



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 19, 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 Single Barrel, 130 North 10th Street requesting a class C/K liquor license.

Heath Macomber, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager of a liquor license.

The required training was completed on August 11th 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

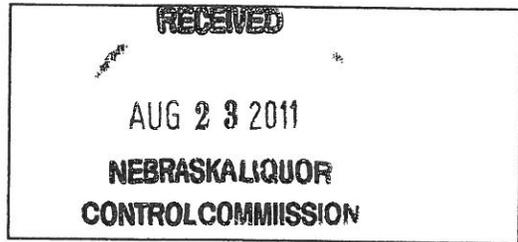


A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE
CATERING LICENSE**

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



FEE \$100.00

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER N/A New Applicant

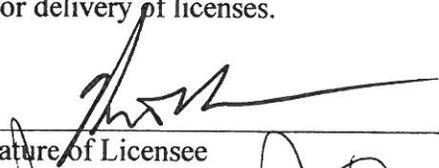
NAME OF LICENSEE WMJD LLC

TRADE NAME Single Barrel

PREMISE ADDRESS 130 North 10th Street

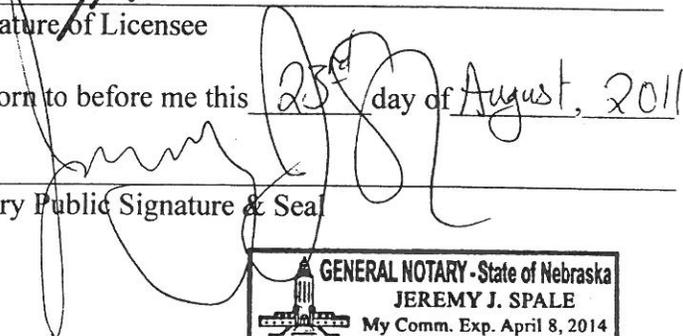
CITY/STATE/ZIP CODE Lincoln, NE 68508

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

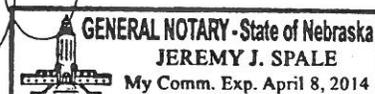


Signature of Licensee

Subscribed in my presence and sworn to before me this 23rd day of August, 2011



Notary Public Signature & Seal



P STREET



RECEIVED
AUG 23 2011
NEBRASKA LIQUOR
CONTROL COMMISSION

10TH STREET

124'

39'

