



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

June 15, 2011

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 Corky Canvass, 3700 South 9th Street requesting a class I liquor license.

This location will be a 42 seat social painting studio which will offer wine by the glass or bottle.

Angela Bergren, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Angela Bergren was born in Omaha, Nebraska. She attended Colorado State graduating in 2005.

Angela Bergren employment history is as follows:

2009 - Present	Employment Admin, Community Action	Lincoln, NE.
2008 - 2009	Sales, AG HR	Lincoln, NE.
2007 - 2008	Sales, Scheels	Lincoln, NE.
2005 - 2007	Sales, Vacation Solutions	Denver, CO.
2003 - 2005	Manno's Bar & Grill	FT. Collins, CO.

The required training will be completed on July 14th 2011.

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.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



Brian Will

PREMISE INFORMATION

Trade Name (doing business as) The Corky Canvas

Street Address #1 3700 South 9th Street

Street Address #2 Suite C

City Lincoln County Lancaster #8 Zip Code 68502

Premise Telephone number 770-403-4517

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

Mailing address (where you want to receive mail from the Commission) city

Name Angela Bergren

Street Address #1 1020 Norwood Dr #201

Street Address #2

City Lincoln State NE Zip Code 68512

**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. 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

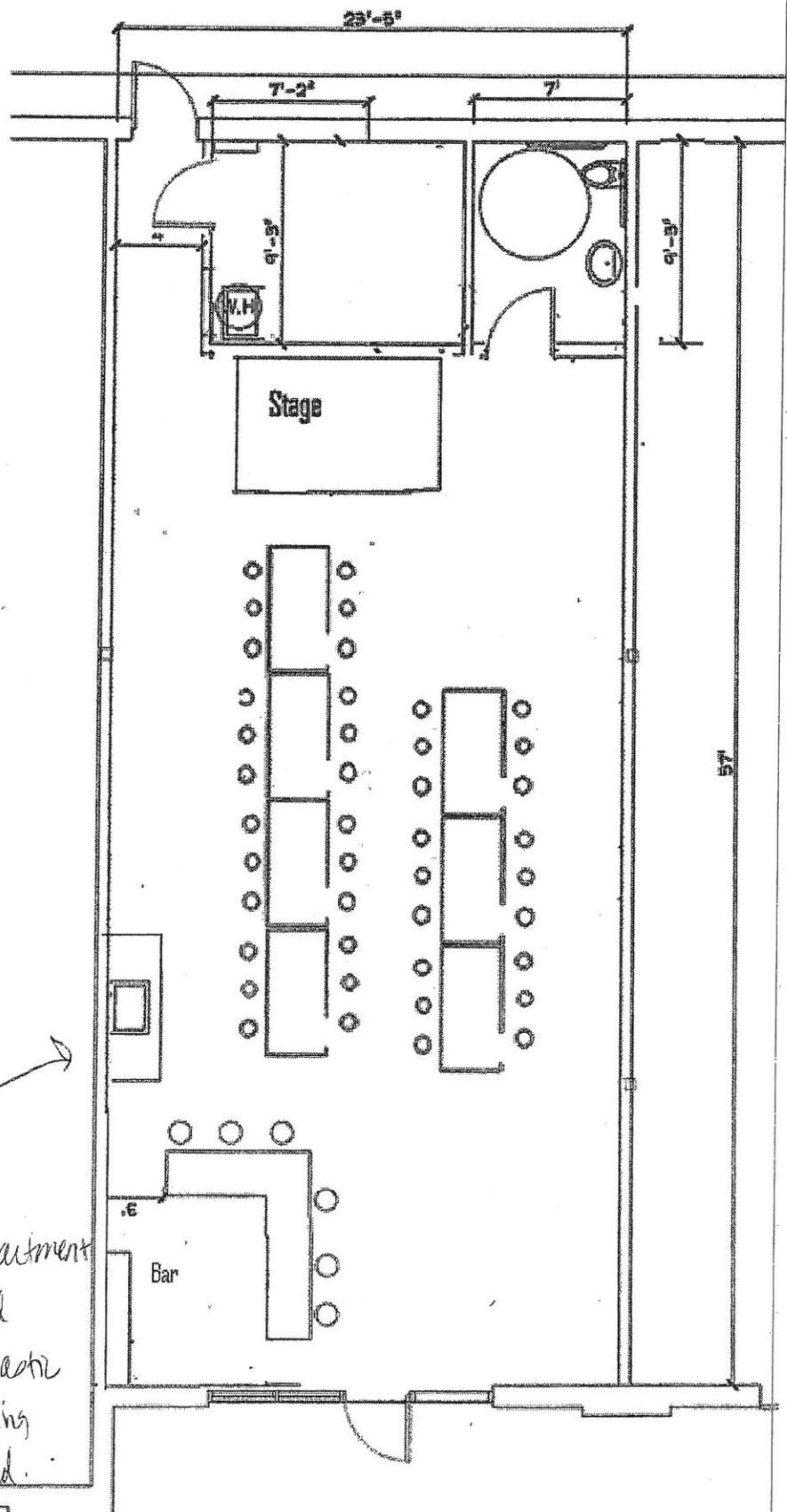
Length 57' feet
Width 23'5" feet

no basement no outdoor area

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

one story building approx 24 x 57

Current & Ideal Floor Plan



*The bathroom
waiting to be approved*

RECEIVED
 FEB 2 2011
 NEBRASKA LIQUOR
 CONTROL COMMISSION

