

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 8, 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 Wick Alumni Center, 1520 'R' Street requesting a class I liquor license.

Kevin Meier has requested that he be approved as the manager of the liquor license.

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

The required training was completed on October 13<sup>th</sup> 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

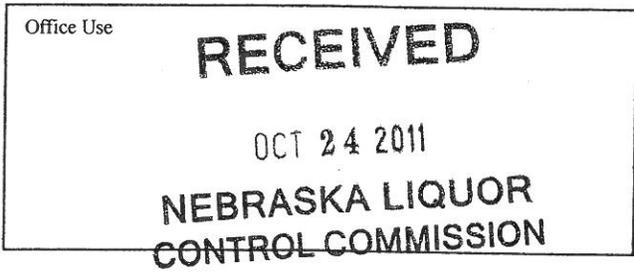


A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE 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](http://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: \_\_\_\_\_

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

MEIER'S WINE, INC 10119510

Corporation Address: 1244 SOUTH STREET

City: LINCOLN State: NE Zip Code: 68502

Corporation Phone Number: 402 476 1518 Fax Number 402 476 9021

Total Number of Corporation Shares Issued: \_\_\_\_\_

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

Last Name: MEIER First Name: KENNETH MI: C

Home Address: 18515 PIONEER'S BLVD City: WALTON

State: NE Zip Code: 68461 Home Phone Number: 402 781 9211

Signature of President/CEO

**ACKNOWLEDGEMENT**

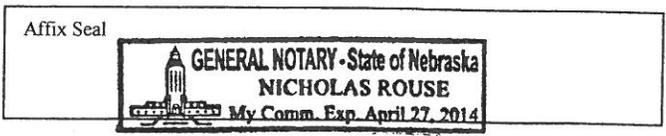
State of Nebraska  
County of Lancaster

The foregoing instrument was acknowledged before me this

10/18/11  
Date

by Kenneth Meier  
name of person acknowledge

Nicholas Rouse



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

Last Name: MEIER First Name: KENNETH MI: C.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: PRES Number of Shares 100

Spouse Full Name (indicate N/A if single): JUDITH M. MEIER

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

---

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: \_\_\_\_\_

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**RECEIVED**

OCT 24 2011

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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

Gender:  MALE  FEMALE

Last Name: MEIER First Name: KEVIN MI: R

Home Address (include PO Box if applicable): 13101 S. 8TH ST.

City: ROLA County: LANCASTER Zip Code: 68430

Home Phone Number: 402 328 8882 Business Phone Number: 402 476 1518

Social Security Number: \_\_\_\_\_ Drivers License Number & State \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: 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: MEIER First Name: SARA MI: M

Social Security Number: \_\_\_\_\_ Drivers License Number & State \_\_\_\_\_ NE

Date Of Birth \_\_\_\_\_ Place Of Birth: KS

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

**APPLICANT**

**SPOUSE**

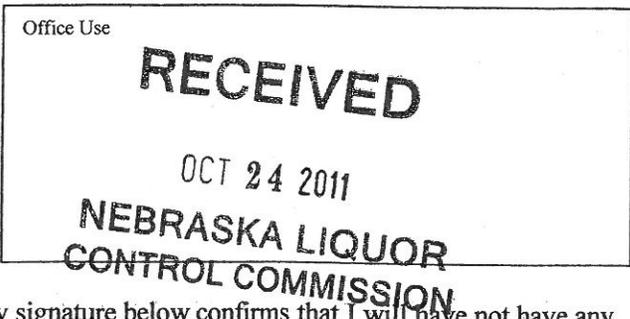
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
13101 S. 8TH ROLA, NE 68430	2008	PRESENT	SAME		
3621 SAN MATEO LN. LINCOLN, NE 68516	1999	2008	SAME		

**RECEIVED**

OCT 24 2011  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

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](http://www.lcc.ne.gov)



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

[Signature]  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Sara M. Meier  
Printed name of spouse asking for waiver

State of NEBRASKA

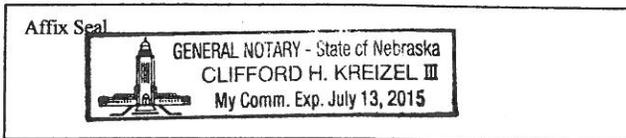
County of LANCASTER

The foregoing instrument was acknowledged before me this

10/24/2011  
date

by Sara M. Meier  
name of person acknowledged

[Signature]  
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]  
Signature of individual involved with application  
(Spouse of individual listed above)