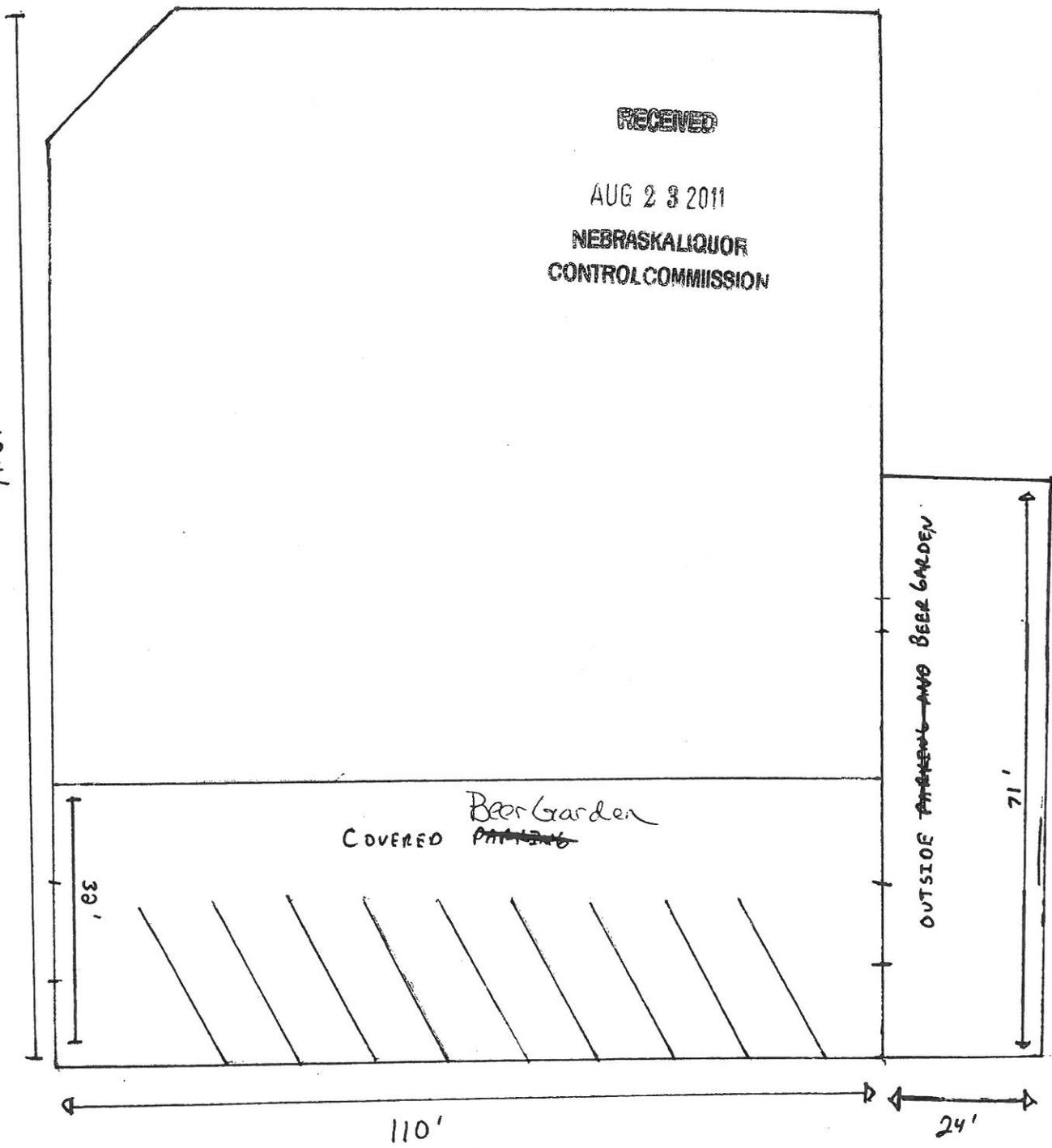
COVERED ~~PARKING~~ Beer Garden

OUTSIDE ~~PARKING~~ AND BEER GARDEN

71'

110'

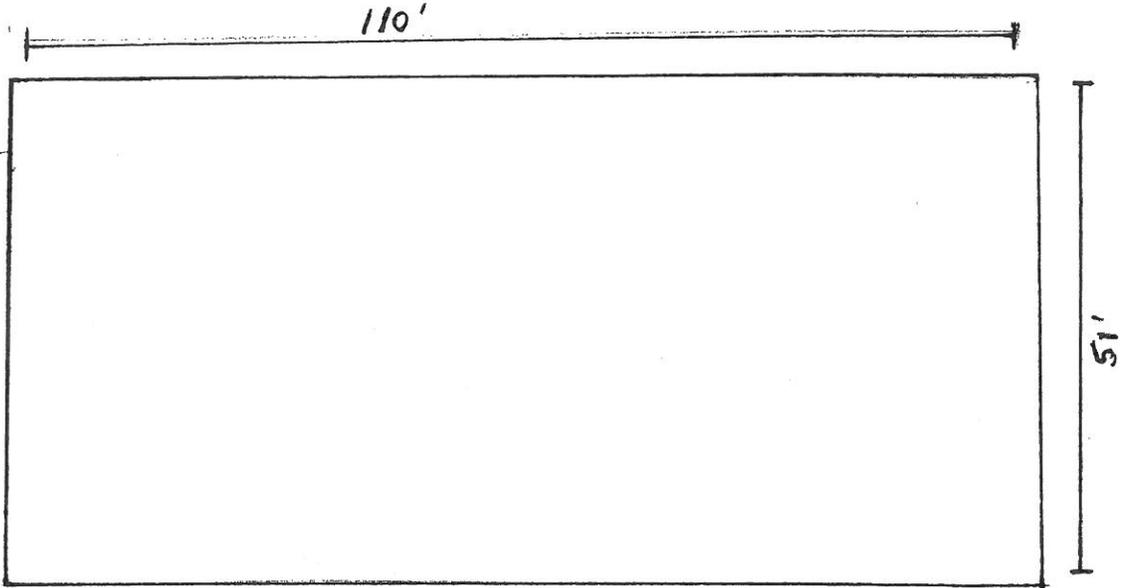
24'





