

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 22, 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 Panhero's Mexican Grill, 2910 Pine Lake #N requesting a class A liquor license.

Jeffrey Busch, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jeffrey Busch was born in Omaha, Nebraska. He attended Storm Lake High School graduating in 1982.

Mr. Busch served in the United States Armed Forces 1984 -1986 receiving an honorable discharge

Jeffrey Busch employment history is as follows:

Present	Developer, Burrito Builders	Omaha, NE.
2008 - 2011	Supervisor, American Eagle	Omaha, NE.
2000 - 2008	Director, Pinkerton Place	Omaha, NE.
1995 - 2000	Director, Better Living Counseling	Fremont, NE.

Mr. Busch has been informed on 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) Pancho's Mexican Grill

Street Address #1 2910 Pine Lake Rd Ste N

Street Address #2 _____

City Lincoln NE County _____ Zip Code 68516

Premise Telephone number N/A

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

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

Name Jeff Busch

Street Address #1 15803 Valley St

Street Address #2 _____

City Omaha State NE Zip Code 68130

**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

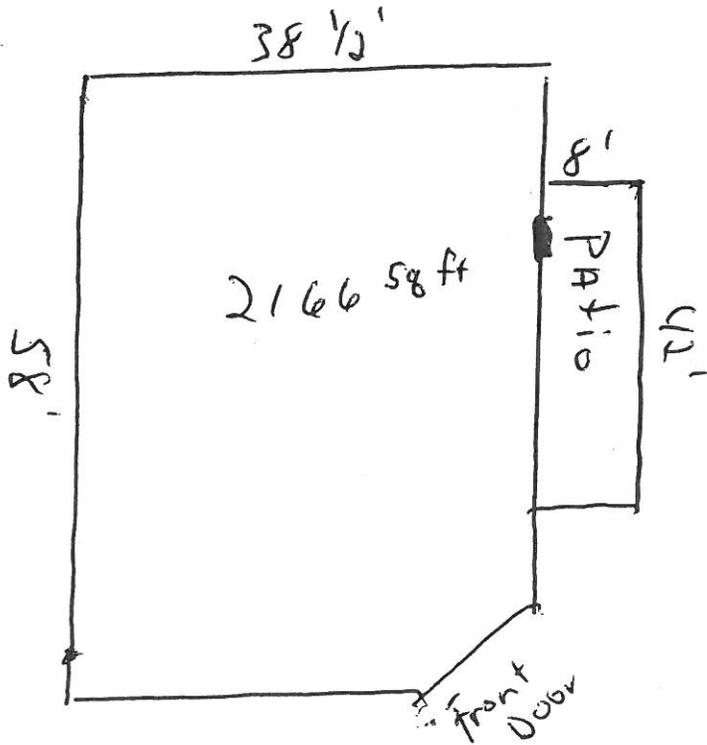
Length 58' feet
Width 38 1/2' feet

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

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NEBRASKA LIQUOR CONTROL COMMISSION



One story bldg approx
39' x 58 plus patio
approx 42' x 8'

APPLICANT INFORMATION

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

2. Are you buying the business of a current retail liquor license?

YES NO

If yes, give name of business and liquor license number _____

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

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NEBRASKA LIQUOR CONTROL COMMISSION

3. Was this premise licensed as liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

YES NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

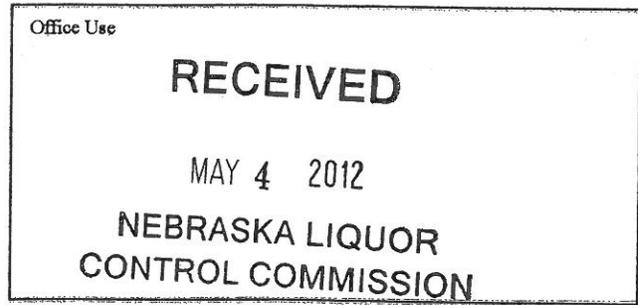
5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) Great Western Bank

**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



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 fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Burrito Builders Lincoln 101, LLC

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: PANCHERO'S MEXICAN Grill

Premise Street Address: 2910 Pine Lake RD

City: Lincoln State: NE Zip Code: 68516

Premise Phone Number: N/A

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.

http://www.lcc.ne.gov/license_search/licsearch.cgi

* See Attached

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

**MANAGER APPLICATION
INSERT - FORM 3c**

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301 CENTENNIAL MALL SOUTH
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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 fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Bumito Builders Lincoln 101, LLC

Premise information

Premise License Number: _____

Premise Trade Name/DBA: Panthero's Mexican Grill
(if new application leave blank)

