	<i>Manager Training for Liquor Control Commission</i>

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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APR 27 2010

NEBRASKA LIQUOR CONTROL COMMISSION

[Handwritten Signature]

Signature of Manager Applicant

[Handwritten Signature]

Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this 4-20-10 by

The foregoing instrument was acknowledged before me this 4-20-10 by

[Handwritten Signature]

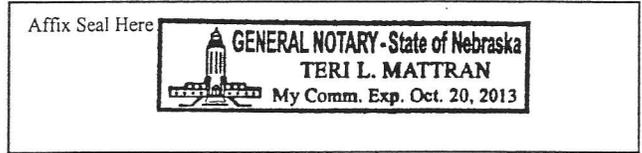
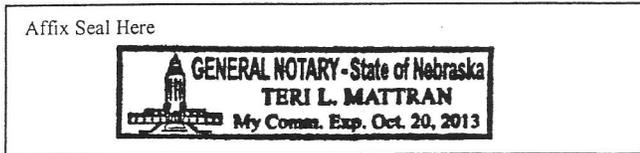
[Handwritten Signature]

Notary Public Signature

[Handwritten Signature]

[Handwritten 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.

DATE OF ISSUANCE

2/3/2010

LINCOLN, NEBRASKA

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

RECEIVED

APR 27 2010

NEBRASKA LIQUOR
 CONTROL COMMISSION

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

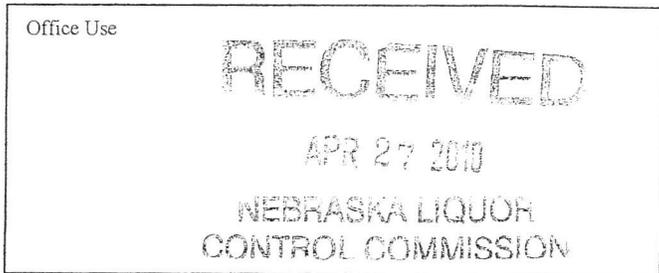
128— 76

CHILD—NAME FIRST MIDDLE LAST 1. Seth Daniel Regan			DATE OF BIRTH (MONTH, DAY, YEAR) 2a. 11/25/76	HOUR 2b. 8:27a M.
SEX 3. Male	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b.	COUNTY OF BIRTH 5a. Douglas	
CITY, TOWN, OR LOCATION OF BIRTH 5b. Omaha		INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. Nebraska Methodist Hospital	
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 6a. Leslie Jo Wilson			AGE (AT TIME OF THIS BIRTH) 6b. 25	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Nebraska
RESIDENCE—STATE 7a. Nebraska	COUNTY 7b. Douglas	CITY, TOWN, OR LOCATION, zip code 7c. Omaha 68124	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. Yes	STREET AND NUMBER 7e. 3424 S. 89th St.
FATHER—NAME FIRST MIDDLE LAST 8a. Dennis Frances Regan			AGE (AT TIME OF THIS BIRTH) 8b. 26	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Nebraska
INFORMANT—NAME OR SIGNATURE 9a. Leslie Jo Regan <i>Leslie Jo Regan</i>			RELATION TO CHILD 9b. Mother	
1. CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) 10a. Nov 25, 1976	ATTENDANT—M.D., D.O., OTHER (SPECIFY) 10c. M.D.
10a. SIGNATURE CERTIFIER—NAME (TYPE OR PRINT) 10d. Ronald Wax, M.D.		10b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10c. 8300 Dodge St. 68114		
REGISTRAR—SIGNATURE 11a. <i>R. J. Wegewitz M.D.</i>			DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR 11b. DEC 1 - 1976	

OK

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Allison Regan
Signature of spouse asking for waiver
(Spouse of individual listed below)

ALLISON REGAN
Printed name of spouse asking for waiver

State of Nebraska

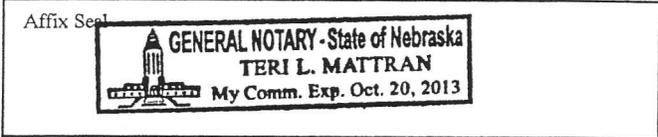
County of Lancaster

The foregoing instrument was acknowledged before me this

4-20-10
date

by Allison Regan
name of person acknowledged

[Signature]
Notary Public signature



OK

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]
Signature of individual involved with application
(Spouse of individual listed above)

Seth Regan
Printed name of applying individual

State of Nebraska

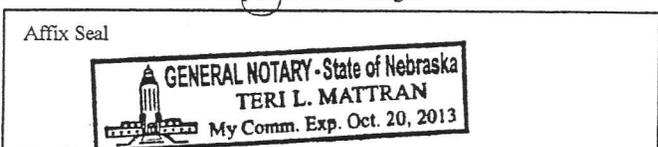
County of Lancaster

The foregoing instrument was acknowledged before me this

4-20-10
date

by Seth Regan
name of person acknowledged

[Signature]
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested 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

