

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 17, 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 Venue Restaurant & Lounge, 4107 Pioneer Woods Drive #107 requesting a class I liquor license.

This will be the Venue's second location with the first at 4111 Pioneer Woods Drive.

Bruce Bauer, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Bauer will be omitted his is the current approved manager for the first Venue location.

The required training was completed on February 14th 2008.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

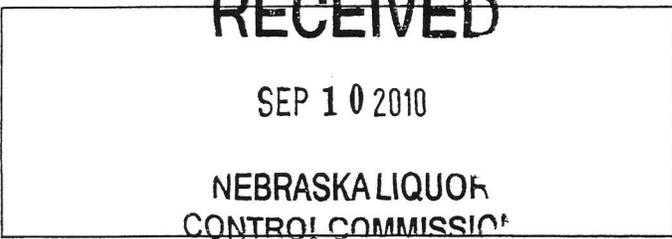


A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE
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/



**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 ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- 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 RICHARD RICE Phone number: 402. 434. 7300
Firm Name CROSBY GUENZEL LLP

PREMISE INFORMATION

Trade Name (doing business as) VENUE RESTAURANT & LOUNGE

Street Address #1 4107 Pioneer Woods Drive, Suite 107

Street Address #2 _____

City LINCOLN County LANCASTER #2 Zip Code 68506

Premise Telephone number 402. 488. 8368

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

city

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

Name VENUE RESTAURANT & LOUNGE

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NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 4111 PIONEER WOODS DR

Street Address #2 _____

City LINCOLN State NE Zip Code 68506

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.

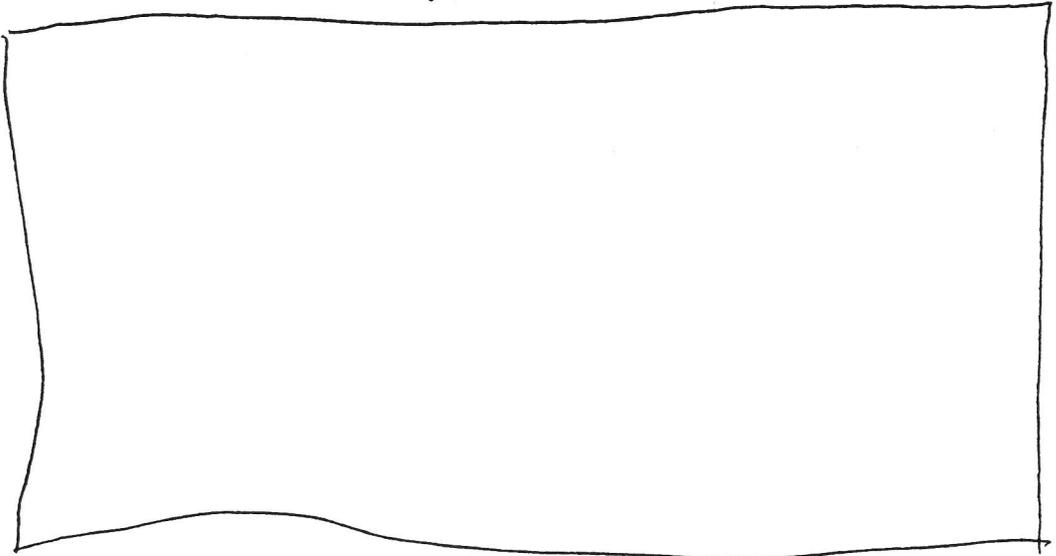
**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length _____ feet
Width _____ feet

one story building - no basement

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

90 ft



15 ft

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

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

YES NO

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If yes, give name of business and liquor license number _____

NEBRASKA LIQUOR

a) Submit a copy of the sales agreement

CONTROL COMMISSION

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 this premise licensed as a liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number _____

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 _____

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NEBRASKA LIQUOR CONTROL COMMISSION

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.

NEBRASKA BANK OF COMMERCE

BRUCE BAUER

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.

