



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

July 31, 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 Fuzzy's Taco Shop, 1442 'O' Street requesting a class I liquor license.

David Hofer, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

David Hofer was born in Parkston, South Dakota. He attended We Boswell High School graduating in 1993.

Mr. Hofer served in the United States Armed Forces 1994 – 2001 receiving an honorable discharge.

David Hofer employment history is as follows:

Present	Manager, Fuzzy's Taco	Lincoln, NE.
2002 - 2012	Hofer Builders	Texas.

The required training will be completed.

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) Fuzzy's Taco Shop

Street Address #1 1442 O Street

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68501

Premise Telephone number 817 7275767

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

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

Name HCF Taco Company no. 1, LLC

Street Address #1 3663 Airport Freeway

Street Address #2 _____

City Fort Worth

State TEXAS

Zip Code 76111

**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 137'8" feet
Width 49 feet

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

see attached

Single Story Bldg

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

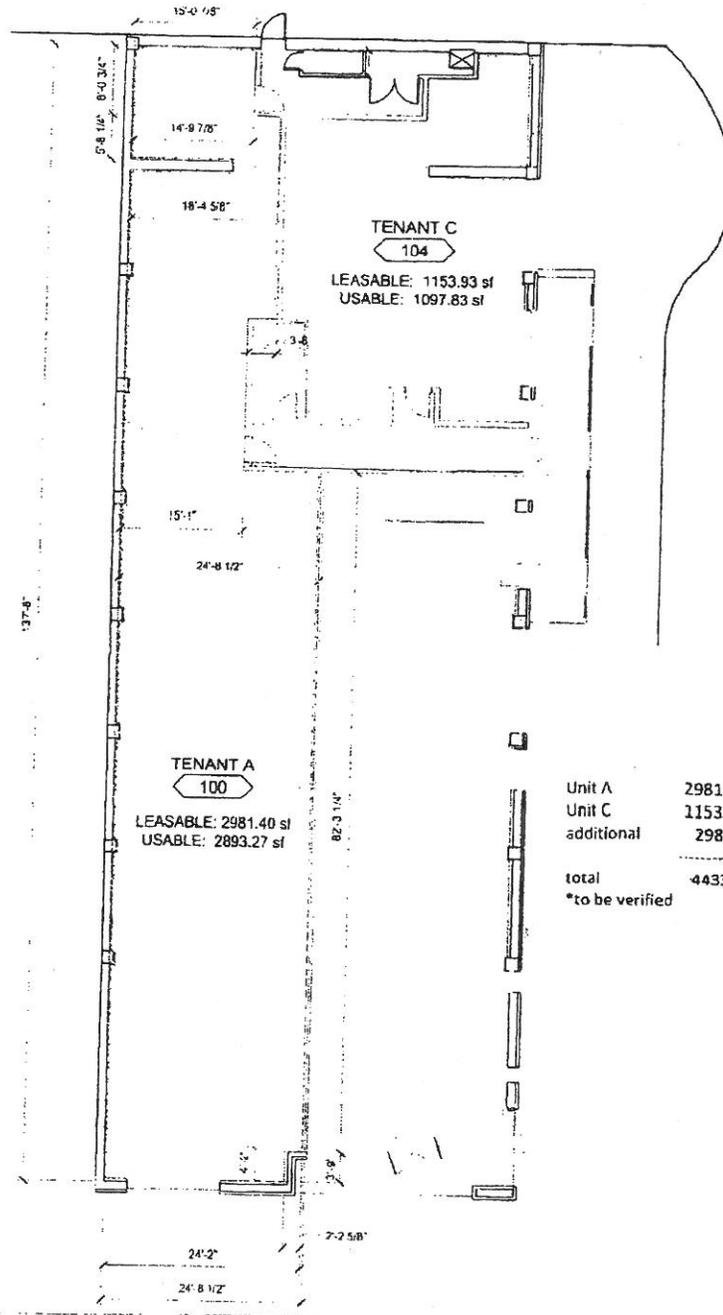
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NEBRASKA LIQUOR
CONTROL COMMISSION

EXHIBIT A

SITE PLAN DEPICTING LOCATION OF PREMISES



Unit A	2981.40 sf
Unit C	1153.93 sf
additional	298.14 sf (approx.)
total	4433.47 sf leasable
*to be verified	

Handwritten signature and initials

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

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NEBRASKA LIQUOR CONTROL COMMISSION

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

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.

