



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

July 25, 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 EMJS Inc, 1427 'O' Street requesting a class C liquor license.

This location was previously known as Bricktop which held a class C liquor license

Joshua Root, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Root will be omitted as he is the currently approved manager/owner of Fat Toad located at 1409 'O' Street.

Mr. Root has had one tavern violation as the owner of Fat Toad.

The required training was completed on November 12th 2009.

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



PREMISE INFORMATION

Trade Name (doing business as) To be determined RECEIVED

Street Address #1 1421 "O" street

Street Address #2 _____ JUL 5 2011

City Lincoln County Lancaster NEBRASKA LIQUOR CONTROL COMMISSION 68508

Premise Telephone number ~~402-484-0252~~ 402 476 0321

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

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

Name EJMS, Inc. - Josh Root

Street Address #1 3421 Woods Ave.

Street Address #2 _____

City Lincoln State NE Zip Code 68510

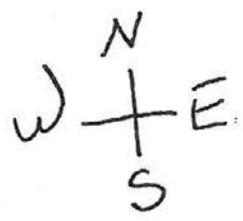
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

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

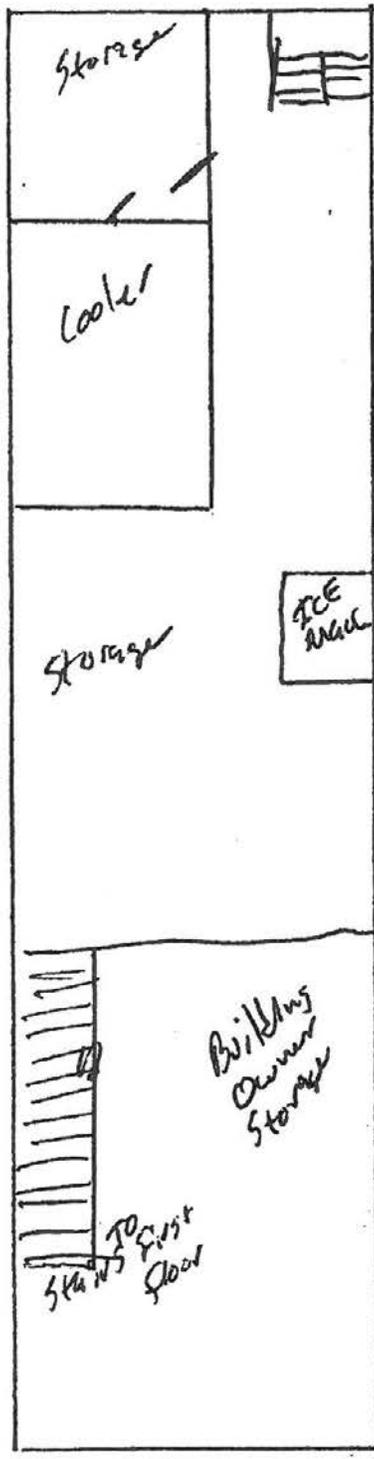
Length _____ feet
Width _____ feet

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

Basement



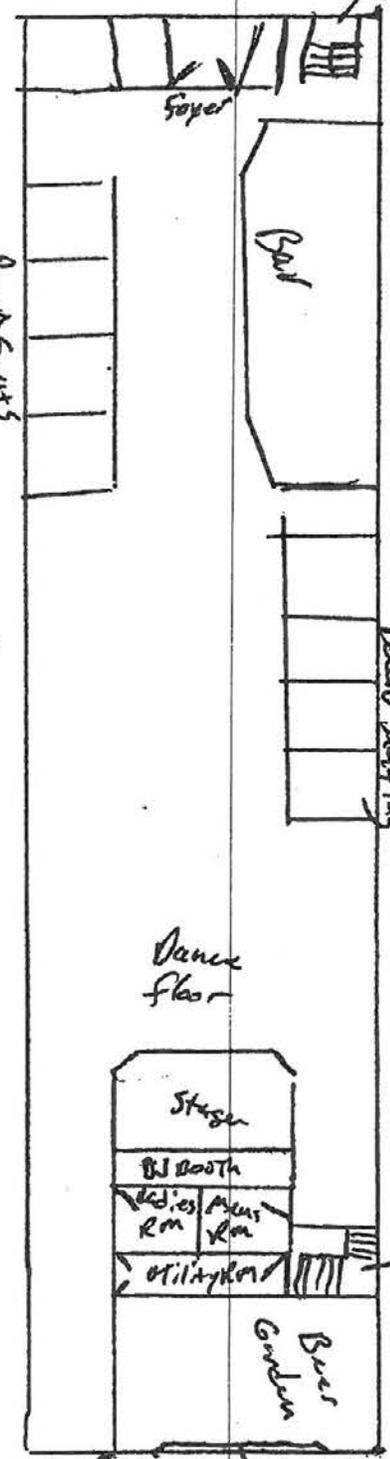
First floor



116'

25'

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116'

25'

Stairs to Basement

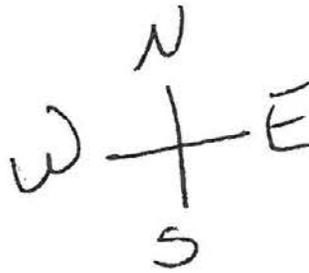
Back Stairs

To office upstairs

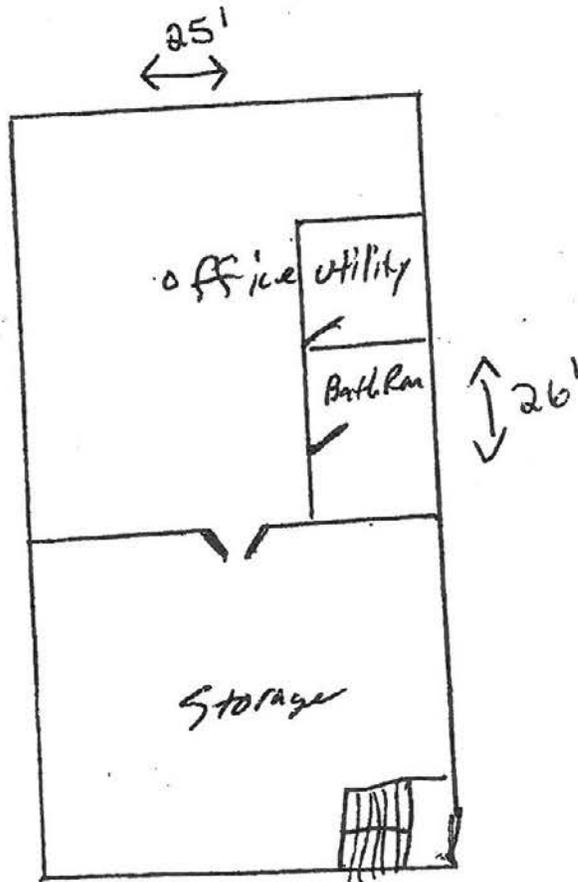
Bar Exit

Storage Door

Upstairs

