

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

October 8, 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 McCourt's Ale House, 118 South 9th Street requesting a class C liquor license.

Christopher Kelley, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Kelley will be omitted as he is a currently approved liquor license manager.

The required training was completed on 4-2-2008.

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



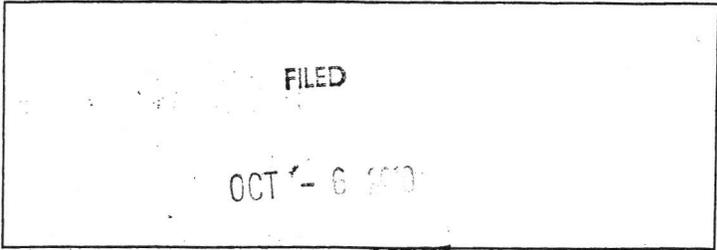
A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
 PO BOX 95046
 LINCOLN, NE 68509-5046
 PHONE: (402) 471-2571
 FAX: (402) 471-2814
 Website: www.lcc.ne.gov/

45 = 11/18/2010



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
 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 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 _____ Phone number: _____
 Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) McCourt's Ale House

Street Address #1 118 So. 9th St.

Street Address #2 901 'O' Street Lincoln, Ne. 68508

City Lincoln County Lancaster #2 Zip Code 68508

Premise Telephone number (402) 430-794 (cell)

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

City

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

Name Kelley and Tyrrell Inc.

Street Address #1 901 'O' Street

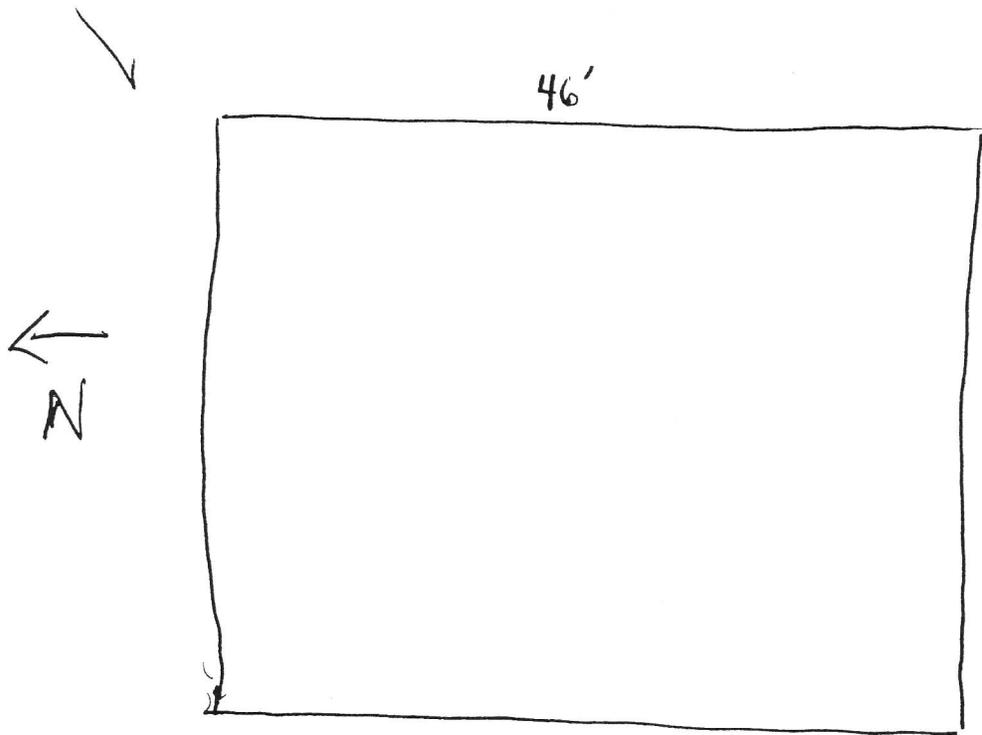
Street Address #2 5326 Stonecliffe Dr.

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 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



one story building
approx 45 x 46
including basement
area

no outdoor area

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.

We as a business had a \$50 Fine for a Noise Complaint From a building Neighbor while operating as Knickerbocker our current location. This occurred over ten years ago but I do not know if it is a misdemeanor charge or if it is listed on record.