RECEIVED
APR 27 2010

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: Jackie PucPke

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
1644 Steele LLC

LLC Address: 1644 "P" ST
City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 402-474-6592 Fax Number _____

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

Last Name: Regan First Name: Seth MI: D

Home Address: 328 S. 52nd City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-770-2923

[Signature]
Signature of Contact Member

County of LANCASTER

The foregoing instrument was acknowledged before me this 22nd day of April 2010 by

Seth Regan
[Signature]

Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
TERI L. MATTRAN
My Comm. Exp. Oct. 20, 2013

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

Last Name: Reger First Name: Seth MI: D

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Signed
prints
interreg
BC
Signed
Spouse

Last Name: Dero First Name: Colin MI: F

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Signed
prints
Voter reg
BC

Last Name: List First Name: Gregory MI: A

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: N/A Date of Birth: _____

Signed
prints
BC
Voter

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: _____

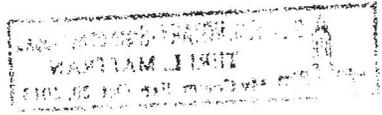
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APR 27 2010
NEBRASKA LIQUOR
CONTROL COMMISSION

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: Jan Ending Date: Dec

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

RECEIVED
APR 27 2010
NEBRASKA LIQUOR
CONTROL COMMISSION

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

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.

DATE OF ISSUANCE

5/12/2008

LINCOLN, NEBRASKA

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

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 APR 27 2010
 NEBRASKA LIQUOR CONTROL COMMISSION

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

126 - 77

1. CHILD - NAME FIRST MIDDLE LAST Greggory Alexander List			2a. DATE OF BIRTH (MONTH, DAY, YEAR)		HOUR 4:55 p.m.
3. SEX Male	4a. THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single		4b. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		5a. COUNTY OF BIRTH Lancaster
5b. CITY, TOWN, OR LOCATION OF BIRTH Lincoln			5c. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	5d. HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Bryan Memorial	
6a. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Susan Lee Davidson			6b. AGE (AT TIME OF THIS BIRTH) 26	6c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Michigan 23	
7a. RESIDENCE - STATE Nebr.	7b. COUNTY Lancaster	7c. CITY, TOWN, OR LOCATION, zip code Lincoln 68516	7d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7e. STREET AND NUMBER 4401 S 44th St.	
8a. FATHER - NAME FIRST MIDDLE LAST Gerald Alan List			8b. AGE (AT TIME OF THIS BIRTH) 26	8c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Michigan	
9a. INFORMANT - NAME OR SIGNATURE Susan Lee List			9b. RELATION TO CHILD Mother		
10a. SIGNATURE <i>J. W. Ballew</i>			10b. DATE SIGNED (MONTH, DAY, YEAR) 2-11-77		10c. ATTENDANT - M.D., D.O., OTHER (SPECIFY) M.D.
10d. CERTIFIER - NAME J. W. Ballew, M.D.			10e. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1701 K St., Lincoln, NE 68508		
11a. REGISTRAR - SIGNATURE <i>E. J. ...</i>			11b. DATE RECEIVED BY LOCAL REGISTRAR FEB 24 1977		

PK

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APR 27 2010
 NEBRASKA LIQUOR
 CONTROL COMMISSION

OK

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
JUL 20 2004
 LINCOLN, NEBRASKA

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

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

126-

80

CHILD—NAME 1. Colin Frederick Daro			SEX 2. Male	DATE OF BIRTH (Month, Day, Year) 3a. - - -	HOUR 3b. 11:13
HOSPITAL—NAME (If not in hospital, give street and number) 4a. Butler County Hospital		INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. David City	COUNTY OF BIRTH 4d. Butler	
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) <i>Lawrence Rudolph M.D.</i>			DATE SIGNED (Month, Day, Year) 5b. July 15, 1980	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c. M.D.	
CERTIFIER—NAME AND TITLE (Type or print) 6a. Lawrence Rudolph M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. David City, Nebraska 68632		
REGISTRAR—SIGNATURE 7a. <i>Rona Meyerburg Deputy County Clerk</i>			DATE RECEIVED BY REGISTRAR MONTH DAY YEAR 7b. 7 18 1980		
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 8a. Susan Ann Buresh			AGE (At time of this birth) 8b. 25	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. David City, Nebraska	
RESIDENCE—STATE 9a. Nebraska	COUNTY 9b. Butler	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Garrison 68639	INSIDE CITY LIMITS— (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. - - -	
MOTHER'S MAILING ADDRESS—Enter if not same as residence					
FATHER—NAME FIRST MIDDLE LAST 11a. Richard William Daro			AGE (At time of this birth) 11b. 29	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. David City, Nebraska	
I 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) <i>Susan A. Daro</i>				RELATION TO CHILD 12b. Mother	

Alcohol Sales will take place on premises only from designated "Bar" areas. Alcohol consumption will take place on entire premises except behind designated "Bar" areas.



One Story Building 35X55 including irregular shaped outdoor area approx 46X55 beergarden