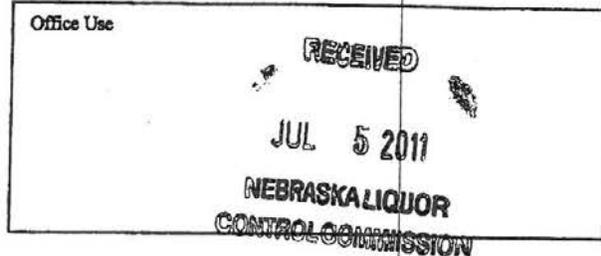


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NEBRASKA LIQUOR
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APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

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



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

- 1) All officers, directors and stockholders must be listed
2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
3) Officers, directors and stockholders 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 Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: E. Jean Strobe

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

EJMS, INC.

Corporation Address: 3421 Woods Ave.

City: Lincoln State: NE Zip Code: 68510

Corporation Phone Number: (402) 477-2579 Fax Number

Total Number of Corporation Shares Issued: 1,000

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

Last Name: Strobe First Name: Ella MI: Jean

Home Address: 3421 Woods Ave. City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: (402) 477-2579

E. Jean Strobe Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska County of Lancaster

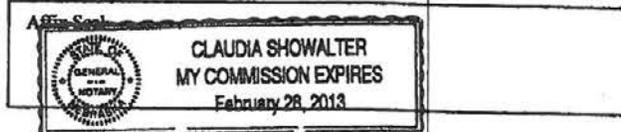
The foregoing instrument was acknowledged before me this

Date June 16, 2011

by Claudia Showalter name of person acknowledge

Date

Claudia Showalter



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

Last Name: Strope First Name: Ella MI: Jean

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares: 600

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

Spouse Social Security Number: N/A Date of Birth: N/A

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Last Name: Root First Name: Joshua MI: J.