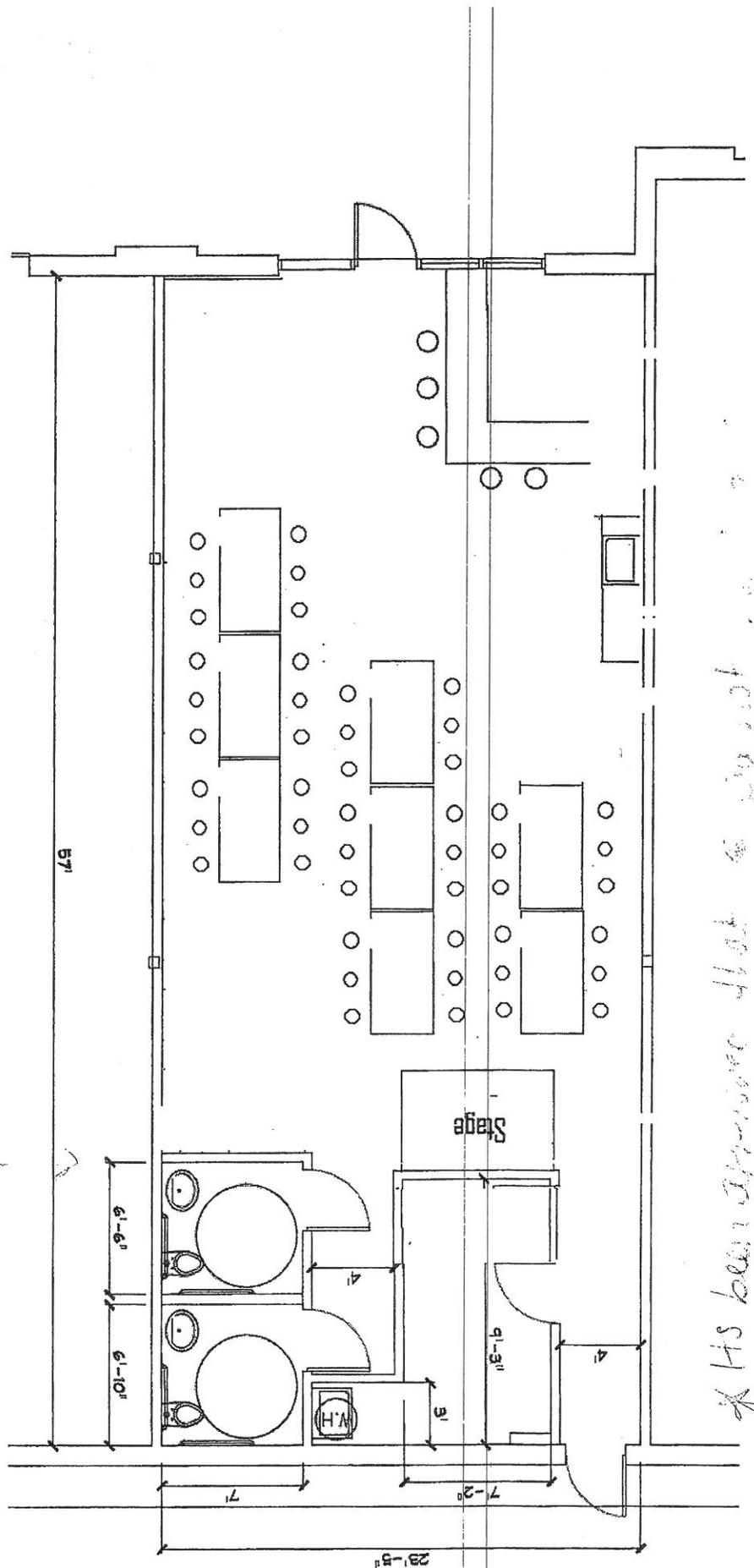
*Hand washing
Sink* →

*3 Compartment
sink needed
because plastic
cups are being
used
→ approved*

RECEIVED

NEBRASKA LIQUOR
CONTROL COMMISSION

Handwritten note: 2nd floor



Handwritten notes:

If HS been approved that is correct.

Can you find a way to use the room for a stage?

and a door to the stage.

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
Angela Bergren	various	Lincoln, NE	Speeding tickets	guilty - tickets paid
Angela Bergren	? 1995 or 96	Omaha, NE	Shoplifting by minor	Minor - not sure

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 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 (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

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(s) _____

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)

*already
list on corp
form*

Jan Knuth 15% Steve Knuth 15%
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, and 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)(1)

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.

Wells Fargo a) Angela Bergren

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.

— None

12. 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) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Angela Bergren	2008?	Fort Collins, Co - Manno's @ Collindale -Alcohol server training, bartended for 3 yrs.

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 8-31-2013
- Deed
- Purchase Agreement

14. When do you intend to open for business? August 2011

15. What will be the main nature of business? Painting classes

16. What are the anticipated hours of operation? M-F 6-10pm Sat + Sun 10am-2pm + 6-10pm

17. 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
Lincoln, NE	2007	Present			
Denver, CO	2006	2007			
Lakewood, CO	2005	2006			
Fort Collins, CO	2002	2005			