VANWEISER LLC #65433

4111 PIONEER WOODS

LINCOLN, NE

68506

URK LLC #78777

110 2ND AVE

KEARNEY, NE

68847

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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)

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)	NEBRASKA LIQUOR CONTROL COMMISSION
BRUCE BAUER	11/2000	PRESCOTT AZ	
	7/2009	RHC - 6227 OF LINCOLN	

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 9-15-2015
- Deed
- Purchase Agreement

15. When do you intend to open for business? SEPT 25 2010

16. What will be the main nature of business? SOCIAL HALL

17. What are the anticipated hours of operation? 11 am - 1 am

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

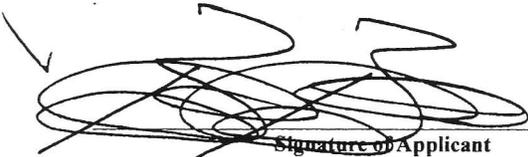
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
ELKHORN, NE	2005	Current	SAME		
FREMONT, NE	2004	2005	SAME		
PRESCOTT, AZ	2000	2004	SAME		

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.



 Signature of Applicant



 Signature of Spouse

 Signature of Applicant

 Signature of Spouse

State of Nebraska
 County of Buffalo

County of Buffalo

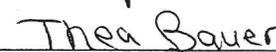
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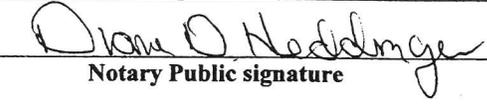
The foregoing instrument was acknowledged before me this September 3rd 2010





 Notary Public signature





 Notary Public signature

Affix Seal Here

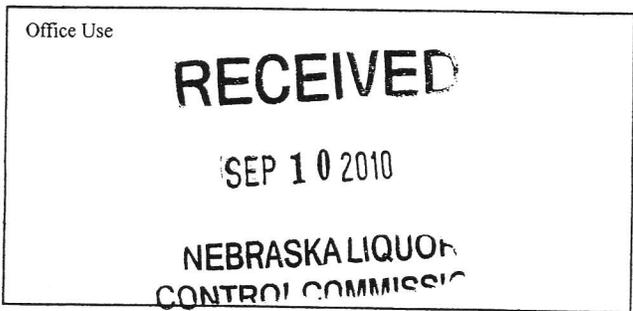

Affix Seal Here


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

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 NEBRASKA LIQUOR CONTROL COMMISSION

**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



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

voter reg.

Corporation/Limited Liability Corporation (LLC) information

✓ Name of Corporation/LLC: VANEZSER LLC dba VENUE RESTAURANT & LOUNGE

Premise information

Premise License Number: 65433
(if new application leave blank)

Premise Trade Name/DBA: VANEZSER LLC dba VENUE RESTAURANT & LOUNGE

✓ Premise Street Address: 4107 PIONEER WOODS DR #107

City: LINCOLN State: NE Zip Code: 68504

Premise Phone Number: 402 488 8368

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.

✓ 
PRESIDENT
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

SEP 10 2010

Gender: MALE FEMALE

Last Name: BAUER First Name: BRUCE MI: K

NEBRASKA LIQUOR CONTROL COMMISSION

Home Address (include PO Box if applicable): 1976 MASON ST

City: ELKHORN State: NE Zip Code: 68022

Home Phone Number: 402. 359. 1458 Business Phone Number: _____

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

Date Of Birth: _____ Place Of Birth: HASTINGS, 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: BAUER First Name: THEA MI: H

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

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

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

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
ELKHORN, NE	2005	2010	SAME		
FREMONT, NE	2007	2005	SAME		
PRESIOTT, NE	2000	2004	SAME		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	2009	ASPECT MEDICAL	No longer w/ company	
2007	2007	AMERICAN MEDICAL	JOHN FRUSTAD	515. 988. 2775

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1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY. NEBRASKA LIQUOR CONTROL COMMISSION

