

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

March 7, 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 Chez Hay Catering, 210 North 14th Street requesting a class I/K liquor license.

This location currently has a class I/K liquor license and has been sold to Sean Carmichael.

Mr. Carmichael has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Sean Carmichael was born in Lincoln Nebraska. He attended Colorado Institute of Art graduating in 1996.

Sean Carmichael has been employed at Chez Hay Catering since 2003.

The applicant 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) Chez Hay Catering

Street Address #1 210 North 14th

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 402-489-7445

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

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

Name Sean Carmichael

Street Address #1 210 North 14th

Street Address #2 _____

City Lincoln State NE Zip Code 68508

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

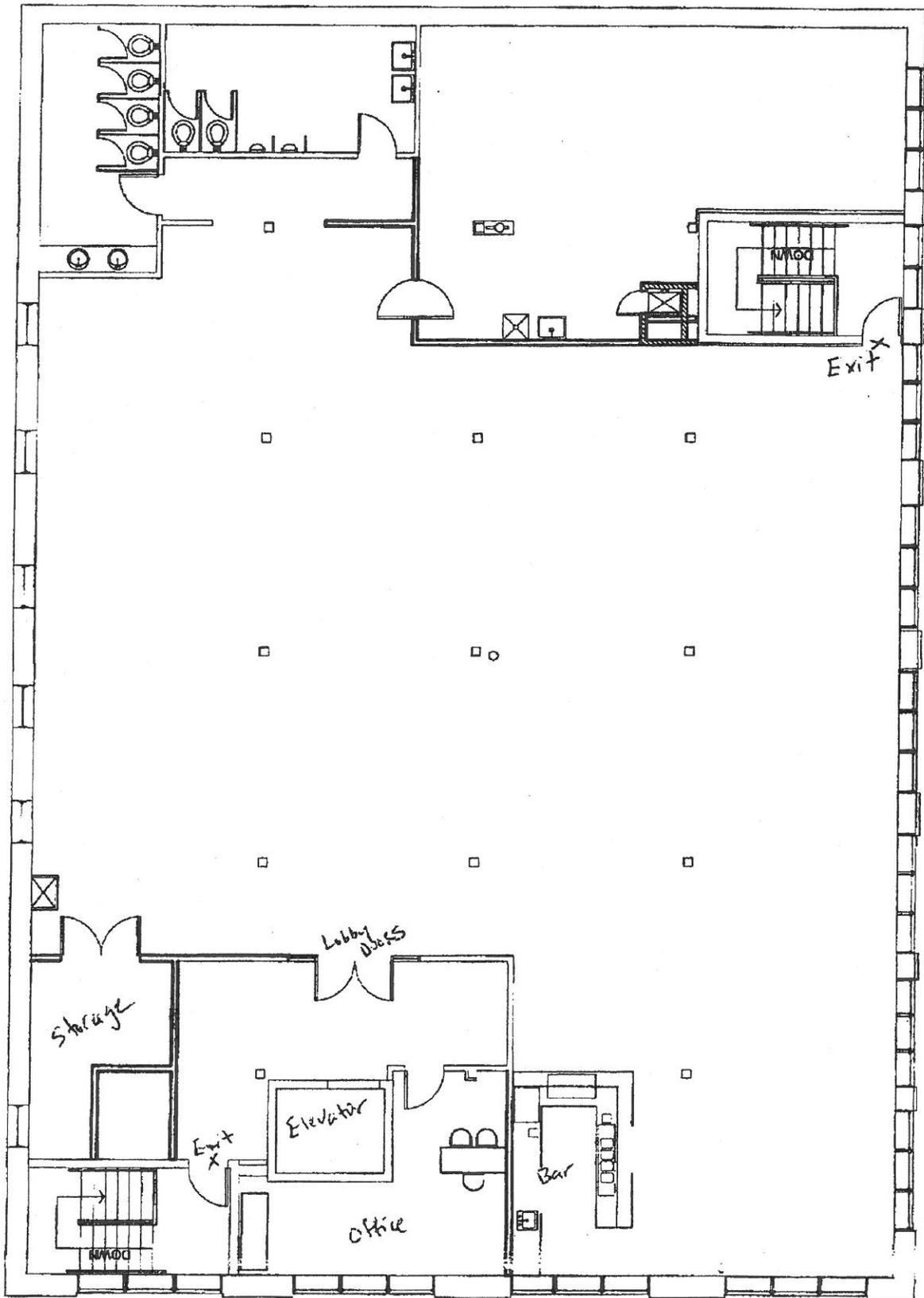
READ CAREFULLY

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



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

IK66655

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

IK66655

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

Security First Bank

If yes, list the lender(s) _____

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.lcc.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: Cortney Jell ³ Alan Becher

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

Corporation Address: 740 Cottonwood Dr

City: Lincoln State: NE Zip Code: 68510

Corporation Phone Number: 402 429 5124 Fax Number: N/A

Total Number of Corporation Shares Issued: 100

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

Last Name: ~~Sean~~ Carmichael First Name: Sean MI: C.