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background 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.

Angela Bergren

 Signature of Applicant

 Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
 County of Lancaster

The foregoing instrument was acknowledged before me this

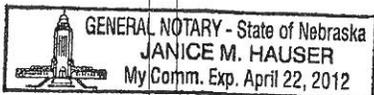
5-24-2011
 date

by Angela Bergren
 name of person acknowledged

Janice M. Hauser

 Notary Public signature
5-24-2011

Affix Seal

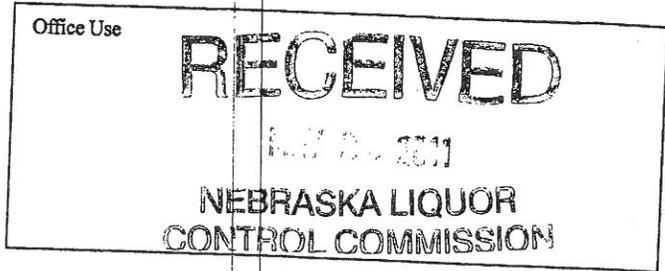


GENERAL NOTARY - State of Nebraska
 JANICE M. HAUSER
 My Comm. Exp. April 22, 2012

In compliance with the ADA, this application 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
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



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

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

Name of Registered Agent: The Corky Canvas, LLC

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

The Corky Canvas, LLC

LLC Address: 3700 South 9th Street Suite C

City: Lincoln

State: NE

Zip Code: 68502

LLC Phone Number: 770-403-4517

LLC Fax Number: —

Name of Managing/Contact Member

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

Last Name: Bergren

First Name: Angela

MI: H

Home Address: 1020 Norwood Dr #201

City: Lincoln

State: NE

Zip Code: 68512

Home Phone Number: 770-403-4517

Angela Bergren

Signature of Managing/Contact Member

State of Nebraska

County of Lancaster

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this

5-24-2011

Date

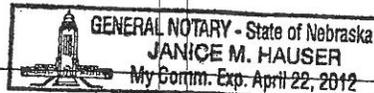
by

Angela Bergren
name of person acknowledge

Janice M. Hauser

5-24-2011

Affix Seal



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

Last Name: Knuth First Name: Steve MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Jan Knuth
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 15%

