

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

May 30, 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 EZ Go #80, 2555 'O' Street requesting a class D liquor license.

Kevin Bodtke has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kevin Bodtke was born in Omaha, Nebraska. He graduated from Shelby Public High School in 1994.

Mr. Bodtke has been in the retail business since 1992.

The applicant has been informed about the required training.

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.

A handwritten signature in black ink, appearing to read "Jim Peschong". The signature is fluid and cursive.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

RECEIVED

Trade Name (doing business as) EZ GO #80

Street Address #1 2555 O St

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68510-1252

Premise Telephone number 402-475-4775 E-mail _____

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

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

Name Carey Johnson Oil Company, Inc.

Street Address #1 701 SW F Ave

Street Address #2 _____

City Lawton State OK Zip Code 73501-4542

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
DRAW 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.

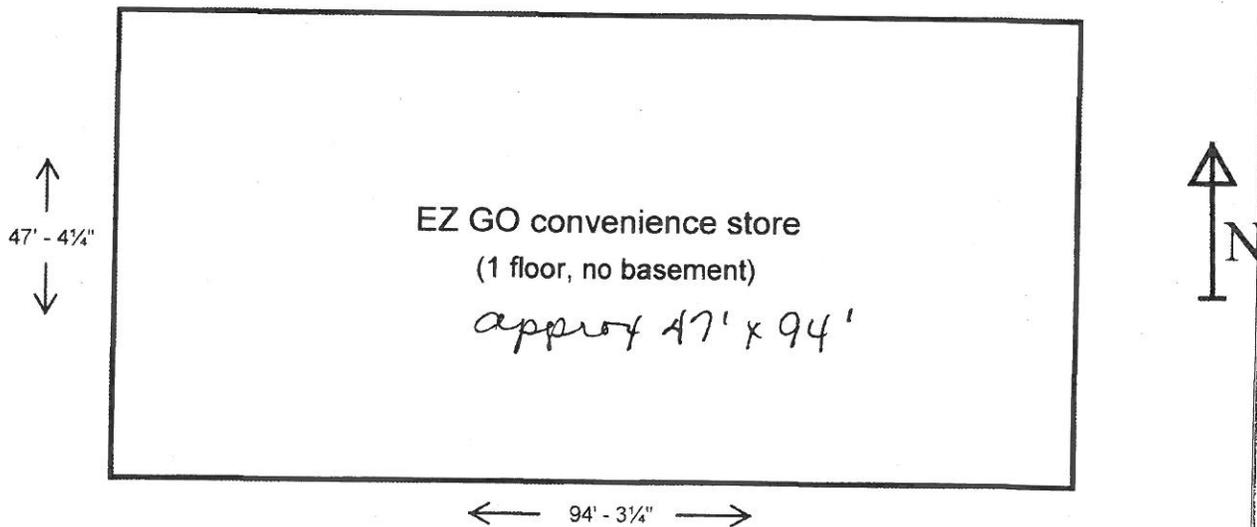
**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 94' - 3 1/4" feet

Width 47' - 4 1/4" feet

Is there a basement? Yes No

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
				ED MAY 14 2013 CONTROL

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) _____

**MANAGER APPLICATION
INSERT - FORM 3c**

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
MAY 14 2012
OFFICE OF THE
COMMISSIONER

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Name of Corporation/LLC: Carey Johnson Oil Co., Inc.

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: EZ GO #80

Premise Street Address: 2555 O Street

City: Lincoln

State: NE

Zip Code: 68510

Premise Phone Number: 402-475-4775

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.

http://www.lcc.ne.gov/license_search/licsearch.cgi

William Carey Johnson Jr.

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information (make a copy) PLEASE PRINT

Gender: MALE FEMALE

Last Name: BODTKE First Name: KEVIN MI: D

Home Address (include PO Box if applicable): 2736 CABLE AVE

City: LINCOLN County: LANCASTER Zip Code: 68502

Home Phone Number: 402-613-1194 Business Phone Number: 402-475-4725

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

Date Of Birth: _____ Place Of Birth: OMAHA, NE

[Redacted]

YES NO

[Redacted]

Spouses Last Name: BODTKE First Name: JOSEPHINE MI: D

Social Security Number _____ Drivers License Number & State: NE

Date Of Birth: _____ Place Of Birth: BETHLEHEM Township, OH

[Redacted]

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln NE	2002	2013			

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2012	2013	Roc's Stop - Shop	Kelly Lance	402-488-5757
2010	2013	Optimal ENTERPRISES LLC	Kevin BODTKE	402-435-8496

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).