Home Address: 740 Cottonwood Dr City: Lincoln

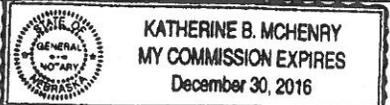
State: NE Zip Code: 68510 Home Phone Number: 429-5124

[Signature]
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas The foregoing instrument was acknowledged before me this
January 21, 2013 by Sean C. Carmichael
Date name of person acknowledge

Katherine B. Mchenry

Affix Seal 

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

Last Name: CARMICHAEL First Name: SEAN MI: C

Social Security Number: _____ Date of Birth: _____

Title: PRESIDENT Number of Shares 100

Spouse Full Name (indicate N/A if single): CARMICHAEL, STARR L.

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: CARMICHAEL First Name: STARR MI: L.

Social Security Number: _____ Date of Birth: _____

Title: VICE PRESIDENT Number of Shares 0

Spouse Full Name (indicate N/A if single): CARMICHAEL, SEAN C.

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

Gender: MALE FEMALE
 Last Name: CARMICHAEL First Name: SEAN MI: C
 Home Address (include PO Box if applicable): 740 Cottonwood Dr
 City: Lincoln County: LAWASIE Zip Code: 68570
 Home Phone Number: 402-430-7446 Business Phone Number: 402-489-7445
 Social Security Number: _____ Drivers License Number & St. _____ - NE
 Date Of Birth: _____ Place Of Birth: Lincoln, NE

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: CARMICHAEL First Name: STARLA MI: L
 Social Security Numt _____ Drivers License Number & State _____ - NE
 Date Of Birth: _____ Place Of Birth: Nebraska, 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
740 Cottonwood Drive Lincoln, NE 68570	2008	current	SAME		
2717 RURAL Lincoln, NE 68502	2004	2008	SAME		
1400 South 23 Lincoln NE 68502	2002	2003	SAME		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2003	current	Chez Hazy	Lynn Hazy	(402) 489-7445
2000	2003	Finnegans	Tray Faulk	(402) 496-3232

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

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

NEBRASKA

www.dmv.ne.gov
USA NE

OPERATOR LICENSE

4a License
3 DOB
6a Exp NONE
42 Rest. B
14 Sex M 15 Hgt 608
16 Eyes BLU
4a ISS 4A 20 0044
4b EXI
9 Class
17 Wgt
18 Hair

1 SEAN C CARMICHAEL
2 740 COTTONWOOD DR
3 LINCOLN, NE 68510

5 DD 00000000000000000000

DONOR



WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
SEP 24 1996
 LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 NEBRASKA DEPARTMENT OF HEALTH

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
 Bureau of Vital Statistics

72 07040

CERTIFICATE OF LIVE BIRTH ¹²⁶⁻
 C-650

CHILD—NAME Sean Christopher Carmichael		DATE OF BIRTH (MONTH, DAY, YEAR) 5-9-72	BIRTH NUMBER 72 07040
SEX Male	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)	COURT OF BIRTH Lancaster
CITY, TOWN, OR LOCATION OF BIRTH Lincoln	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL—NAME St. Elizabeth Community Health Center	IN HOME OR HOSPITAL, GIVE STREET AND NUMBER
MOTHER—MAIDEN NAME Sandra Kay Wise	FIRST MIDDLE LAST	AGE (AT TIME OF THIS BIRTH) 22	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Grand Island, Nebraska
RESIDENCE—STATE Nebraska	COUNTY Lancaster	CITY, TOWN, OR LOCATION, zip code Lincoln 68502	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
FATHER—NAME Gary Lee Carmichael	FIRST MIDDLE LAST	AGE (AT TIME OF THIS BIRTH) 23	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Scottsbluff, Nebraska
INFORMANT—NAME OR SIGNATURE Mr. and Mrs. Gary L. Carmichael		RELATION TO CHILD Parents	
SIGNATURE <i>[Signature]</i>		DATE SIGNED (MONTH, DAY, YEAR) 5-9-72	ATTENDANT—M.D., D.O., D.M.P. M.D.
REGISTRAR—SIGNATURE <i>[Signature]</i>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 130 Lakewood, Lincoln, Nebraska	
		DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR MAY 15 1972	