

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

September 13, 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 Press Box, 5601 South 56<sup>th</sup> Street requesting a class I liquor license.

This location was previously known as The Element which held a liquor license

John Larsen, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

John Larsen was born in Friend, Nebraska. He attended the University of Nebraska graduating in 1972.

Mr. Larsen has been employed by Lincoln Public Schools since 1972.

The required training will be completed on October 14<sup>th</sup> 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



**PREMISE INFORMATION**

Trade Name (doing business as) THE PRESS BOX

Street Address #1 5601 S. 56<sup>th</sup>

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2 Zip Code 68516

\*Premise Telephone number \_\_\_\_\_

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

city

Mail address (where you want receipt of mail from the Commission) \_\_\_\_\_

Name John & JORENA LARSEN

Street Address #1 4920 Bear Creek Rd

Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68516

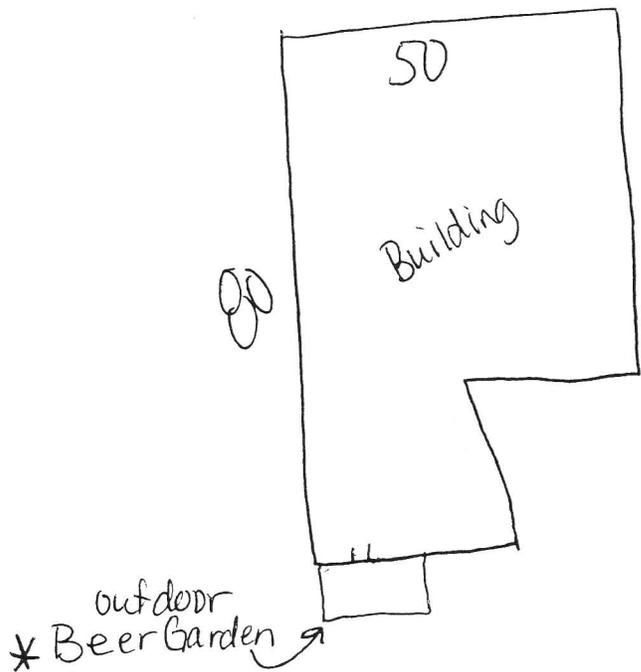
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**  
**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, 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

Length \_\_\_\_\_ feet  
Width \_\_\_\_\_ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW



one story building  
approx 50 x 80  
including outdoor  
beer garden  
approx 19 x 20

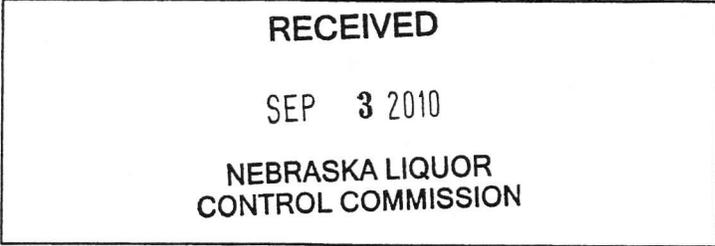
**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

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

SEP 10 2010

CITY CLERK'S OFFICE  
LINCOLN, NEBRASKA



45= 10/25/10

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

**RETAIL LICENSE(S)**

Application Fee \$400

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31  
All other licenses run from May 1 – April 30  
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 (LLC) (requires form 3b & 3c)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)  
Commission will call this person with any questions we may have on this application**

Name David Routh Phone number: 474-6900

Firm Name Cline Williams Wright Johnson & Oldfather LLP

**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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
John Larsen	08/1990	Lincoln NE	negligent driving	paid fine

2. Are you buying the business of a current retail liquor license?

YES       NO

If yes, give name of business and liquor license number \_\_\_\_\_

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many?
- c) Submit a list of the furniture, fixtures and equipment

3. Was it licensed as retail liquor licensed business within the last two (2) years?

YES       NO

If yes, give name and license number THE ELEMENT

4. Are you filing a temporary operating permit to operate during the application process?

YES       NO

If yes:

- a) Attach temporary operating permit (form 125)
- b) Attach statement(s) from all beer wholesalers (in your particular geographical area) and all liquor wholesalers indicating that the seller is not delinquent or have any debts owed to the wholesalers.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES       NO

If yes, list the lender Pinnacle Bank

6. 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)

**No silent partners**

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

✓  YES  NO

If yes, list such item(s) and the owner. \_\_\_\_\_

8. Is premise 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, provide name and address 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

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Great Western Bank

a) John & JORENA LARSEN

12. 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.