Premise Street Address: 2910 Pine Lake Rd, Suite N

City: Lincoln State: NE Zip Code: 68516

Premise Phone Number: 402-805-4715

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Prints

Gender: MALE FEMALE

Last Name: Busch First Name: Jeffrey MI: 0

Home Address (include PO Box if applicable): 15803 Valley St

City: Omaha County: Douglas Zip Code: 68130

Home Phone Number: 402 333-7778 Business Phone Number: 402 513-2271 *NE*

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

Date Of Birth: _____ Place Of Birth: Omaha NE

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

YES NO

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Spouse's information

NEBRASKA LIQUOR CONTROL COMMISSION

Affidavit

Spouses Last Name: Busch First Name: Angie MI: _____

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

Date Of Birth: _____ Place Of Birth: Sioux City IA *See Att.*

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
<u>Omaha NE</u>	<u>89</u>	<u>pres</u>	<u>Omaha NE</u>	<u>89</u>	<u>pres</u>

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
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CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have 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.

Angie Busch
Signature of spouse asking for waiver
(Spouse of individual listed below)

Angie Busch
Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

April 12, 2012
date

Chelsea Palmer
Notary Public signature

The foregoing instrument was acknowledged before me this
by Angie Bush
name of person acknowledged

Affix Seal

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.

Jeffrey B
Signature of individual involved with application
(Spouse of individual listed above)

Jeff Busch
Printed name of applying individual

State of Nebraska

County of Douglas

April 12, 2012
date

Chelsea Palmer
Notary Public signature

The foregoing instrument was acknowledged before me this
by Jeffrey BUSCH
name of person acknowledged

Affix Seal

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.

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
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NEBRASKA LIQUOR
CONTROL COMMISSION

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: Jeff Busch

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
Burnito Builders Lincoln #101, LLC #10153798

LLC Address: 128 Gavi Drive, Suite N

City: Sergeant Bluff State: Iowa Zip Code: 51054

LLC Phone Number: 712-943-3133 LLC Fax Number 712-943-3734

Name of Managing/Contact Member

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

Last Name: Hiserote First Name: Daniel MI: _____

Home Address: 128 Gavi Drive City: Sergeant Bluff

State: Iowa Zip Code: 51054 Home Phone Number: 712-943-3733

[Handwritten Signature]

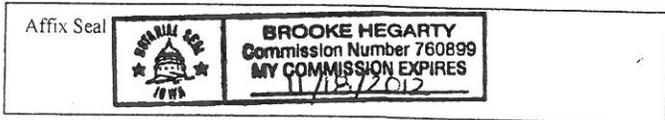
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Iowa
County of Woodbury

The foregoing instrument was acknowledged before me this
by Daniel Hiserote
name of person acknowledge

Date April 17, 2012
Brooke Hegarty



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

Last Name: Hiserote First Name: Daniel MI: D *CORP Sec ATT.*

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Ginger Hiserote *→ Affidant*

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0 %

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 _____

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 _____

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 _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have 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.

Ginger Hiserote
Signature of spouse asking for waiver
(Spouse of individual listed below)

Ginger Hiserote
Printed name of spouse asking for waiver

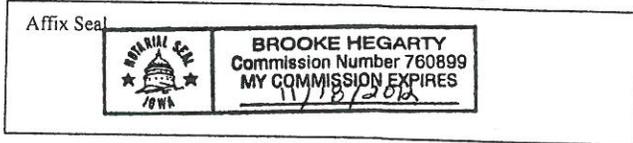
State of IOWA

County of Woodbury

April 17, 2012
date

The foregoing instrument was acknowledged before me this
by Ginger Hiserote
name of person acknowledged

Brooke Hegarty
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.

Dan Hiserote
Signature of individual involved with application
(Spouse of individual listed above)

Dan Hiserote
Printed name of applying individual

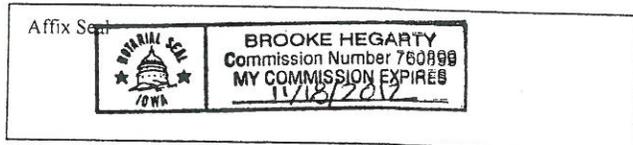
State of IOWA

County of Woodbury

5/7/12
date

The foregoing instrument was acknowledged before me this
by Brooke Hegarty
name of person acknowledged

BHegarty
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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NEBRASKA LIQUOR
CONTROL COMMISSION

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.

Ginger Hiserote

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

Ginger Hiserote

Printed name of spouse asking for waiver

State of IOWA

County of Woodbury

April 17, 2012
date

The foregoing instrument was acknowledged before me this

by *Ginger Hiserote*
name of person acknowledged

Brooke Hegarty
Notary Public signature

Affix Seal


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 of individual involved with application
(Spouse of individual listed above)

Printed name of applying individual

State of _____

County of _____

The foregoing instrument was acknowledged before me this

_____ by _____
date

name of person acknowledged

Notary Public signature

Affix Seal

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