



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

November 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 Art & Soul, 5740 Hidcote Drive requesting a class C liquor license.

Justina Slattery has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Justina Slattery was born in Lincoln, Nebraska. She attended Pius X High School graduating in 2003.

Justina Slattery employment history is as follows:

2009 - Present	Manager, Country View Studios	Lincoln, NE.
2008 - 2009	Waitress, Carmela's	Lincoln, NE.

The required training was completed on November 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



PREMISE INFORMATION

Trade Name (doing business as) ART & SOUL

NOV 5 2010

Street Address #1 5740 HIDCOTE DRIVE

NEBRASKA LIQUOR
CONTROL COMMISSION

Street Address #2 _____

City LINCOLN

County LANCASTER

Zip Code 68516

Premise Telephone number 402.483.1744

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

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

Name COUNTRYVIEW STUDIOS, INC.

Street Address

#1 5740 HIDCOTE DRIVE

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 109.5 feet

Width 43 feet

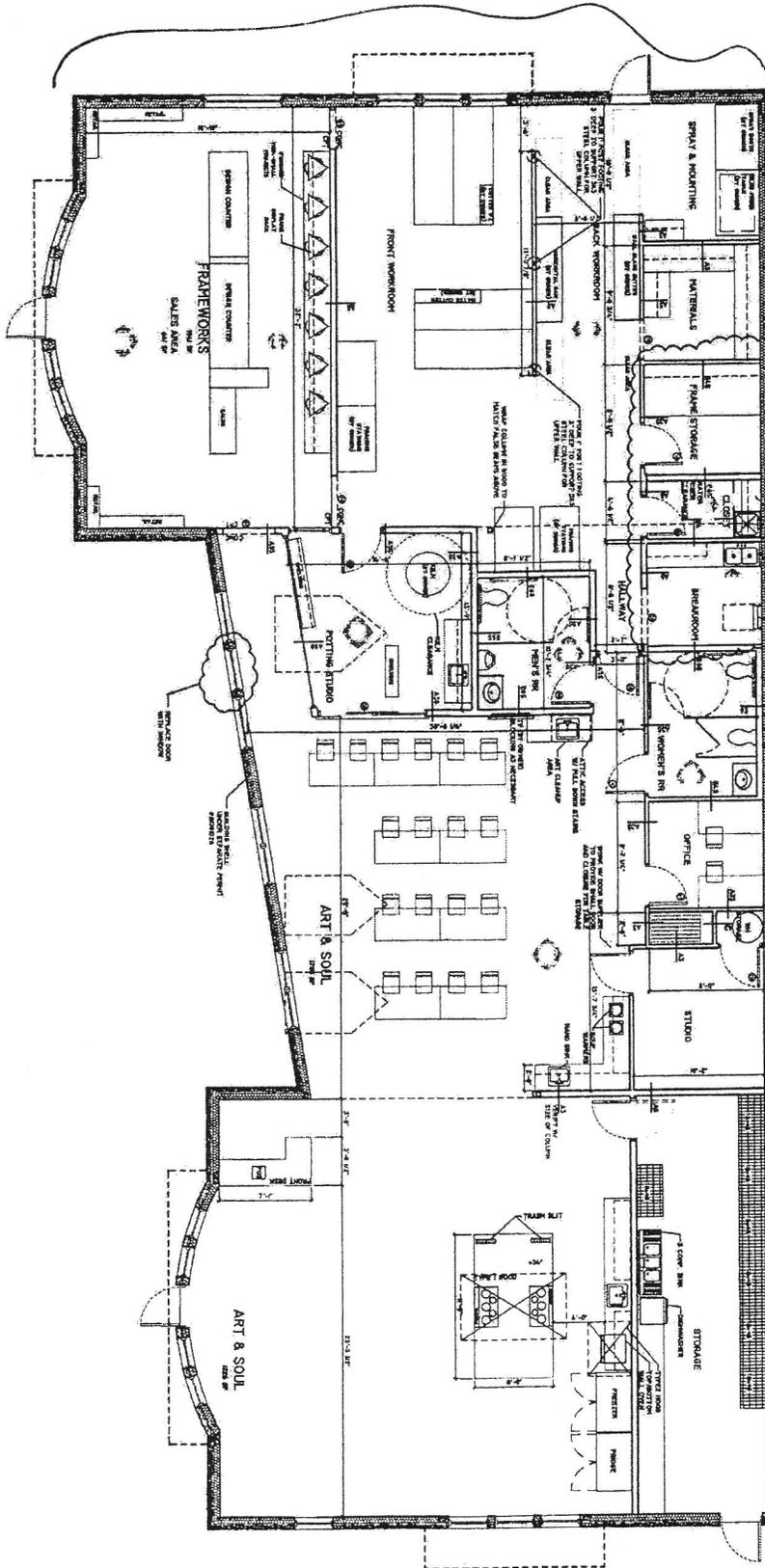
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

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NEBRASKA LIQUOR CONTROL COMMISSION

13



109.5



FRAMEWORKS NEW CONSTRUCTION - INTERIOR HICCOTE DRIVE LINCOLN, NE 68510		951
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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
				RECEIVED
				NOV 5 2010
				NEBRASKA LIQUOR CONTROL COMMISSION

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 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 UNION BANK AND TRUST; NEDCO

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)

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No silent partners

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

YES NO

NEBRASKA LIQUOR
CONTROL COMMISSION

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.

