

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

May 1, 2012

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 K & Z Distributing, 6301 N 60th Street requesting a class X wholesale liquor license.

Milan Knezovich has purchased this business from his father and requests that he be approved as the manager of the liquor license.

Mr. Knezovich has been at K & Z Distributing since 1979.

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

APR 18 2012

Trade Name (doing business as) K & Z Distributing Co. Inc.

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 P.O. Box 29289

Street Address #2 6301 North 60th Street

City Lincoln

County Nebraska

Lancaster #2

Zip Code 68529

Premise Telephone number 402-467-4302

Is this location inside the city/village corporate limits:

YES

NO

City

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

Name K & Z Distributing Co. inc.

Street Address #1 P.O. Box 29289

Street Address #2 _____

City Lincoln

State Nebraska

Zip Code 68529

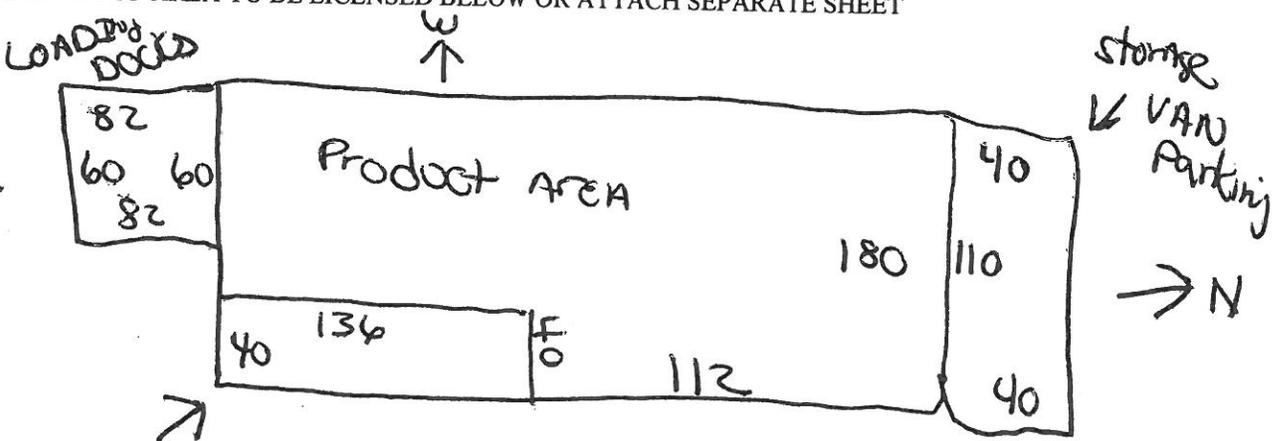
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

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 sampling 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.

two story irregular shaped building approx 180 x 370

Length 370 feet
Width 110 feet

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



UP STAIRS TRAINING
5,440 Sq Ft

Length $248 + 40 + 82$

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Knezovich First Name: Milan MI: II

Home Address (include PO Box if applicable): 6540 Winding Ridge Court

City: Lincoln County: USA Zip Code: 68512

Home Phone Number: 402-421-7944 Business Phone Number: 402-467-4302

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

Date Of Birth: _____ Place Of Birth: Omaha, Nebraska

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: Knezovich First Name: Teresa MI: _____

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

Date Of Birth: _____ Place Of Birth: San Bernardino, CA

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
Milan Knezovich	1965	2012	Teresa Knezovich	1994	2012
Lincoln, Nebraska			Lincoln, Nebraska		

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NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1979	2012	K & Z Distributing	Father	402-467-4302

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

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
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			APR 18 2012	
			NEBRASKA LIQUOR CONTROL COMMISSION	

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.

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 *prints enclosed*

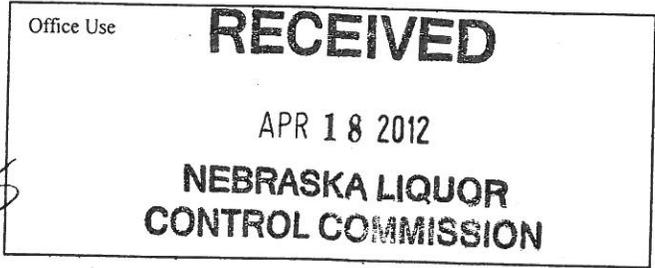
5. List any alcohol related training and/or experience (when and where).

TIPS Program May 2000 Lincoln, Nebraska @ K & Z Distributing Co. Inc.

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

305 Acet # 0079685



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: Milan Knezovich

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

K & Z Distributing Co. Inc.

Corporation Address: 6301 North 60th Street

City: Lincoln State: Nebraska Zip Code: 68529

Corporation Phone Number: 402-467-4302 Fax Number: 402-467-4311

Total Number of Corporation Shares Issued: 25,520

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

Last Name: Knezovich First Name: Milan MI: II

Home Address: 6540 Winding Ridge Court City: Lincoln

State: Nebraska Zip Code: 68512 Home Phone Number: 402-421-7944

Handwritten signature of Milan Knezovich - President

ACKNOWLEDGEMENT

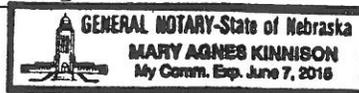
State of Nebraska County of Lancaster

Date April 18, 2012

Mary Agnes Kinnison

The foregoing instrument was acknowledged before me this April 18, 2012 by Mary Agnes Kinnison name of person acknowledge

Affix Seal



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

Last Name: Knezovich First Name: Milan MI: _____

Signed

32/10 Social Security Number: _____ Date of Birth: _____

Title: CEO Number of Shares 8,276

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

Signed

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Knezovich First Name: Milan MI: 11

Signed

Social Security Number: _____ Date of Birth: _____

5/12 Title: President Number of Shares 12,889

Signed

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

Signed

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Knezovich First Name: Denice MI: _____

MOM

Social Security Number: _____ Date of Birth: _____

17/16 Title: StockHolder Number of Shares 4,355

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

DAD

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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