

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

April 3, 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 Rich Bar & Lounge, 1640 'O' Street requesting a class C liquor license.

Lawrence Chatters, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved liquor license holder.

The required training has been completed.

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) Rich Bar and Lounge

Street Address #1 1640 O St Suite 3

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 402-730-3437

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

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

Name Lawrence J. Chatters

Street Address #1 1540 S. 21 St.

Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68502

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED  
READ CAREFULLY**

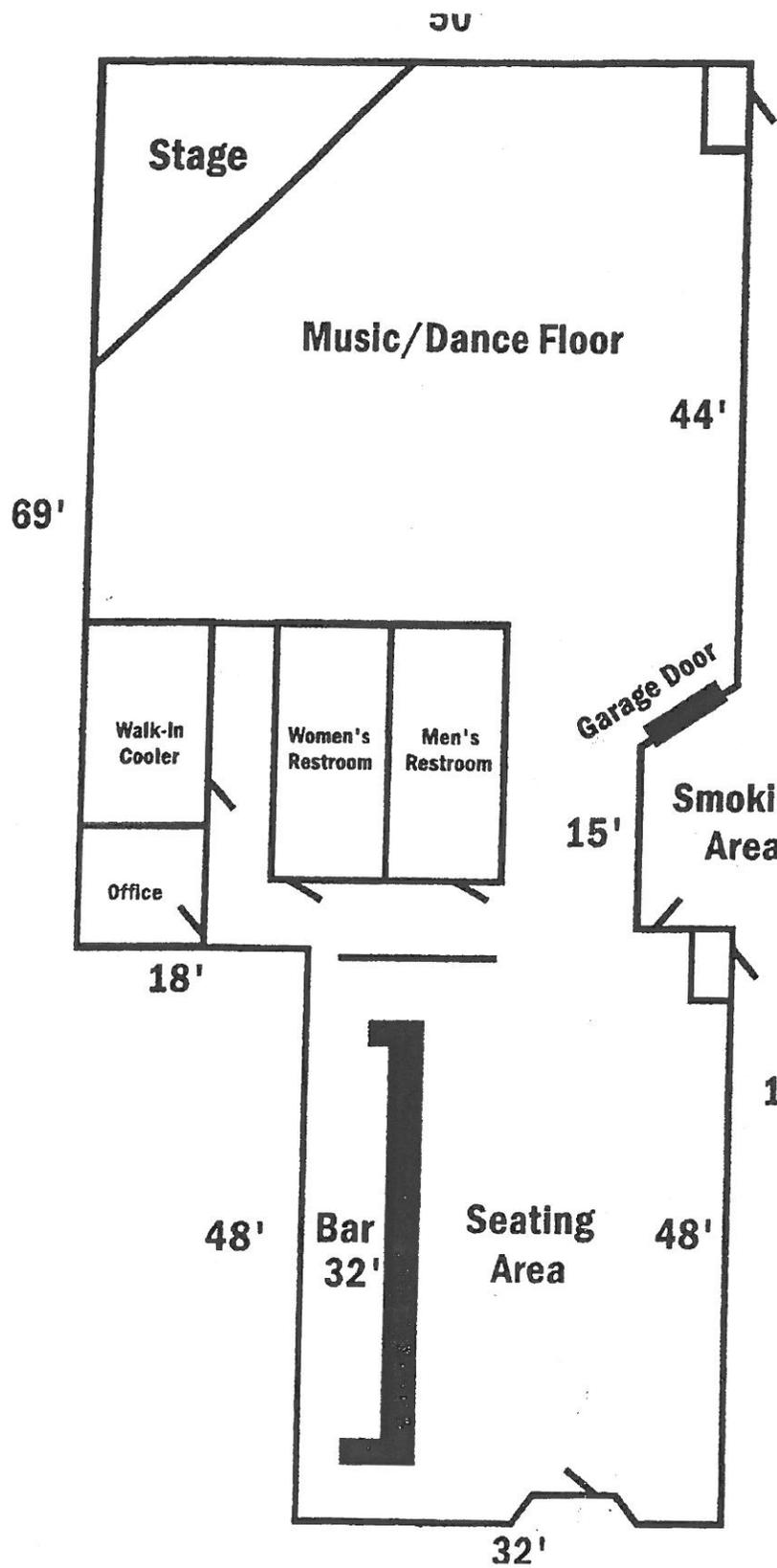
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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 Attached*



**Entire One  
Story Bldg.  
Approx.  
117'x50'**

**No  
Basement**



**RECEIVED**

DEC 22 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION

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

Gender:  MALE  FEMALE  
 Last Name: Chatters First Name: Lawrence MI: J  
 Home Address (include PO Box if applicable): 1540 S 21 St.  
 City: Lincoln County: Lancaster Zip Code: 68502  
 Home Phone Number: 402-730-3437 Business Phone Number: N/A  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ (NE)  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: Alamogordo, NM

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: Chatters First Name: Katie MI: S  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ (NE)  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: West Point, 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, NE	2003	2013	Lincoln, NE	2003	2013

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2012	Present	University Of Nebraska-Lincoln	Dr. Jan Deeds	402-450-7976
2009	2012	University Of Nebraska-Lincoln	Dr. Mike Scheel	402-730-7481

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.

Main Street Cafe

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).

Hospitality Class in Lincoln-8/2011