UNION BANK AND TRUST - MARILYN, JAMES, ANTHONY & JUSTINA SLATTERY

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)

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Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
JUSTINA R. SLATTERY	11/2010	Hospitality Risk Seminar - Lincoln
MARILYN R. SLATTERY	11/2010	Hospitality Risk Seminar - Lincoln
JAMES R. SLATTERY	11/2010	Hospitality Risk Seminar - 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 DECEMBER 31, 2020
- Deed
- Purchase Agreement

15. When do you intend to open for business? JANUARY, 2011
16. What will be the main nature of business? ART & CULINARY CLASSES
17. What are the anticipated hours of operation? 9:00 AM TO 11:00 PM

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
MARILYN R. SLATTERY	1975	PRESENT	JAMES R. SLATTERY	1972	Present
LINCOLN, NE			LINCOLN, NE		

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.

Marilyn R. Slattery
Signature of Applicant

James R. Slattery
Signature of Spouse

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NEBRASKA LIQUOR CONTROL COMMISSION

Justina R. Slattery
Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska
County of LANCASTER

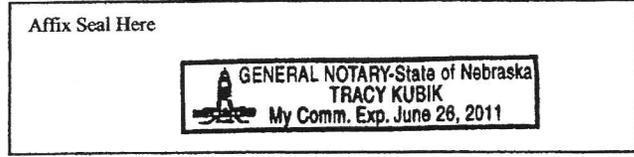
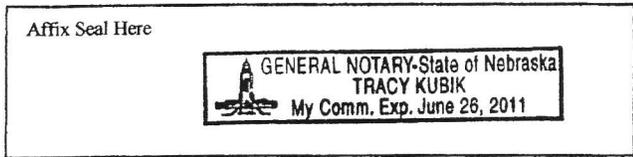
County of LANCASTER

The foregoing instrument was acknowledged before me this 11-5-10 by Marilyn R Slattery + Justina R Slattery

The foregoing instrument was acknowledged before me this 11-5-10 by James R. Slattery

Tracy Kubik
Notary Public signature

Tracy Kubik
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 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

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NEBRASKA LIQUOR CONTROL COMMISSION

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

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

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: JAMES R. SLATTERY 10,000

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

COUNTRYVIEW STUDIOS, INC.

Corporation Address: 6341 COUNTRYVIEW COURT

City: LINCOLN State: NE Zip Code: 68516

Corporation Phone Number: 402.483.1744 Fax Number 402.420.7302

Total Number of Corporation Shares Issued: 1,000

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

Last Name: SLATTERY First Name: MARILYN MI: R.

Home Address: 6341 COUNTRYVIEW COURT City: LINCOLN

State: NE Zip Code: 68516 Home Phone Number: 402.421.8053

Signature of president

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

11-5-10
date

by Marilyn R. Slattery
name of person acknowledged

Tracy Kubik

Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
TRACY KUBIK
My Comm. Exp. June 26, 2011

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

Last Name: SLATTERY First Name: JAMES MI: R.

Social Security Number: _____ Date of Birth: _____

Title: SECRETARY - TREASURER Number of Shares 500

Spouse Full Name (indicate N/A if single): MARILYN R. SLATTERY

Spouse Social Security Number _____ Date of Birth _____

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NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: SLATTERY First Name: MARILYN MI: R.

Social Security Number _____ Date of Birth: _____

Title: PRESIDENT Number of Shares 500

Spouse Full Name (indicate N/A if single): JAMES R. SLATTERY

Spouse Social Security Number: _____ Date of Birth _____

Last Name: SLATTERY First Name: JUSTINA MI: R.

Social Security Number: _____ Date of Birth _____

Title: VICE-PRESIDENT Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

YES

NO

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

NEBRASKA LIQUOR
CONTROL COMMISSION

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

Starting Date: JANUARY

Ending Date: DECEMBER

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

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

REVISED 5/2007

ARTICLES OF INCORPORATION OF
COUNTRYVIEW STUDIOS, INC.

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The undersigned individual, acting as incorporator of a corporation under the Business Corporation Act of Nebraska, adopts the following Articles of Incorporation for such corporation.

NOV 5 2010

ARTICLE I. NAME.

The name of the corporation is COUNTRYVIEW STUDIOS, INC.

NEBRASKA LIQUOR
CONTROL COMMISSION

ARTICLE II. DURATION.

The period of duration of the corporation is perpetual.

ARTICLE III. PURPOSE.

