



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 1, 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 Dickey's Barbeque Pit, 2662 Cornhusker requesting a class A liquor license.

William Carter, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

William Carter was born in Falls City, Nebraska. He attended the University of Nebraska graduating in 2009.

Mr. Carter has been self employed since 2006.

Mr. Carter has been informed about the required training.

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



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PREMISE INFORMATION

Trade Name (doing business as) Dickey's Barbecue Pit

AUG 09 2011

Street Address #1 2662 Cornhusker Hwy. Ste 9

NEBRASKA LIQUOR
CONTROL COMMISSION

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68521

Premise Telephone number 402-434-0056

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

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

Name Will Carter

Street Address #1 1422 Sumner St

Street Address #2 _____

City Lincoln State NE Zip Code 68502

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

see attached diagram

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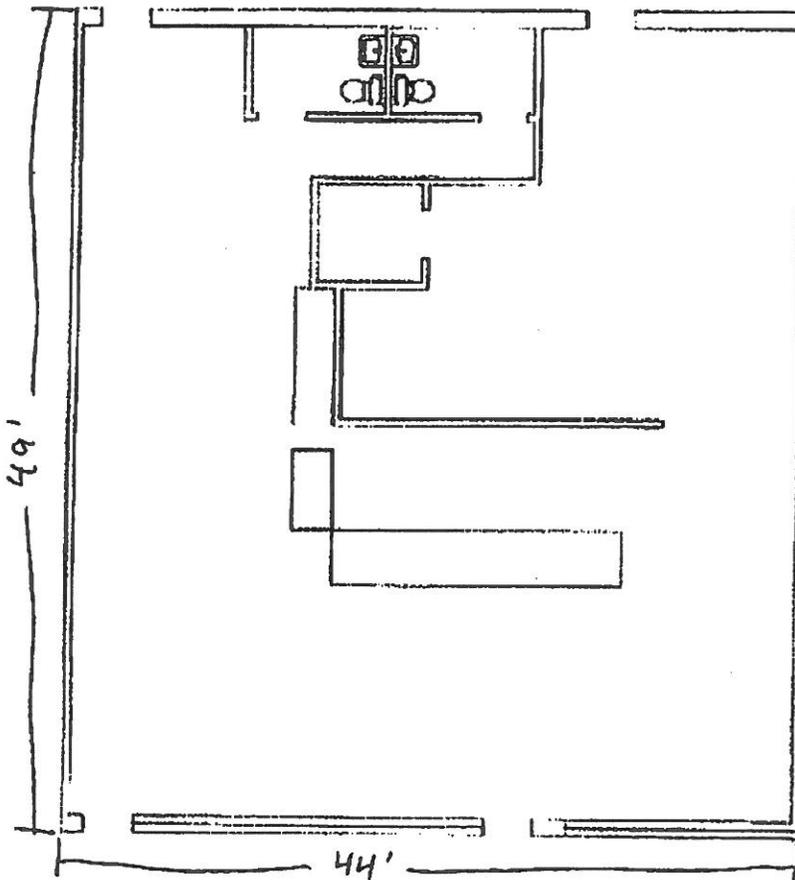
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Exhibit C - Floor Plan

NEBRASKA LIQUOR
CONTROL COMMISSION

CORNHUSKER CENTER

2662 CORNHUSKER HIGHWAY



Suite-9 2,140 Sq. Ft.

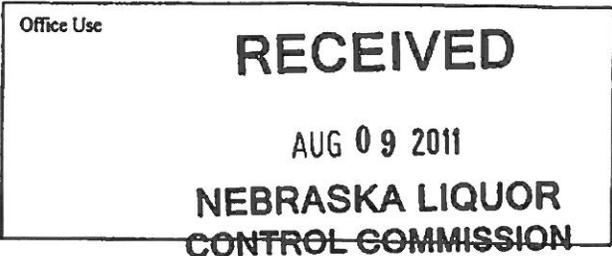
one story building approx 44 x 49

Updated 4-5-10

no basement
no outdoor area

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

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 93046
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: Robert D. Carter

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

R & W BBQ, Inc.

