

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

February 5, 2013

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 Lincoln Meadows, 3235 North 35th Street requesting a class I liquor license.

This location currently holds a class I liquor license but has new ownership.

Linda Weichbrodt, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Linda Weichbrodt was born in Lincoln, Nebraska. She attended Northeast High School graduating in 1968.

Linda Weichbrodt employment history is as follows:

2005 - 2012	Meter Reader, Lincoln Water	Lincoln, NE.
1968 - 2001	Technician, Lincoln Telephone	Lincoln, NE.

The applicant has been informed about 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

RECEIVED
JAN 31 2013

Trade Name (doing business as) LINCOLN MEADOWS

Street Address #1 3235 N. 35

Street Address #2 _____

City LINCOLN

County LANCASTER

Zip Code 68504

Premise Telephone number CELL PHONE 402-430-1909

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

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

Name LINDA J. WILSON-WEICHRODT

Street Address #1 6400 FREMONT

Street Address #2 _____

City LINCOLN

State NEBRASKA

Zip Code 68507

**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.

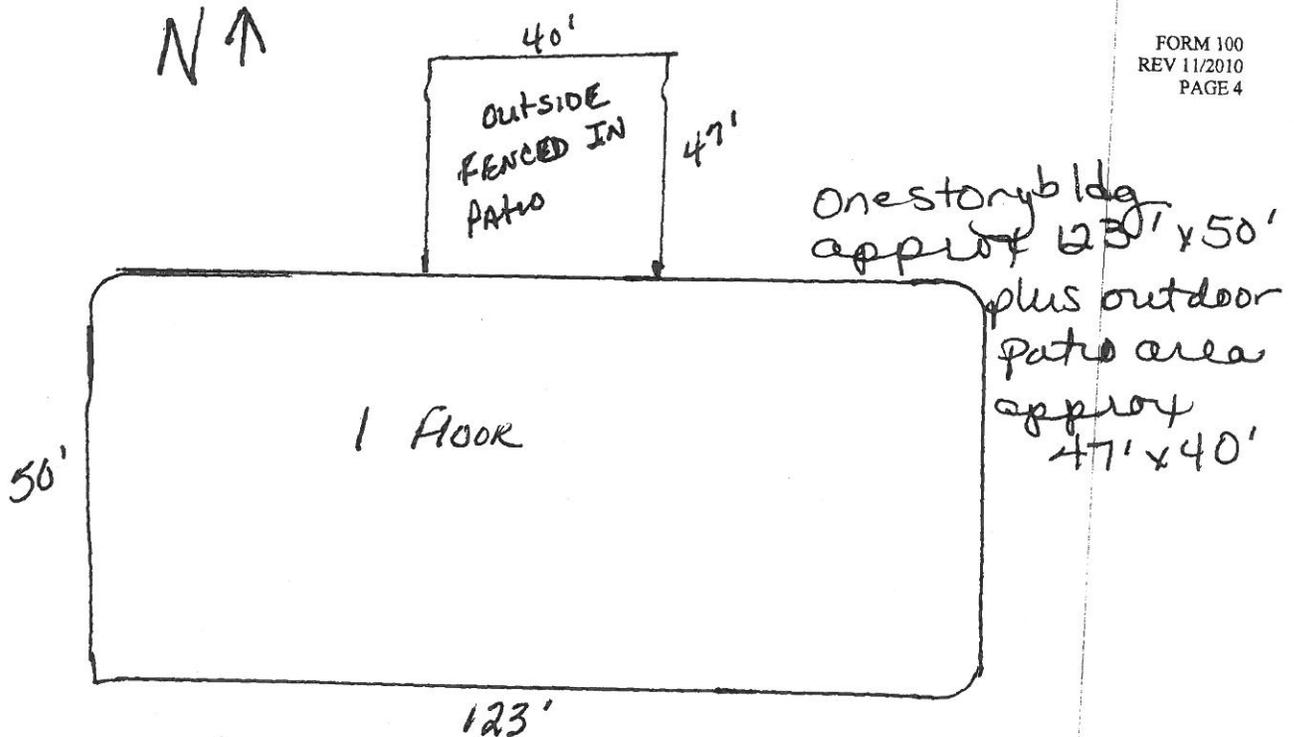
**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 123 feet

Width 50 feet

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

FORM 100
REV 11/2010
PAGE 4



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
				JAN 17 2013
				CONVICTION

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

YES NO

*If yes, give name of business and liquor license number 85368

- 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) GERALD HUBBARD

Manager's information must be completed below. PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Wilson-Weichbrodt First Name: LINDA MI: J.