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

YES NO

If yes, give name of business and license number _____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

YES NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

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

YES NO

If yes, list the lender _____

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

YES NO

If yes, explain. All involved persons must be disclosed on application. _____

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

YES NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

YES NO

If yes, explain. _____

No silent partners

8. Are 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.

Union Bank and Trust Chris A. Kelley, Shawn A. Tyrrell

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.

Kelley and Tyrrell (Inc. 901 'O' Street Lincoln, Ne. 68508 License # 25538

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

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

Name:	Date:	Where:
<u>Knickerbockers</u>	<u>1993-Present</u>	<u>901 'O' St. As owner, manager, Bartender, etc</u>

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 _____
- Deed
- Purchase Agreement

14. When do you intend to open for business? October, 2010
 15. What will be the main nature of business? Irish Pub/Lounge On-off sale Beer, wine, and Spirits.
 16. What are the anticipated hours of operation? 4pm-1am Monday-Saturday

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
<u>5326 Stonecliffe Dr. Lincoln, Ne. 68516</u>	<u>1995</u>	<u>Present</u>			
<u>6500 S 31st St Lincoln, Ne. 68516</u>	<u>2008</u>	<u>Present</u>			
<u>4120 J St Lincoln, Ne. 68510</u>	<u>2004</u>	<u>2008</u>			
<u>5326 Stonecliffe Dr. 68516</u>	<u>2000</u>	<u>2004</u>	<u>4425 N 1st Apt 1 68521</u>	<u>2002</u>	<u>2004</u>

2009 Main St, Ferraree Hays, KS, 67601 1982-2002

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.

Christopher A. Kelley
Signature of Applicant

Shawn A. Tyrrell
Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Spouse

Kelly A. Tyrrell
Signature of Spouse

Signature of Spouse

Signature of Spouse

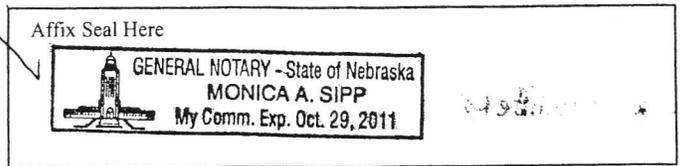
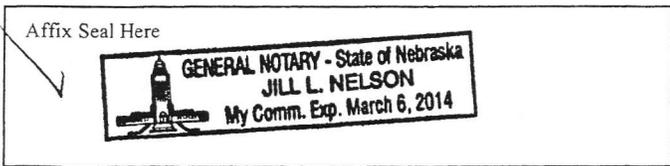
Signature of Spouse

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this 17th day of September, 2010
Christopher A. Kelley + Shawn A. Tyrrell
Jill L. Nelson
Notary Public signature

County of _____

The foregoing instrument was acknowledged before me this September by
17 2010
Monica A. Sipp
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



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

Need
BC
Voter reg



Name of Corporation/LLC: Kelley and Tyrrell Inc.



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

Premise Trade Name/DBA: M^cCourt's Ale House

Premise Street Address: 118 South 9th Street

City: Lincoln, Ne Zip Code: 68508

Premise Phone Number: (402) 430-7911 (cell)



Christopher A. Kelly
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



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

Gender: MALE FEMALE

Last Name: Kelley First Name: Christopher MI: A

Home Address (include PO Box if applicable): 5326 Stonecliffe Dr.

City: Lincoln State: Ne. Zip Code: 68516

Home Phone Number: (402) 420-2787 Business Phone Number: (402) 476-6865

Social Security Number _____ Drivers License Number & Stat _____

Date Of Birth: _____ Place Of Birth: Ft. Lauderdale, Florida

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

YES NO Not Married

Spouse's information

Spouses Last Name: N/A First Name: _____ MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

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

APPLICANT		SPOUSE	
CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
<u>5326 Stonecliffe Dr. Lincoln, Ne.</u>	<u>1995 Present</u>		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>1991 1993</u>	<u>Interior Surface Co.</u>	<u>Larry</u>	<u>N/A</u>
<u>1983 1992</u>	<u>Marriott Facilities Management</u>	<u>Gary Sehn</u>	<u>N/A</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.

AS A Business we had a noise complaint from a building neighbor over ten years ago that was a \$50 fine of the noise ordinance. I am not sure if it is a actual fine by misdemeanor but did occur under our business Knickerbockers.

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 Knickerbockers

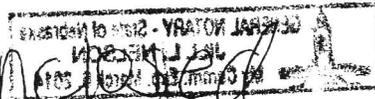
3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

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

Date:	Where:
5/3/1993 - Present	Knickerbocker 901 'O' Street Lincoln, Ne. 68508

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.