Corporation Address: 7300 Hickman Rd

City: Hickman State: NE Zip Code: 68372

Corporation Phone Number: 402-440-0064 Fax Number _____

Total Number of Corporation Shares Issued: 10,000

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

Last Name: Carter First Name: Robert MI: D

Home Address: 7300 Hickman Rd City: Hickman

State: NE Zip Code: 68372 Home Phone Number: 402-792-2019

Robert D. Carter

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this

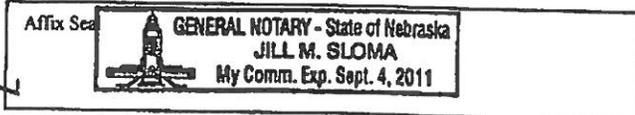
June 17, 2011

by Robert Carter

Date

name of person acknowledge

Jill M. Sloma



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

Last Name: Carter First Name: William MI: R
Social Security Number: _____ Date of Birth: _____
Title: Secretary Number of Shares 5,000
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: _____ Date of Birth: _____

*Signed
BC
Voter reg*

Last Name: Carter First Name: Robert MI: D
Social Security Number: _____ Date of Birth: _____
Title: President Number of Shares 2,500
Spouse Full Name (indicate N/A if single): Diane Marie Carter
Spouse Social Security Number: E Date of Birth: _____

*Signed
Voter reg*

Last Name: Carter First Name: Diane MI: M
Social Security Number: _____ Date of Birth: _____
Title: Vice President Number of Shares 2,500
Spouse Full Name (indicate N/A if single): Robert Dean Carter
Spouse Social Security Number: _____ Date of Birth: _____

Voter reg

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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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

BE voter reg

Corporation/LLC information

Name of Corporation/LLC: R & W BBQ, Inc.

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Dickey's Barbecue Pit

Premise Street Address: 2662 Cornhusker Hwy Ste. 9

City: Lincoln

State: NE

Zip Code: 68521

Premise Phone Number: 402-434-0056

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

Will G

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

AUG 09 2011

NEBRASKA LIQUOR CONTROL COMMISSION

Gender: MALE FEMALE

Last Name: Carter First Name: William MI: R

Home Address (include PO Box if applicable): 1422 Sumner St

City: Lincoln County: Lancaster Zip Code: 68502

Home Phone Number: 402-440-0064 Business Phone Number: _____

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

Date Of Birth: _____ Place Of Birth: Falls City, 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: _____ 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
Hickman, NE	2001	2005			
Lincoln, NE	2005	2011			

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STATE OF NEBRASKA

AUG 09 2011

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.

NEBRASKA LIQUOR CONTROL COMMISSION

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

DATE OF ISSUANCE

4/14/2009

LINCOLN, NEBRASKA

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

128- 85

CHILD - NAME 1. William Robert Carter			SEX 2. Male	DATE OF BIRTH (Month, Day, Year) 3a. June 25, 1985	HOUR 3b. 4:13 P.
HOSPITAL - NAME (If not in hospital, give street and number) 4a. Community Hospital, Inc.		INSIDE CITY LIMITS (Specify Yes or No) 4b. YES	CITY, TOWN, OR LOCATION OF BIRTH 4c. Falls city		COUNTY OF BIRTH 4d. Richardson
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) <i>Levi A. Johnson</i>			DATE SIGNED (Month, Day, Year) 5b. June 25, 1985	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
CERTIFIER - NAME AND TITLE (Type or print) 6a. B. G. Farmer, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. Falls City, Nebraska 68355		
REGISTRAR - SIGNATURE 7a. <i>Nevada Williams</i>			RECEIVED MONTH DAY YEAR 7b. 6-27-85		
MOTHER - MAIDEN NAME 8a. Diane Marie Ziemann			AGE (At time of this birth) 8b. 29	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Lincoln, Nebraska	
RESIDENCE - STATE 9a. Nebraska	COUNTY 9b. Richardson	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Falls City 68355		INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. 2606 Towle Street
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
FATHER - NAME 10. Robert Dean Carter			AGE (At time of this birth) 11b. 30	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Falls City, Nebraska	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Person or other informant) <i>Dean D. Carter</i>			RELATION TO CHILD 12b. Mother		

OK