*Extensive service since 1997 - Responsible Beverage Server Permit, Dec 2012
 Lincoln Server/Seller Permit, Dec 2012*

attached w/APP

REC-19-2002
MAY 19 2002
CONTRIBUTION

The Secretary of State of the United States of America
hereby requests all to whom it may concern to permit the citizen/national
of the United States named herein to pass without delay or hindrance
and in case of need to give all lawful aid and protection

Le Secrétaire d'Etat des Etats-Unis d'Amérique
 prie par les présentes toutes autorités compétentes de laisser passer le citoyen
 ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni
 difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes

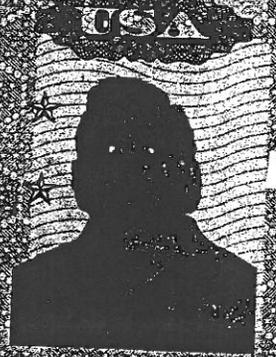
El Secretario de Estado de los Estados Unidos de America por el presente solicita a las
 autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos
 aquí nombrado, sin demora ni dificultades y en caso de necesidad, prestarle toda la
 ayuda y protección legítimas.

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA



United States of America
Name / Nom / Nombre: **BODTKE**
Given names / Prénoms / Nombres: **KEVIN DELOYE**
Nationality / Nationalité / Nacionalidad: **UNITED STATES OF AMERICA**
Date of birth / Date de naissance / Fecha de nacimiento: **30 Jan 2006**
Place of birth / Lieu de naissance / Lugar de nacimiento: **NEBRASKA, U.S.A.**
Date of issue / Date de délivrance / Fecha de expedición: **30 Jan 2006**
Date of expiration / Date d'expiration / Fecha de caducidad: **29 Jan 2016**
Authority / Autorité / Autoridad: **United States Department of State**
See Page 24

USA BODTKE <<< KEVIN < DE LOYE
30 JAN 2006 29 JAN 2016

2015-12-13
12-13-2015
COMPLIANCE ASSOCIATION

Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

KEVIN D BODTKE
holds a

RBST GENERAL CERTIFICATE

Permit # RB-0000425

Permit Expires: 12-13-2015 Amount Paid: \$

foodsafety  is in your **HANDS** 

APPROVED
 12/13/2012
 CONTRACT COMMISSION

General	Credential	Number	Earned	Expires
Kevin D Bodtke 2736 cable avenue Lincoln NE 68502 fbst	LINCOLN SERVER/SELLER RBST GENERAL Nebraska	LNK-0010157 RB-0000425 Wallet	12-13-2012 12-13-2012 Card	12-13-2015 12-13-2015 

APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

Office Use

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

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: Mark A. Hunzeker

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

Carey Johnson Oil Company, Inc. #

Corporation Address: 701 SW F Ave

City: Lawton State: OK Zip Code: 73501-4542

Corporation Phone Number: 580-355-4635 Fax Number 580-355-3022

Total Number of Corporation Shares Issued: 72,500

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

Last Name: Johnson, Jr. First Name: William MI: C

Home Address: 8203 NW Stonebridge Ct City: Lawton

State: OK Zip Code: 73505-4127 Home Phone Number: 580-510-0001

William Carey Johnson Jr.
Signature of President/CEO

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Oklahoma
County of Comanche

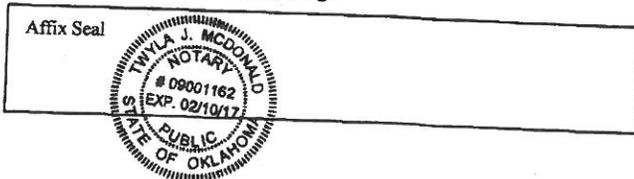
The foregoing instrument was acknowledged before me this

13th day of May 2013

Date

by William Carey Johnson Jr
name of person acknowledge

Usula McDonald
#09001162
exp 2-10-17



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

Last Name: Johnson, Jr. First Name: William MI: 0

Prints

Social Security Number _____ Date of Birth _____

Title: President, Director Number of Shares 17,400

Spouse Full Name (indicate N/A if single): Beth S. Johnson

Spousal Affidavit

Spouse Social Security Number _____ Date of Birth _____

Last Name: Johnson First Name: Mary MI: L

Social Security Number _____ Date of Birth _____

(3 trusts)

Title: Director Number of Shares (see attached struct.)

K

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

Spouse Social Security Number _____ Date of Birth: _____

Last Name: Johnson First Name: Jeffrey MI: R

Social Security Number _____ Date of Birth _____

Title: Director Number of Shares 2,900

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

Spouse Social Security Number _____ Date of Birth _____

Last Name: Johnson First Name: Christopher MI: L

Social Security Number _____ Date of Birth _____

Title: Director Number of Shares 2,900

Spouse Full Name (indicate N/A if single): Claire M. Johnson

Spouse Social Security Nur _____ Date of B: _____

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

Last Name: Korhonen First Name: Paul MI: E

Social Security Number _____ Date of Birth _____

Title: Vice President Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth _____

Last Name: McDonald First Name: Twyla MI: J

Social Security Number _____ Date of Birth: _____

Title: Controller Number of Shares 0

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

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: _____