Christopher A. Kelley
Signature of Manager/Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of _____

The foregoing instrument was acknowledged before me this 17th day of September, 2010

The foregoing instrument was acknowledged before me this _____ by _____

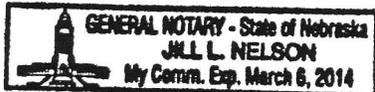
Christopher A. Kelley

Jill L. Nelson

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.

Revised 9/2008

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATION OF BIRTH

STATE FILE NUMBER: 109

CHILD'S NAME: CHRISTOPHER ALAN KELLEY

DATE OF BIRTH:

SEX: MALE

COUNTY OF BIRTH: BROWARD

DATE FILED: JUNE 4, 1966

MOTHER'S MAIDEN NAME: HELEN JOAN HALLETT

FATHER'S NAME: ANDREW JACKSON KELLEY

DATE ISSUED: SEPTEMBER 23, 2010

C. Meach G. Jj, State Registrar

REQ: 2010938492

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



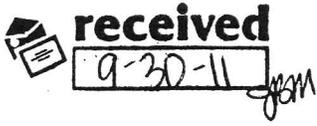
VOID IF ALTERED OR ERASED



APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

 received
9-30-11 JGM

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

~~Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of State's Office)~~

Name of Registered Agent: Maam Gyruell

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

Kelley and Tyrrell Inc.

Corporation Address: 901 'O' street

City: Lincoln State: Ne. Zip Code: 68508

Corporation Phone Number: (402) 476-6865 Fax Number: (402) 420-2787

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: Kelley First Name: Christopher MI: A.

Home Address: 5326 Stonecliffe Dr. City: Lincoln

State: Ne. Zip Code: 68516 Home Phone Number: (402) 420-2787

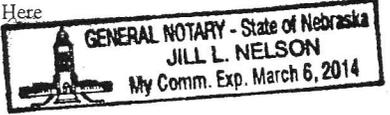
Christopher A. Kelley
Signature of president

County of Lancaster

The foregoing instrument was acknowledged before me this 17th day of September, 2010 by
Christopher A. Kelley
Jill L. Nelson

Notary Public signature

Affix Seal Here

 GENERAL NOTARY - State of Nebraska
JILL L. NELSON
My Comm. Exp. March 6, 2014

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

Last Name: bovinan Kelley First Name: Christopher MI: A.
Social Security Number: _____ Date of Birth: _____
Title: President Number of Shares: 5,000
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: N/A Date of Birth: _____

prints
voter reg
BL

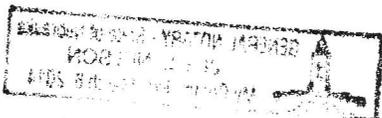
Last Name: Tyrrell First Name: Shawn MI: A.
Social Security Number: _____ Date of Birth: _____
Title: Vice President / secretary Number of Shares: 5000
Spouse Full Name (indicate N/A if single): Kelly J. Tyrrell
Spouse Social Security Number: _____ Date of Birth: _____

prints
voter reg

Not
required

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: January 1 Ending Date: December 31

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

INCORPORATED UNDER THE LAWS OF

No 001

THE STATE OF NEBRASKA

Shares

KELLEY AND TYRRELL INCORPORATED

AUTHORIZED CAPITAL \$10,000

CERTIFIES THAT

CHRISTOPHER KELLEY

is the owner of

100

Shares of ONE DOLLAR PAR VALUE each of that Capital Stock of

KELLEY AND TYRRELL INCORPORATED

transferable only in the books of the Corporation by the holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and to be sealed with the Seal of the Corporation.

this XX day of XXX 1919

SHARES

ONE DOLLAR PAR VALUE

EACH

INCORPORATED UNDER THE LAWS OF

THE STATE OF NEBRASKA

Shares

002

KELLEY AND TYRRELL INCORPORATED

AUTHORIZED CAPITAL \$10,000

THIS CERTIFIES THAT

SHAWN ALDEN TYRELL

100

Shares of ONE DOLLAR PAR VALUE

KELLEY AND TYRRELL INCORPORATED

is the owner of the above shares of the capital stock of the Corporation as the same are now on the books of the Corporation by the proper officers and persons or by Attorney upon production of this Certificate as properly evidenced.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and secretaries with the Seal of the Corporation

this XX day of XXX A.D. 19

SHARES

EACH