KEVIN R. MEIER  
Printed name of applying individual

State of NEBRASKA

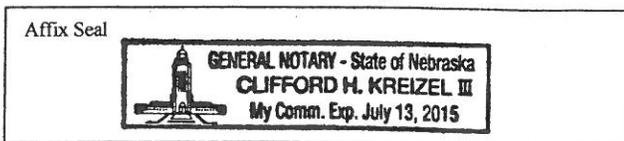
County of LANCASTER

The foregoing instrument was acknowledged before me this

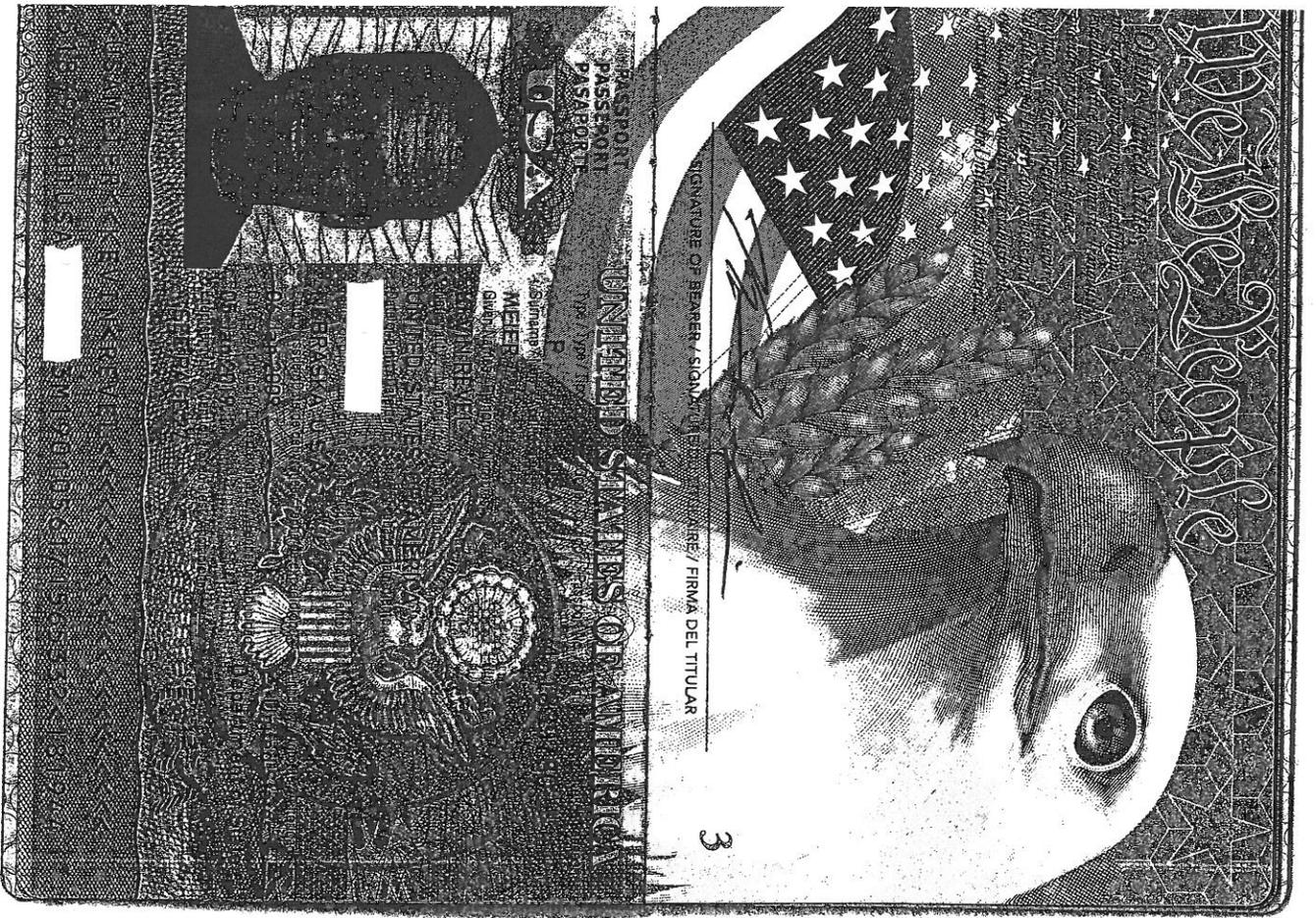
10/24/2011  
date

by Kevin R. Meier  
name of person acknowledged

[Signature]  
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.



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**RECEIVED**

NOV 2 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION