

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

June 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 Barry's- The Husker Bar, 235 North 9th Street requesting a class C/K liquor license.

This location was previously known as Barry's Bar which held a class C/K liquor license.

The request for the new license is due to ownership change.

Lou Mary Webb has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as she is a currently approved manager.

The required training was completed on October 20th 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



PREMISE INFORMATION

Trade Name (doing business as) BARRY'S - THE HUSKER BAR

Street Address #1 235 N. 9th STREET

Street Address #2 _____

City LINCOLN County LANCASTER #2 Zip Code 68508

Premise Telephone number 402-476-6511

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

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

Name BARRY'S

Street Address #1 P.O. Box 85473

Street Address #2 _____

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JUN 18 2012
NEBRASKA LIQUOR CONTROL COMMISSION

City LINCOLN State NE Zip Code 68501

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**

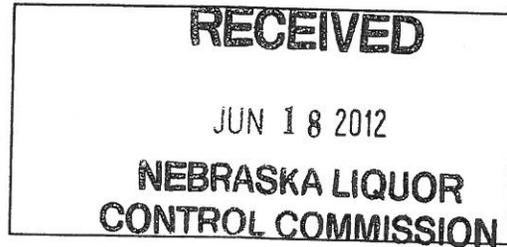
Length 109 feet
Width 93 feet

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

Attached.

**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

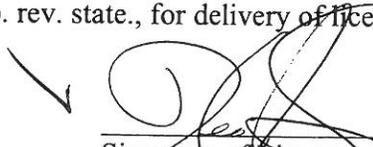


FEE \$100.00

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.

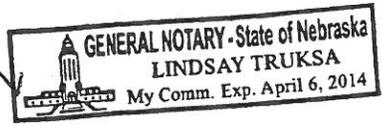
CLASS OF LICENSE AND NUMBER _____
NAME OF LICENSEE Richard Rollins L.L.C
TRADE NAME BARRY'S - THE HUSKER BAR
PREMISE ADDRESS 235 N. 9th Street
CITY/STATE/ZIP CODE Lincoln, NEBRASKA 68508

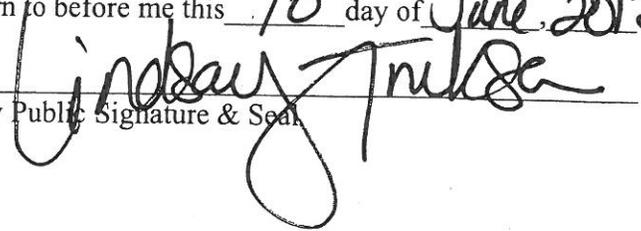
A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. 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 18 day of June, 2012

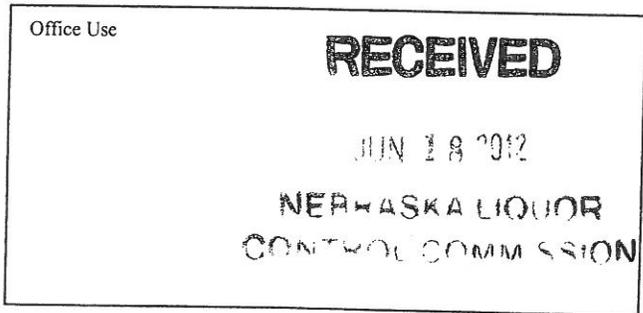




Notary Public Signature & Seal

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

passport
voter reg

✓ Corporation/LLC information

Name of Corporation/LLC: Richmond Rollins LLC

✓ Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Barry's Bar & Grill

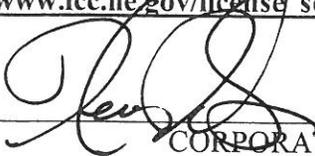
Premise Street Address: 235 N 9th

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 402 476 6511

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

Gender: MALE FEMALE
 Last Name: Webb First Name: Lou Mary MI: _____
 Home Address (include PO Box if applicable): 7401 Wren Circle
 City: Lincoln County: Lancaster Zip Code: 68506
 Home Phone Number: 402 430 3261 Business Phone Number: 402-476-6511
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Scottsbluff, NE

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

YES NO

Spousal

Spouse's information

Spouses Last Name: Webb First Name: Michael MI: D
 Social Security Number: _____ Drivers License Number & State: _____ - NE
 Date Of Birth: _____ Place Of Birth: Wichita, Kansas

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
<i>same</i>					
<i>7401 Wren Circle</i>	<i>2002</i>	<i>present</i>	<i>7401 Wren Circle</i>	<i>2002</i>	<i>present</i>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1989	2012	Barriys Bar + Grill	self	402 430 3214
1974	1975	Old Towne Mall	Hawthorne, CA.	na

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
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			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.

Barriys Bar + Grill

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

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

Responsible Hospitality Fall 2011 Lincoln Police Station
18+ years Management

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Lou Mary Webb

Signature of Manager Applicant

[Signature]

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

6-15-2012

date

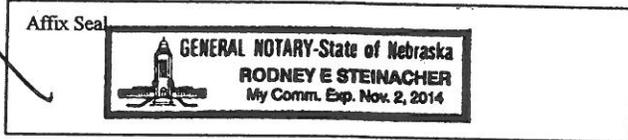
by

Lou Mary Webb

name of person acknowledged

Rodney E Steinacher

Notary Public signature



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

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JUN 18 2012
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

Office Use
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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)

6/18
Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: DANIEL T. MURPHY

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

LLC Address: 6431 Norwood

City: Missour Mission Hills State: KS Zip Code: 66208

LLC Phone Number: 913-677-1800 LLC Fax Number _____

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Fitzpatrick First Name: Kevin MI: 5

Home Address: 6431 Norwood City: mission Hills

State: Ks Zip Code: 66208 Home Phone Number: 913-677-1800

[Signature]
Signature of Managing/Contact Member

Kansas
State of Nebraska
Johnson
County of
6-14-2012
Date
Peggy J. Melton

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this
by Kevin Fitzpatrick
name of person acknowledge

Affix Seal
NOTARY PUBLIC
STATE OF KANSAS
PEGGY J. MELTON
My Appt. Exp. 1-19-2016

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

Last Name: DUFFY First Name: KEVIN MI: J.
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 50%

*signed
prints*

Last Name: Fitzpatrick First Name: Kevin MI: J
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Laura K. Fitzpatrick
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 50%

*signed
prints*
*signed
prints*

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 _____

RECEIVED
JUN 18 2012
NEBRASKA LIQUOR
CONTROL COMMISSION

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 _____