SECTION A CONT.

BASEMENT TO 130 N 10TH



10TH STREET

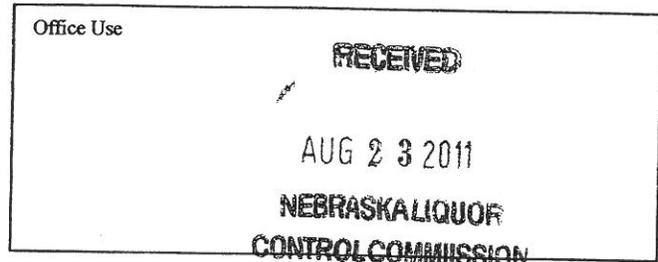
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AUG 23 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

**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: Kelly Hoffschneider

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

LLC Address: 7200 Silverthorn Drive

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: 402-730-5157 LLC Fax Number N/A

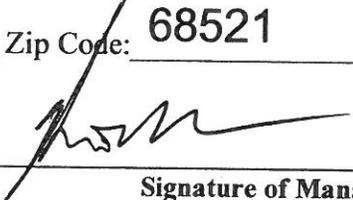
Name of Managing/Contact Member

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

Last Name: Macomber First Name: Heath MI: A

Home Address: 7200 Silverthorn Drive City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 402-730-5157



Signature of Managing/Contact Member

ACKNOWLEDGEMENT

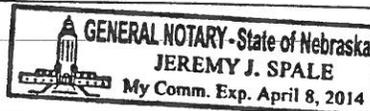
State of Nebraska
County of Lancaster

23rd of August, 2011
Date

The foregoing instrument was acknowledged before me this

by Heath Macomber
name of person acknowledge

Affix Seal



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

Last Name: Macomber First Name: Heath MI: A

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%

Last Name: Willmott First Name: Richard MI: R

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Jennifer J. Willmott

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 15%

Last Name: Davis First Name: Judd MI: M

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 15%

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 _____

**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

Corporation/LLC information

Name of Corporation/LLC: WMJD LLC

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Single Barrel

Premise Street Address: 130 N. 10th Street

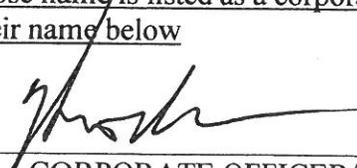
City: Lincoln

State: NE

Zip Code: 68521

Premise Phone Number: N/A New Business 402-730-5157 (c)

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: Macomber First Name: Heath MI: A

Home Address (include PO Box if applicable): 7200 Silverthorn Drive

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: 402-730-5157 Business Phone Number: 402-730-5157

Social Security Number: - - - - - Drivers License Number & State: - - - - - **NE**

Date Of Birth: - - - - - Place Of Birth: Seoul, South Korea

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
Lincoln, NE	2001	2005			
Las Vegas, NV	2005	2006			
Lincoln, NE	2006	Present			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	2010	Bodegas Alley	Shawn Darnell	402-477-9550
2006	2007	HCI Logistics	Scott Grate	800-298-0710

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
Heath Macomber	02/2008	Lincoln, NE	DUI First Offense	Guilty DUI First Offense

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 Hour Lounge

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