Social Security Number: _____ Date of Birth: _____

Title: Share holder Number of Shares: 200

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Root First Name: Jamie MI: J.

Social Security Number: _____ Date of Birth: _____

Title: Share holder Number of Shares: 200

Spouse Full Name (indicate N/A if single): Joshua J. Root

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

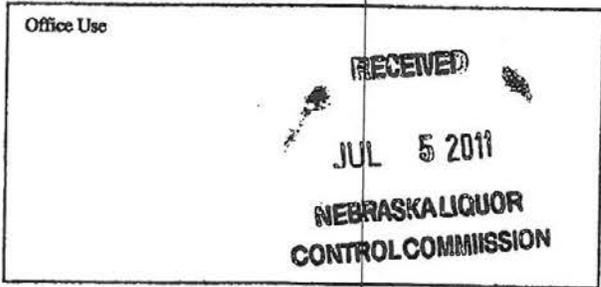
Title: _____ Number of Shares: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

**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

Corporation/LLC information

Name of Corporation/LLC: EJMS, Inc.

Premise information

Premise License Number: Pending
(if new application leave blank)
Premise Trade Name/DBA: To be determined
Premise Street Address: 1421 "O" Street
City: Lincoln State: NE Zip Code: 68508
Premise Phone Number: ~~402 484 0252~~ 402 476 0321

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

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

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

Gender: MALE FEMALE

Last Name: Root First Name: Joshua MI: J

Home Address (include PO Box if applicable): 1451 Manatt Street

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: 435-4142 Business Phone Number: 499-9632

Social Security Num. _____ Drivers License Number & St _____

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

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Spouse's information

Spouses Last Name: Root First Name: Jamie MI: J

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

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

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
Lincoln, NE	2002	2011	Lincoln, NE	1979	2011
Eagle, NE	1981	2002			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2009	Dillinger's	Mike Figuerda	(402) 314-5609
2009	2011	The Fat Toad Pub	Self-Employed/ Owner	(402) 438-3311

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.

JUL 5 2011

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Joshua Root	05/2001	Lincoln, NE	DUI	Fine 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.

The Fat Toad Pub - 1409 "D" Street
Lincoln, NE 68508

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

→ ON file

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. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

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



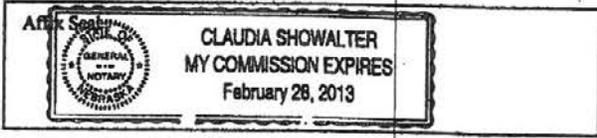
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER The foregoing instrument was acknowledged before me this
June 16, 2011 date by Claudia Showalter
name of person acknowledged



Notary Public signature



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.

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.

DATE OF ISSUANCE
WAR 25 1994
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS 128 -
CERTIFICATE OF LIVE BIRTH 79

1. CHILD - NAME FIRST MIDDLE LAST Jamie Jean Waite		2. SEX Female	3a. DATE OF BIRTH (Month, Day, Year) 9:01P	3b. HOUR
HOSPITAL - NAME (If not in hospital, give street and number) Bryan Memorial Hospital		3c. INSIDE CITY LIMITS (Specify Yes or No) Yes	3d. CITY, TOWN, OR LOCATION OF BIRTH Lincoln, Nebraska	
4a. I certify that the stated information concerning this child is true to the best of my knowledge and belief.		4b. DATE SIGNED (Month, Day, Year) 12/24/79	4c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER Lancaster	
5a. (Signature) <i>[Signature]</i>		5b. MAILING ADDRESS (STREET OR R.F.D., NO., CITY OR TOWN, STATE, ZIP) 1701 "K" Street Lincoln, Nebraska 68505		
6a. REGISTRAR - SIGNATURE <i>[Signature]</i>		6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year) DEC 31 1979		
7a. MOTHER - MARRY NAME (FIRST, MIDDLE, LAST) Cheryl Ann Waite		7b. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Lincoln, Nebraska		
8a. RESIDENCE - STATE COUNTY Nebraska Lincoln, Nebraska		8b. STREET AND NUMBER 3745 St. Paul Street		
9a. MOTHER'S MAILING ADDRESS - Enter if not same as residence Lincoln, Nebraska 68504		9b. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Lincoln, Nebraska		
10. FATHER - NAME FIRST MIDDLE LAST Cheryl Ann Waite		11a. AGE (At time of this birth) 25		
11b. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.		11c. RELATION TO CHILD Mother		
12a. (Signature of Parent or other Informant) <i>[Signature]</i>		12b.		