None

13. List the alcohol related 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)

*Training Required*

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)

14. 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 August 31, 2015
- Deed
- Purchase Agreement

15. When do you intend to open for business? November 2010

16. What will be the main nature of business? Sports bar & Restaurant

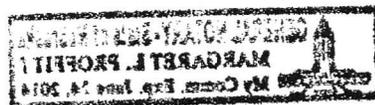
17. What are the anticipated hours of operation? 11:00 AM - 2:00 AM

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

**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
JORENA WARSEN-Lincoln NE	1971	Present	John Larsen - Lincoln NE	1952	Present

If necessary attach a separate sheet.



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.

*John Larsen*  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

*Jenna Larsen*  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of Nebraska

County of Lancaster

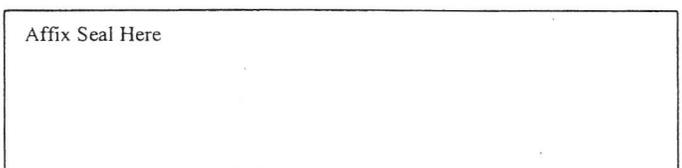
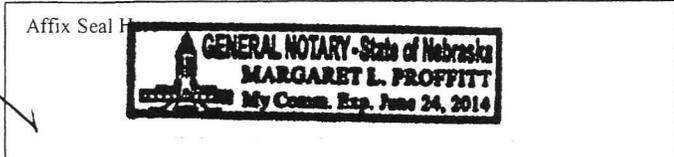
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this 9/2/10 by \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_

*Margaret L. Proffitt*  
\_\_\_\_\_  
Notary Public signature

\_\_\_\_\_  
Notary Public signature



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

**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](http://www.lcc.ne.gov)

Office Use	<b>RECEIVED</b>
	SEP 3 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

*BC enclosed  
Voter reg.*

**Corporation/Limited Liability Corporation (LLC) information**

Name of Corporation/LLC: THE PRESS BOX, Inc.

**Premise information**

Premise License Number: \_\_\_\_\_  
(if new application leave blank)

Premise Trade Name/DBA: THE PRESS BOX

Premise Street Address: 5601 S. 56th St

City: Lincoln NE Zip Code: 68516

Premise Phone Number: X

**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.**

*Josna Jensen*  
CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below. PLEASE PRINT CLEARLY.

Gender:  MALE  FEMALE

Last Name: Larsen First Name: John MI: L

Home Address (include PO Box if applicable): 4920 BEAR CREEK Rd

City: Lincoln State: NE Zip Code: 68516

Home Phone Number: 402-423-8160 Business Phone Number: \*

Social Security Number: \_\_\_\_\_ Drivers License Number & State: NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Friend 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: Larsen First Name: JORENA MI: F.

Social Security Number: \_\_\_\_\_ Drivers License Number & State: NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Sidney 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>Lincoln NE</u>	<u>1952</u>	<u>Present</u>	<u>Lincoln NE</u>	<u>1971</u>	<u>Present</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>1972</u>	<u>Present</u>	<u>Lincoln Public Schools</u>	<u>Kathi Nieskamp</u>	<u>402-436-1359</u>

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.

John Larsen - negligent driving - Lancaster Co. 08-1990 - paid fine

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

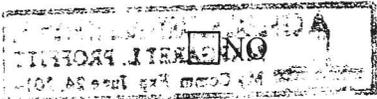
3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES

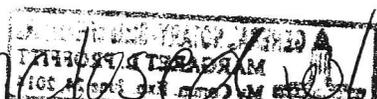
NO

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



prints enclosed w/ fees



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

Training Required

Date:	Where:

gave training info to Jovena

**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.

*John Larsen*  
\_\_\_\_\_  
Signature of Manager Applicant

*Jorena Larsen*  
\_\_\_\_\_  
Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