Home Address (include PO Box if applicable): 6400 FREMONT

City: LINCOLN County: LANCASTER Zip Code: 68507

Home Phone Number: 402-464-4761 Business Phone Number: 402-430-1909

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

Date Of Birth: _____ Place Of Birth: LINCOLN, NEBRASKA NEBRASKA

Are you married? If yes, complete spouse's information (Even if a spousal annuity is not being claimed)

YES NO

JAN 17 2013

Spouse's Information

Spouses Last Name: _____ First Name: _____ MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

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
6400 FREMONT LINCOLN, NEBRASKA	1977	2013			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1968	2001	LINCOLN TELEPHONE	Rob BARRIE	UNKNOWN
2004	2012	City of Lincoln - Water Dept	GAIL VAN SLYKE	402-441-7535

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.

JAN 17 2012

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

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).

NONE AT THIS TIME

HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

01/11/2013

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER RECEIVED
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND
 HUMAN SERVICES
 JAN 17 2013

NEBRASKA LIQUOR
 CONTROL COMMISSION

STATE OF NEBRASKA
 DEPARTMENT OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF LIVE BIRTH

49-

BIRTH No. 126

PHS-700 (VS)
 REV. 4-65
 FEDERAL SECURITY AGENCY
 PUBLIC HEALTH SERVICE

1. PLACE OF BIRTH a. COUNTY <i>Lincoln</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Nebraska</i> b. COUNTY <i>Lincoln</i>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <i>Lincoln</i>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <i>Lincoln</i>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Super Mem Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>3317 No 52nd</i>	
3. CHILD'S NAME (Type or print) a. (First) <i>Linda</i> b. (Middle) <i>Jean</i> c. (Last) <i>Oliver</i>		6. DATE OF BIRTH (Month) (Day) (Year)	
4. SEX <i>Female</i>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IS BIRTH OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH
FATHER OF CHILD <i>0-416</i>			
7. FULL NAME a. (First) <i>Donald</i> b. (Middle) <i>LeRoy</i> c. (Last) <i>Oliver</i>		8. COLOR OR RACE <i>W</i>	
9. AGE (At time of this birth) <i>22</i> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <i>Lincoln, Nebraska</i>	11a. USUAL OCCUPATION <i>Truck Driver</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>J. Donaldson</i>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <i>Donna</i> b. (Middle) <i>Margie</i> c. (Last) <i>Adams</i>		13. COLOR OR RACE <i>W</i>	
14. AGE (At time of this birth) <i>21</i> Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) <i>Bufford, Ark.</i>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <i>1</i> b. How many OTHER children were born alive but are now dead? <i>0</i> c. How many children were stillborn (born dead after 28 weeks pregnancy)? <i>0</i>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <i>Miss Donald Oliver - mother</i>			
I hereby certify that this child was born alive on the date stated above at <i>4:27 a.m.</i>		18a. SIGNATURE <i>[Signature]</i>	18b. ATTENDANT AT BIRTH M. D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
18c. ADDRESS		19. MOTHER'S MAILING ADDRESS <i>3317 No 52nd Lincoln, Nebr</i>	
20. DATE RECD BY LOCAL REG. BEG <i>1</i> 1949	21. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

**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
RECEIVED
JAN 27 2013
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: LINDA J. Wilson-Weichbrodt

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

RAWHUBS, LLC # 10170518

LLC Address: 6400 Fremont

City: LINCOLN State: NEBRASKA Zip Code: 68507

LLC Phone Number: 402-430-1909 LLC Fax Number NONE

Name of Managing/Contact Member

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

Last Name: Wilson-Weichbrodt First Name: LINDA MI: J.

Home Address: 6400 Fremont City: LINCOLN

State: NEBRASKA Zip Code: 68507 Home Phone Number: (402) 464-4761

Linda J. Wilson-Weichbrodt
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

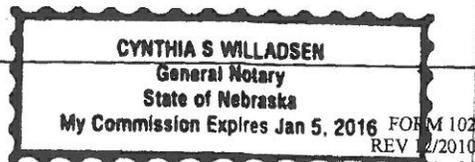
State of Nebraska
County of Lancaster

January 8th 2013
Date

The foregoing instrument was acknowledged before me this
by Linda J. Wilson-Weichbrodt
name of person acknowledge

Cynthia S Willadsen

Affix Seal



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

Prints

Last Name: Wilson-Weichbrodt First Name: LINDA 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 25%

Last Name: Wilson, Jr. First Name: RANDY MI: A

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 25%

Last Name: HUBBARD First Name: JEFFREY MI: L.

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 25%

Last Name: HUBBARD First Name: GERALD MI: L.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): HUBBARD, CONNIE K.

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 25%