Last Name: Knuth First Name: Jan MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Steve Knuth
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 15%

Last Name: Bergren First Name: Angela MI: H
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 70%

*Signed
print
passport
water
r*

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 _____

Is the applying Limited Liability Company controlled by another corporation/company?

YES NO

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: Jan 2011 Ending Date: Dec 2011

Is this a Non Profit Corporation?

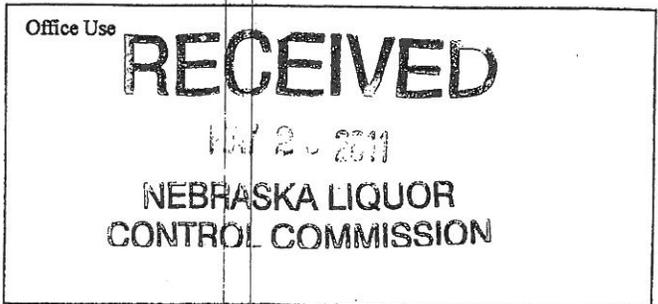
YES NO

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.

**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 their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

*Passport
voter reg*

Corporation/LLC information

Name of Corporation/LLC:

The Corky Canvas

Premise information

Premise License Number:

Premise Trade Name/DBA: *The Corky Canvas, LLC*
(if new application leave blank)

Premise Street Address: *3700 South 9th St, Suite C*

City: *Lincoln* State: *NE* Zip Code: *68502*

Premise Phone Number: *770-403-4517*

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below

Angela Berger

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Bergren First Name: Angela MI: #

Home Address (include PO Box if applicable): 1020 Norwood Dr #201

City: Lincoln County: Lancaster Zip Code: 68512

Home Phone Number: 770-403-4517 Business Phone Number: —

Social Security Number _____ Drivers License Number & State: _____

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

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

YES NO

Spouse's information

Spouses Last Name: Not Married First Name: — MI: —

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

Date Of Birth: — Place Of Birth: —

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

APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>Lincoln, NE</u>	<u>2007</u>	<u>Present</u>	<u>Fort Collins, Co</u>	<u>2002</u>	<u>2005</u>
<u>Denver, Co</u>	<u>2006</u>	<u>2007</u>			
<u>Cakewood, Co</u>	<u>2005</u>	<u>2006</u>			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
7/09		Community Action	Aaron Bowen	471-4515 ext 100
	06/09	Ag the	Steve Knuth	

MANAGER AND SPOUSE MUST REVIEW AND ANSWER THE QUESTIONS BELOW
Please print clearly

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
Angela Bergren	2/1995 or 1990	Omaha, NE	shoplifting by minor	minor - not sure
Angela Bergren	VARIOUS	CO, NE	Speeding tickets	guilty - tickets paid

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? YES NO
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? YES NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
 YES NO

prints enclosed

RECEIVED

MAY 26 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

At the request of the State of Nebraska, the Secretary of State of the United States named herein to pass without delay the passport of the United States named herein to pass without delay in accordance with the provisions of the laws of the United States and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes solliciter de laisser passer le citoyen ou résident des Etats-Unis qui est en possession d'un passeport, sans délai, et, en cas de besoin, de lui donner toute aide et protection légales.

El Encargado de Negocios de los Estados Unidos de América por el presente solicita de las autoridades competentes, por favor, que se le facilite sin demora el pasaporte de los Estados Unidos que nombra en virtud de la ley de los Estados Unidos en caso de necesidad, y que se le dé toda la ayuda y protección legal que sea necesario.

Angela Bergren

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA



07/05861
BERGREN
ANGELA HELEN

NEBRASKA USA

27 Jan 2004
27 Jan 2011
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PK10SABERGREN ANGELA HELEN
07/05861

OK