

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

June 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 Sweep Left, 815 'O' Street requesting a class I liquor license.

Mary Jones has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as she has previously been approved.

The required training was completed on 10-20-2011.

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) Sweep Left

Street Address #1 815 O St., Suite 2

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

Premises does not have a phone number yet,
Premise Telephone number Contact No. (402) 499-9335 E-mail mjjones03@gmail.com

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

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

Name Mary Jones

Street Address #1 1520 Manchester Dr.

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.

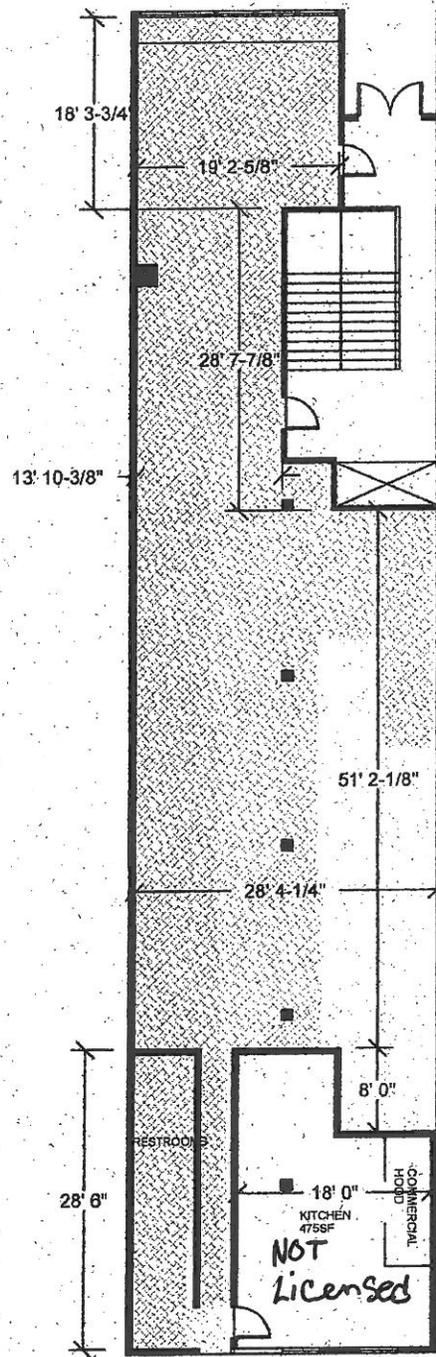
**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 127' feet
Width 28' feet

Is there a basement? Yes ___ No ___

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

See attached diagram



2,707 S.F.

1st Floor

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 (See attached)
Mary Jones	04/26/1999	Lincoln, NE	False Reporting	Guilty Plea/Admission in Court

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) Union Bank

**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

COPY OF DOCUMENT

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: Mary Jones

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

Sweep Left, L.L.C.

010177082

LLC Address: 815 "O" St., Suite 2

City: Lincoln

State: NE

Zip Code: 68508

LLC Phone Number: (402) 499-9335

LLC Fax Number (402) 435-2007

Name of Managing/Contact Member

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

Last Name: Jones

First Name: Mary

MI: _____

Home Address: 1520 Manchester Dr.

City: Lincoln

State: NE

Zip Code: 68508

Home Phone Number: (402) 499-9335

Mary Jones
Signature of Managing/Contact Member

(Mary Jones)

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

21 day of May, 2013

by Mary Jones

name of person acknowledge

Brenda D. Black
Date

Affix Seal

GENERAL NOTARY - State of Nebraska
BRENDA D. BLACK
My Comm. Exp. June 5, 2016

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



Last Name: Jones First Name: Mary MI: _____

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 100%

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation MUST be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January 1

Ending Date: December 31

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.