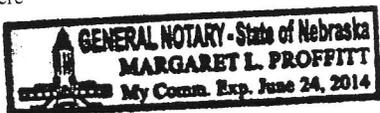
The foregoing instrument was acknowledged before me this 9/2/10 by

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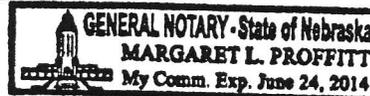
*Margaret L. Proffitt*  
\_\_\_\_\_  
Notary Public signature

*Margaret L. Proffitt*  
\_\_\_\_\_  
Notary Public signature

Affix Seal Here



Affix Seal Here



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

Revised 9/2008

DUPLICATE—to be given  
to this child's parent.

PHS-796(VS)  
REV. 4-48  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

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

BIRTH No. 126.....

A certified copy of the original Birth Certificate may be obtained by you upon application accompanied by the statutory fee of \$10. in cash or money order. If you apply by mail, the following information is required: CHILD'S NAME; PLACE OF BIRTH; YEAR, MONTH, DAY OF BIRTH; FATHER'S NAME; MOTHER'S MAIDEN NAME; PHYSICIAN'S NAME.

1. PLACE OF BIRTH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Nebraska</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Friend</b>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Friend</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Warren Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print)			c. (Last)
a. (First) <b>John</b>	b. (Middle) <b>Leonard</b>	c. (Last) <b>Larsen</b>	
4. SEX <b>Male</b>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Year) OF BIRTH
FATHER OF CHILD			
7. FULL NAME a. (First) <b>John</b> b. (Middle) <b>Leonard</b> c. (Last) <b>Larsen</b>			8. COLOR OR RACE <b>White</b>
9. AGE (At time of this birth) <b>37</b> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <b>Friend, Nebraska</b>	11a. USUAL OCCUPATION <b>Operator</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Sinclair Station</b>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>Irma</b> b. (Middle) <b>Louise</b> c. (Last) <b>Hrdy</b>			13. COLOR OR RACE <b>White</b>
14. AGE (At time of this birth) <b>33</b> Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) <b>Milligan, Nebraska</b>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <b>3</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <b>Mrs. John Larsen (Mother)</b>			
I hereby certify that this child was born alive on the date stated above <b>6:15 A.m.</b>		18a. SIGNATURE <i>Clarence Zimmerman</i>	18b. ATTENDANT AT BIRTH M. D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
		18c. ADDRESS <i>Friend, Nebraska</i>	19. MOTHER'S MAILING ADDRESS <b>Mrs. John Larsen, Friend, Nebraska.</b>
20. DATE REC'D BY LOCAL REG. <i>4-26-50</i>	21. REGISTRAR'S SIGNATURE <i>Louise Kusy</i>		

The original of the above certificate is required to be filed with the State Department of Health, Lincoln, Nebraska, as permanent depository.

**39** Certified copies, to serve all purposes, must bear the Seal of State of Nebraska, Department of Health.

In case corrections in spelling become necessary, or additions made, the facts should be furnished the State Department of Health in requesting the change.

*OK*

RECEIVED  
SEP 3 2010  
NEBRASKA LIQUOR  
CONTROL COMMISSION

DUPLICATE—to be given  
to this child's parent.

PHS-796 (VS)  
REV. 4-48  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

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

A certified copy of the original Birth Certificate may be obtained by you upon application accompanied by the statutory fee of 50c in cash or money order, if you supply the following information: CHILD'S NAME; PLACE OF BIRTH; YEAR, MONTH, DAY OF BIRTH; FATHER'S NAME; MOTHER'S MAIDEN NAME; PHYSICIAN'S NAME.