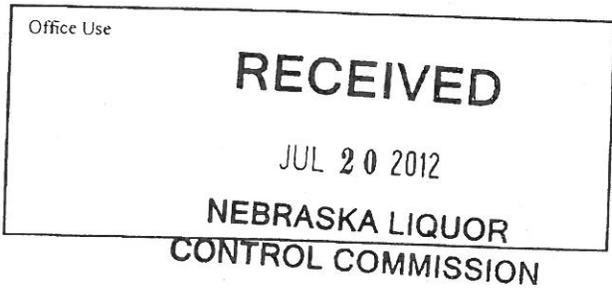
5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) _____

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



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: CT Corporation System

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

HCF Taco Company no.1, LLC

#010161280

LLC Address: 3663 Airport Freeway

City: Fort Worth

State: TEXAS

Zip Code: 76111

LLC Phone Number: 817-332-3500

LLC Fax Number: 817-834-0106

Name of Managing/Contact Member

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

Last Name: Hofer

First Name: Tom

MI: R

Home Address: 904 Old Garner Rd

City: Weatherford

State: TX

Zip Code: 76088

Home Phone Number: 817-312-9555



Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Texas
County of Tarrant

The foregoing instrument was acknowledged before me this

17th of May 2012

by Amy Tankersley

name of person acknowledged

Date

Affix Seal



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

Last Name: Hofer First Name: Tom MI: R

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 45%

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CONTROL COMMISSION

Last Name: Carter First Name: Jimmy MI: Don

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 35%

Last Name: Foran First Name: Robert MI: F

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 20%

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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Manager's information must be completed below PLEASE PRINT CLEARLY JUL 20 2012

NEBRASKA LIQUOR CONTROL COMMISSION

Gender: MALE FEMALE

Last Name: Hofer First Name: David MI: J

Home Address (include PO Box if applicable): 5129 NW Pemberly Ln
City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: 817.886.6116 Business Phone Number: 817.727.5767

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Parkston, SD

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: Hofer First Name: Kristy MI: L

Social Security Number: Drivers License Number & State: TX

Date Of Birth: Place Of Birth: Winston-Salem, NC

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	2012	present	Lincoln, NE	2012	present
North Richland Hills, TX	2005	2012	North Richland Hills, TX	2005	2012
Fort Woth, TX	2001	2005	Fort Worth, TX	2002	2005

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2012	present	HCF Nebraska Holdings, LLC	Tom Hofer	817.312.9555
2001	2012	Hofer Builders, Inc	Tom Hofer	817.312.9555

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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			JUL 20 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
5. List any alcohol related training and/or experience (when and where).
 ServSafe Alcohol- online

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CONTROL COMMISSION

NEBRASKA www.dmv.ne.gov
USA NE

OPERATORS LICENSE

4d Licens: ...
3 DOB
3a End NONE
12 Rest. NONE

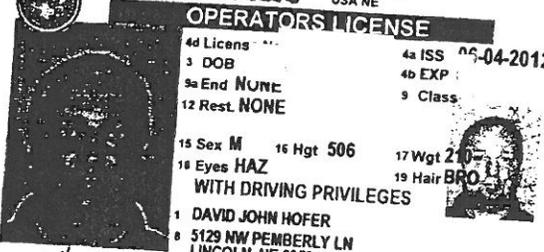
4a ISS 06-04-2012
4b EXP
9 Class

15 Sex M 16 Hgt 506 17 Wgt 210
18 Eyes HAZ 19 Hair BRO

WITH DRIVING PRIVILEGES

1 DAVID JOHN HOFER
2 5129 NW PEMBERLY LN
LINCOLN, NE 68521

Fee \$26.50 DONOR



"MANAGER"