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STATE OF NEBRASKA

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

DATE OF ISSUANCE

OCT 04 2010

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND
 HUMAN SERVICES

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Dodge M-320
 Township of _____
 Village of Dorchester Registered No. _____
 City of _____ (No. _____ St. _____)

FULL NAME OF CHILD Ella Jean Matthews (If child is not yet named, make supplemental report, as directed)

Sex of Child <u>Female</u>	Twin, Triplet, or Other? (To be answered only in event of plural births)	Number in order of birth	Legitimata <u>Yes</u>	Date of Birth Month _____ Day _____ Year _____
FATHER FULL NAME <u>Ralph Matthews</u>		MOTHER FULL MAIDEN NAME <u>Emelia Meyer</u>		
RESIDENCE <u>Dorchester Neb.</u>		RESIDENCE <u>Dorchester Neb.</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> Years	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> Years	
BIRTHPLACE <u>Nebraska</u>		BIRTHPLACE <u>Nebraska</u>		
OCCUPATION <u>Laborn</u>		OCCUPATION <u>Housewife</u>		
Number of children born to this mother including present birth <u>Three</u>		Number of children of this mother now living <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was Dornaliva 3:40 PM on the date above stated. (Born alive or stillborn)

*When there was no attending physician then the father, householder, etc. should make this return. A still-born child is one that neither breathes nor shows other evidence of life after birth.

Signature R. P. Sauter M. D.

Address Dorchester Neb.

Given name added from a supplemental report.

STATE LAW

Was 2% Nitrate of Silver instilled in each eye Yes

J. J. Mans
 Registrar

Filed Nov 18 1921

J. J. Mans
 Registrar

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NEBRASKA LIQUOR
CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
MAR 8 2001
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES SYSTEM

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

128 - 717

1. CHILD - NAME Male	2. SEX Male	3. CITY, TOWN, OR LOCATION OF BIRTH Lincoln	4. MOTHER - MARRIED NAME Sandra	5. RESIDENCE - STATE Nebraska	6. FATHER - NAME Stanley	7. MOTHER - MARRIED NAME Sandra	8. COUNTY Lancaster	9. CITY, TOWN, OR LOCATION, ZIP CODE Lincoln 68506	10. DATE SIGNED 1977	11. SIGNATURE <i>Sandra Root</i>	12. SIGNATURE <i>Stanley S. Cooper</i>	13. SIGNATURE <i>Russell L. Gortney M.D.</i>	14. REGISTERAL - SIGNATURE <i>Russell L. Gortney M.D.</i>	15. MAILING ADDRESS Lincoln, Nebraska	16. DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1977
1. CHILD - NAME Joshua	2. SEX Male	3. CITY, TOWN, OR LOCATION OF BIRTH Lincoln	4. MOTHER - MARRIED NAME Sandra	5. RESIDENCE - STATE Nebraska	6. FATHER - NAME Stanley	7. MOTHER - MARRIED NAME Sandra	8. COUNTY Lancaster	9. CITY, TOWN, OR LOCATION, ZIP CODE Lincoln 68506	10. DATE SIGNED 1977	11. SIGNATURE <i>Stanley S. Cooper</i>	12. SIGNATURE <i>Stanley S. Cooper</i>	13. SIGNATURE <i>Russell L. Gortney M.D.</i>	14. REGISTERAL - SIGNATURE <i>Russell L. Gortney M.D.</i>	15. MAILING ADDRESS Lincoln, Nebraska	16. DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1977