1. PLACE OF BIRTH a. COUNTY <b>Cherokee</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Nebr.</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Sidney</b>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Lodgepole</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Taylor</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME a. (First) <b>Jorena</b>			b. (Middle) <b>Rave</b>
			c. (Last) <b>Englert</b>
4. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <b>Englert</b>
FATHER OF CHILD			
7. FULL NAME a. (First) <b>Ralph</b>		b. (Middle) <b>Merron</b>	
		c. (Last) <b>Englert</b>	
9. AGE (At time of this birth) Yrs. <b>24</b>	10. BIRTHPLACE (City, town, or county) (State or foreign country) <b>Lodgepole, Nebraska</b>	11a. USUAL OCCUPATION <b>Warehouseman</b>	8. COLOR OR RACE <b>white</b>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>Helen</b>		b. (Middle) <b>Irene</b>	
		c. (Last) <b>Thompson</b>	
14. AGE (At time of this birth) Yrs. <b>20</b>	15. BIRTHPLACE (City, town or county) (State or foreign country) <b>Lodgepole, Nebraska</b>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <b>Helen Irene Englert</b>		b. How many OTHER children were born alive but are now dead? <b>none</b>	c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>none</b>
I hereby certify that this child was born alive on the date stated above at <b>8:13 a.m.</b>	18a. SIGNATURE <b>Helen Irene Englert</b>	18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
	18c. ADDRESS <b>Sidney, Nebraska</b>	19. MOTHER'S MAILING ADDRESS <b>Lodgepole, Nebraska</b>	
20. DATE REC'D BY LOCAL REG.	21. REGISTRAR'S SIGNATURE		

The original of the above certificate is required to be filed with the State Department of Health, Lincoln, Nebraska, as permanent depository.

Certified copies, to serve all purposes, must bear the Seal of State of Nebraska, Department of Health.

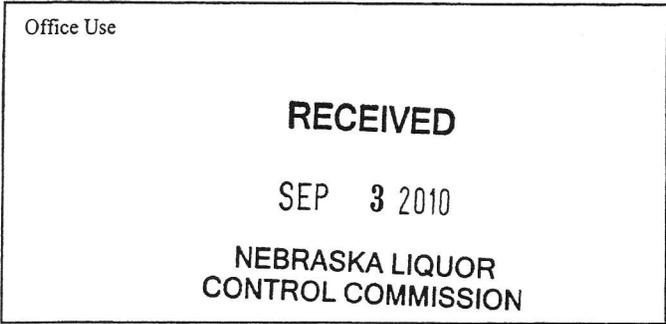
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*OK*

RECEIVED  
SEP 3 2010  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**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](http://www.lcc.ne.gov)



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 the date of filing with Secretary of State Office)~~

Name of Registered Agent: David Routh - Atty

~~Name of Corporation that will hold license as listed on the Article~~

THE PRESS BOX INC

Corporation Address: 5601 S. 56<sup>th</sup> St

City: Lincoln State: NE Zip Code: 68516

Corporation Phone Number: 202-8160 (temporary) Fax Number: needs to be premise # instead

Total Number of Corporation Shares Issued: 10,000

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

Last Name: Larsen First Name: JORENA MI: F

Home Address: 4920 BEAR CREEK Rd City: Lincoln

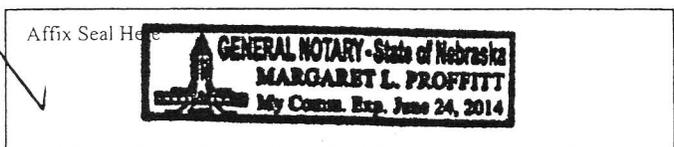
State: NE Zip Code: 68516 Home Phone Number: (402) 423-8160

Jorena Larsen  
Signature of president

County of Lancaster

The foregoing instrument was acknowledged before me this 9/2/10 by \_\_\_\_\_

Margaret L. Proffitt  
Notary Public signature





Last Name: Larsen First Name: JORENA MI: F

Social Security Number: \_\_\_\_\_ Date of Birth: 1

Title: President Number of Shares: 50%

Spouse Full Name (indicate N/A if single): John L. LARSEN, Jr.

Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*signed prints*

Last Name: Larsen, Jr. First Name: John MI: L

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Secretary / Treasurer Number of Shares: 50%

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*signed prints*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

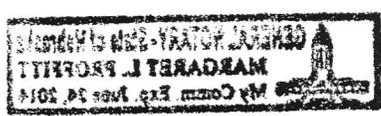
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



Is the applying Corporation controlled by another Corporation?

YES  NO

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

\_\_\_\_\_

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

Starting Date: August Ending Date: July

Is this a Non-Profit Corporation?

YES  NO

If yes, provide the Federal ID #.

\_\_\_\_\_