

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

November 22, 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 Cheddar's Casual Cafe, 5424 'O' Street requesting a class I liquor license.

Steve Campbell has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Steve Campbell Figueroa was born in Greensburg, Kansas. He attended Friend University, Wichita, Kansas graduating in 1995.

Steve Campbell employment history is as follows:

Present	Manager, Cheddar's Casual Cafe	Lincoln, NE.
2005 - 2011	Cheesecake Factory	
1999 - 2005	Rock Bottom Restaurant	

Mr. Campbell 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



PREMISE INFORMATION

Trade Name (doing business as) Cheddar's Casual Cafe

Street Address #1 5424 East O Street

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68510

Premise Telephone number Not assigned yet

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

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

Name Cheddar's Casual Café, Inc.

Street Address #1 2250 W. John Carpenter Freeway

Street Address #2 Suite 560

City Irving

State Texas

Zip Code 75063

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

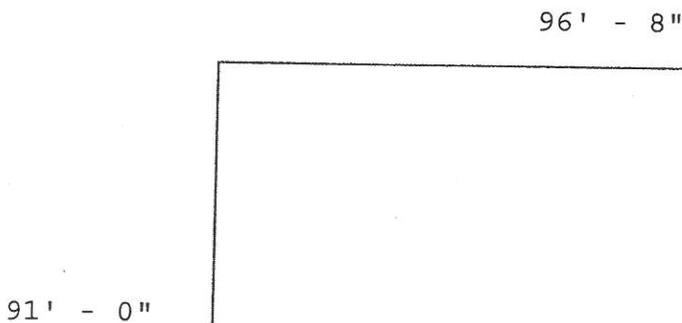
READ CAREFULLY

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 96' - 8" feet
Width 91' - 0" feet
Single Floor

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



*One story bldg
approx 97'x91'*

RECEIVED
NOV 10 2011
NEBRASKA LIQUOR
CONTROL COMMISSION

North →

**MANAGER APPLICATION
INSERT - FORM 3c**

Office Use

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: Cheddar's Casual Café, Inc.

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Cheddar's Casual Café

Premise Street Address: 5424 East O Street

City: Lincoln State: NE Zip Code: 68510

Premise Phone Number: Not assigned yet

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)

RECEIVED

NOV 10 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Campbell First Name: Steve MI: G

Home Address (include PO Box if applicable): 5850 Sunrise Rd

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: 402-770-9638 Business Phone Number: Not assigned

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

Date Of Birth: _____ Place Of Birth: Greensburg, KS

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

YES

NO

Handwritten: Affidavit

Spouse's information

Spouses Last Name: Campbell First Name: Denise MI: M

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

Date Of Birth: _____ Place Of Birth: Wichita, KS

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	Present	Lincoln, NE	2001	Present

RECEIVED

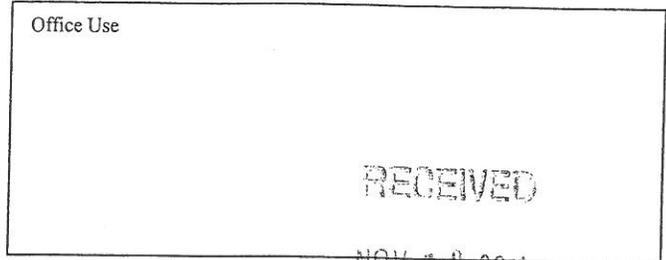
NOV 10 2011

Form 103
Rev 1/2011
Page 3 of 5

NEBRASKA LIQUOR
CONTROL COMMISSION

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: Richard P. Payne

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

Cheddar's Casual Café, Inc.

Corporation Address: 2250 W. John Carpenter Freeway, Suite 560

City: Irving State: Texas Zip Code: 75063

Corporation Phone Number: (214) 596-6700 Fax Number: (972) 871-0679

Total Number of Corporation Shares Issued: _____

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

Last Name: Baltes First Name: Kelly MI: C.

Home Address: 1301 Fanning Street City: Southlake

State: Texas Zip Code: 76092 Home Phone Number: _____

Kelly C. Baltes
Signature of President/CEO

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Texas
County of Dallas

The foregoing instrument was acknowledged before me this

11-3-11
Date

by Kelly C. Baltes
name of person acknowledge

[Signature]



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

NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: Baltes First Name: Kelly MI: C. ✓

Social Security Number: _____ Date of Birth: _____

Title: Chairman & CEO Number of Shares _____

Spouse Full Name (indicate N/A if single): Jane Baltes *Aff.*

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Breen First Name: Donald MI: D. ✓

Social Security Number: _____ Date of Birth: _____

Title: CFO Number of Shares _____

Spouse Full Name (indicate N/A if single): Martha Breen *Aff.*

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Payne First Name: Richard MI: P.

Social Security Number: _____ Date of Birth: _____

Title: Secretary Number of Shares _____

Spouse Full Name (indicate N/A if single): Yolanda M. Payne *Aff.*

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Cola First Name: Peter MI: _____

Social Security Number: _____ Date of Birth: _____ ✓

Title: Treasurer Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____