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES

NO

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

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

YES

NO

VANETSER LLC dba VENUE RESTAURANT

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 on file 6-19-2009

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

Date:	Where:
2003- CURRENT	VENUE RESTAURANT & LOUNGE LINCOLN, NE
	RHC training

PERSONAL OATH AND CONSENT OF INVESTIGATION

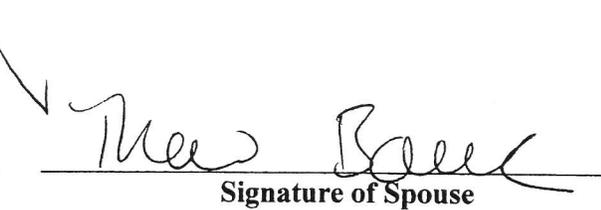
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant



Signature of Spouse

State of Nebraska

County of Buffalo

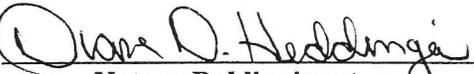
County of Buffalo

The foregoing instrument was acknowledged before me this September 3rd 2010 by

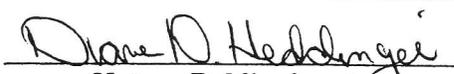
The foregoing instrument was acknowledged before me this September 3rd 2010 by

Bruce Bauer

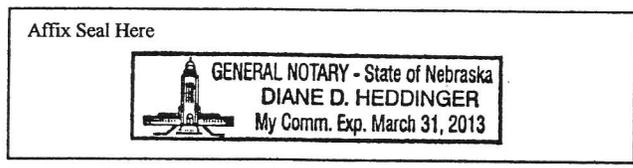
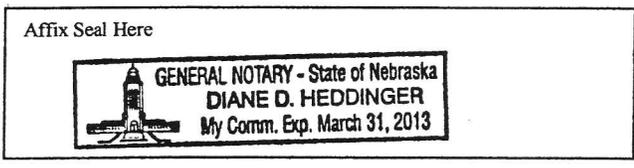
Thea Bauer



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.

Revised 9/2008

**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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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.

Thea Bauer

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

Thea Bauer

Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

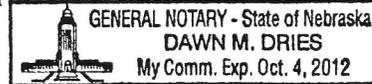
9/10/2010
date

Dawn M. Dries
Notary Public signature

The foregoing instrument was acknowledged before me this

by *Thea H Bauer*
name of person acknowledged

Affix Seal



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)

State of Nebraska

County of Douglas

9/10/2010
date

Dawn M. Dries
Notary Public signature

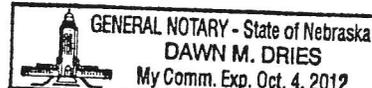
Bruce Bauer

Printed name of applying individual

The foregoing instrument was acknowledged before me this

by *Bruce K Bauer*
name of person acknowledged

Affix Seal



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

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NEBRASKA LIQUOR
CONTROL COMMISSION

- 1) All members and spouses must be listed
- 2) Managing member or contact member must sign
- 3) Managing member and spouse must file fingerprint cards.
Spouse may file affidavit of nonparticipation in lieu of fingerprint cards.

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: BRUCE K BAUER

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

VANERISER LLC

LLC Address: 4111 PIONEER WOODS DR

City: LINCOLN State: NE Zip Code: 68506

LLC Phone Number: 402.488.8368 LLC Fax Number 402.488.8369

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: BAUER First Name: BRUCE MI: K

Home Address: 19716 MASON ST City: ELKHORN

State: NE Zip Code: 68022 Home Phone Number: 402.359.1458



Signature of Managing/Contact Member

State of Nebraska

County of Buffalo

The foregoing instrument was acknowledged before me this

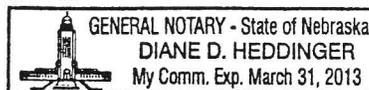
September 3rd 2010
date

by Bruce Bauer

name of person acknowledged

Diane D. Heddinger
Notary Public signature

Affix Seal Here



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

*OK
Passport
prints
Voter reg
signed*

Last Name: BAUER First Name: BRUCE MI: K

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): THEA H. BAUER

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

*signed
Voter reg*

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: _____

Percentage of member ownership _____

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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: _____

Percentage of member ownership _____

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: _____

Percentage of member ownership _____