

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

December 21, 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 Mr. Goodcents, 215 North 14th Street requesting a class C liquor license.

Preston Marsh has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

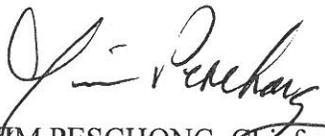
Preston Marsh was born in Lincoln, Nebraska. He attended Southwest High School graduating in 2001.

Preston Marsh has been employed at Mr. Goodcents since 2000.

The required training was completed December 13th 2012.

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) Mr. Goodcents

Street Address #1 215 N. 14th street

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number (402)438-3333

RECEIVED

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

FEB 3 2012

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

Name Mr. Goodcents

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 7510 Glynodes Dr.

Street Address #2 _____

City Lincoln State NE Zip Code 68516

**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

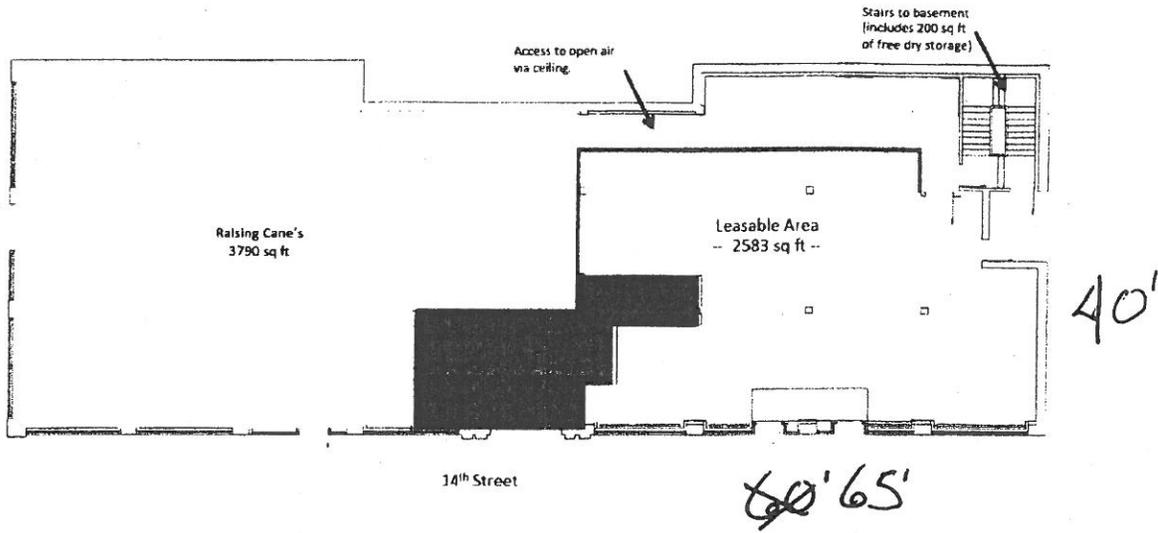
Length _____ feet
Width _____ feet

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

* See exhibit "A-1" in Lease agreement.

EXHIBIT "A-1"

SITE SKETCH OF THE PREMISES



RECEIVED
DEC 3 2012
NEBRASKA LICENSING
CONTROL COMMISSION

CONVICTIONS

Jeffrey k Barclay

RECEIVED
DEC 5 2012
NEBRASKA LIQUOR
CONTROL COMMISSION

Date of Conviction	where convicted	Description of Charge	Disposition
1999	convicted	Speeding	
2002	Lincoln, NE	Negligent Driving	
2003	Lincoln, NE	Suspended license	
2003	Lincoln, NE	Making improper turn	

Michael S. Ritter

Date of Conviction	where convicted	Description of Charge	Disposition
1995	Lincoln, NE	Zero Tolerance violation	
2001	Lincoln, NE	Speeding	
2001	Lincoln, NE	Speeding	
2002	Lincoln, NE	Speeding	
2003	Lincoln, NE	Speeding	
2004	Lincoln, NE	Speeding	

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.leg.ne.gov

Office Use

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: Michael S. Ritter

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

JBSR, Inc. 010001635

Corporation Address: 7510 Glynooks Dr.

City: Lincoln State: NE Zip Code: 68516

Corporation Phone Number: (402) 730-5974 Fax Number: (402) 476-4915

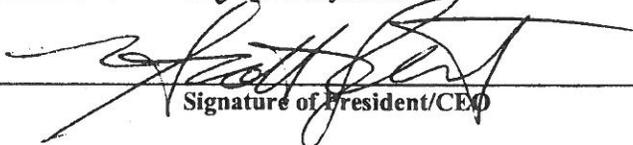
Total Number of Corporation Shares Issued: 2000

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

Last Name: Ritter First Name: Michael MI: S.

Home Address: 8725 Rami Dr City: Lincoln

State: NE Zip Code: 68526 Home Phone Number: (402) 730-5974


Signature of President/CEO

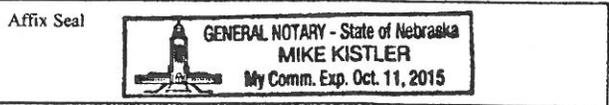
ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

11-21-2012
Date

by Scott Ritter and Jeff Barclay
name of person acknowledge



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

Last Name: Ritter First Name: Michael MI: S.
Social Security Num.: _____ Date of Birth: _____
Title: Pres./Treas. Number of Shares 1000
Spouse Full Name (indicate N/A if single): Alison A. Ritter
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Barclay First Name: Jeff MI: K.
Social Security Number: _____ Date of Birth: _____
Title: V.P./Secr. Number of Shares 1000
Spouse Full Name (indicate N/A if single): Amber Barclay
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: _____

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: _____

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender: MALE FEMALE

300 8 2312

Last Name: Marsh First Name: Preston

NEBRASKA LIQUOR CONTROL COMMISSION

Home Address (include PO Box if applicable): 2740 N. 89th

City: Lincoln County: Lancaster Zip Code: 68507

Home Phone Number: NA Business Phone Number: 402-416-9240

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

Date Of Birth: _____ Place Of Birth: Lincoln Nebraska, STE's hospital

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: Marsh First Name: Mindy MI: N

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

Date Of Birth: _____ Place Of Birth: Lincoln NE

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 Nebraska	1983	2012	Lincoln NE	1979	present
XXXX					

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1991	2001	Arby's	Dave meader	402-423-0506
2001	Present	Goodcents	Scott Ritter	402-730-5974

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.

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
				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).

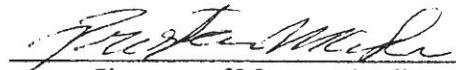
NA

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.



Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Lincoln

The foregoing instrument was acknowledged before me this

November 21, 2012

date

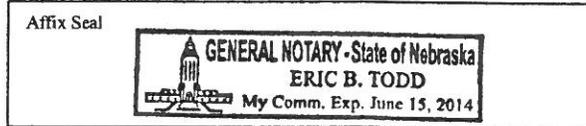
by Presica Marsh

name of person acknowledged



Notary Public signature

Affix Seal



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.