The purposes for which this corporation is organized are:

1. To engage in the transaction of any or all lawful business for which corporations may be incorporated under the provisions of the Business Corporation Act as now constituted or as may be hereafter altered or amended;
2. In general, to do all things, or any other acts, at any place wheresoever, which any natural person may do and which are not forbidden by the Business Corporation Act or by any other law of the State of Nebraska or by these Articles of Incorporation.

Except where expressly noted, the terms of any other clause in these Articles of Incorporation, shall not limit or restrict by reference to, or inference from, the business and purposes specified in this Article.

ARTICLE IV. POWERS.

The corporation shall have and exercise all powers and rights conferred upon corporations by the Business Corporation Act and any enlargements of such powers and rights conferred by subsequent legislative acts or acts of the voters of the State of Nebraska; the corporation shall have and exercise all powers and rights, not otherwise denied corporations by the laws of the State of Nebraska or by these Articles of Incorporation, as are necessary, suitable, proper, convenient or expedient to the attainment of the purposes set forth in Article III.

ARTICLE V. AUTHORIZED SHARES.

The aggregate number of shares which the corporation shall have the authority to issue is Ten Thousand (10,000) shares of common stock of One Dollar (\$1) par value per share.

**MANAGER APPLICATION
INSERT - FORM 3c**

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

Office Use

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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: COUNTRYVIEW STUDIOS, INC.

Premise information

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

Premise Trade Name/DBA: ART & SOUL

Premise Street Address: 5740 HIDCOTE DRIVE

City: LINCOLN State: NE Zip Code: 68516

Premise Phone Number: 402.483.1744

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.

Marilyn R. Slattery

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender: MALE FEMALE

NOV 5 2010

Last Name: SLATTERY First Name: JUSTINA MI: NE

Home Address (include PO Box if applicable): 6341 COUNTRYVIEW COURT

City: LINCOLN State: NE Zip Code: 68516

Home Phone Number: 402.421.8053 Business Phone Number: 402.483.1744

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

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

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

YES NO

Spouse's information

Spouses Last Name: 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	
LINCOLN, NE		1985	PRESENT				
MANAGER'S LAST TWO EMPLOYERS							
YEAR FROM TO		NAME OF EMPLOYER		NAME OF SUPERVISOR		TELEPHONE NUMBER	
2009	PRESENT	COUNTRYVIEW STUDIOS, INC.		JAMES R. SLATTERY		402.483.1744	
2008	2009	CARMELA'S BISTRO & WINE BAR		MARCI DAVISON		402.489.0005	

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.

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NEBRASKA LIQUOR CONTROL COMMISSION

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

YES NO

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

YES NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES NO

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

Date:	Where:
NOV., 2010	HOSPITALITY RISK SEMINAR - LINCOLN, NE
2008/2009	WORK - CARMELLA'S BISTRO - LINCOLN, NE

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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NOV 5 2010

NEBRASKA LIQUOR CONTROL COMMISSION

Justina R. Slattery
Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of _____

The foregoing instrument was acknowledged before me this 11-5-10 by

The foregoing instrument was acknowledged before me this _____ by

Justina R. Slattery

Tracy Kubik

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

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

RECEIVED
NOV 5 2010

DATE OF ISSUANCE
OCT 2 1991
LINCOLN, NEBRASKA

Stanley S. Cooper
NEBRASKA LIQUOR CONTROL COMMISSION
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH 126- 85

1. CHILD - NAME FIRST MIDDLE LAST Justina Rae Slattery			2. SEX Female	3. DATE OF BIRTH (Month, Day, Year)	4. HOUR 12:05a
4a. HOSPITAL - NAME (If not in hospital, give street and number) Lincoln General Hospital		INSIDE CITY LIMITS (Specify Yes or No) Yes	4c. CITY, TOWN, OR LOCATION OF BIRTH Lincoln		4d. COUNTY OF BIRTH Lancaster
5a. (Signature) <i>L. Palmer Johnson</i>			5b. DATE SIGNED (Month, Day, Year) September 28, 1985	5c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
6a. CERTIFIER - NAME AND TITLE (Type or print) L. Palmer Johnson, M.D.			6b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 3440 "O" Street Lincoln, Nebraska 68510		
7a. REGISTRAR - SIGNATURE <i>M. Jane Ford</i>			7b. RECEIVED MONTH DAY YEAR OCT 8 1985		
7c. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Marilyn Rae Gruber			8a. AGE (At time of this birth) 30	8b. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Grand Island, Nebraska	
9a. RESIDENCE - STATE Nebraska	9b. COUNTY Lancaster	9c. CITY, TOWN, OR LOCATION, (Include zip code) Lincoln 68510	9d. INSIDE CITY LIMITS (Specify Yes or No) Yes	9e. STREET AND NUMBER 3924 J Street	
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
10. FATHER - NAME FIRST MIDDLE LAST James Raymond Slattery			11a. AGE (At time of this birth) 31	11b. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Grand Island, Nebraska	
12a. (Signature of Parent or other informant) <i>Marilyn R. Slattery</i>			12b. RELATION TO CHILD Mother		