



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

July 2, 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 The Office, 640 West Prospector requesting a class C/K liquor license.

This location is currently licensed and is requesting the new license due to ownership change.

Steve Stevenson has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

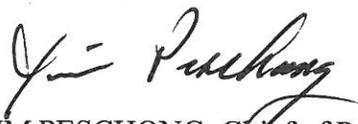
Steve Stevenson was born in Florida. He obtained his GED in 1990.

Steve Stevenson employment history is as follows:

1996 - Present	Owner, Wood Floors R US	Lincoln, NE.
2012 - Present	Owner, Playmakers	Lincoln, NE.

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.

  
JIM PESCHONG, Chief of Police

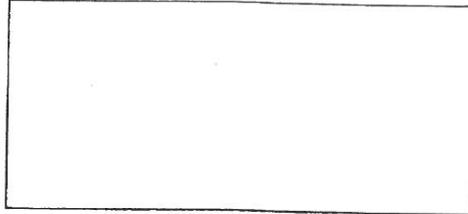


A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE  
CATERING LICENSE**

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



**FEE \$100.00**

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER \_\_\_\_\_

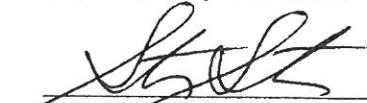
NAME OF LICENSEE BSR Inc

TRADE NAME ~~Playmakers~~ The Office

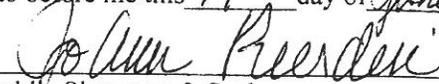
PREMISE ADDRESS 640 West Prospector Ct #200

CITY/STATE/ZIP CODE Lincoln, Neb 68522

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

  
\_\_\_\_\_  
Signature of Licensee

Subscribed in my presence and sworn to before me this 14<sup>th</sup> day of June, 2013

  
\_\_\_\_\_  
Notary Public Signature & Seal



**PREMISE INFORMATION**

Trade Name (doing business as) The Office

Street Address #1 640 West Prospector Ct

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

City Lincoln County Lancaster Zip Code 68522

Premise Telephone number 402-477-2800 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 Steve Stevenson

Street Address #1 640 West O Street Ct

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

City Lincoln State Nebraska Zip Code 68522

**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

Is there a basement? Yes  No

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

- N -

Parking

F

Beer garden

20'

Main SPACE

Bar -

49'

92'

Parking

92 x 49

20 x 14

097044

**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
Steve Stevenson			2 Speeding	guilty

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

YES       NO

If yes, give name of business and liquor license number Change in majority stockholder

- 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) \_\_\_\_\_

**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](http://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: Steve Stevenson

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

Corporation Address: 640 West Prospector Ct

City: Lincoln State: Neb Zip Code: 68522

Corporation Phone Number: 402-525-3486 Fax Number: 477-2800

Total Number of Corporation Shares Issued: ~~100~~ 100

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

Last Name: Stevenson First Name: Steve MI: J

Home Address: 5700 West Orleans Ct City: Lincoln

State: Neb Zip Code: 68524 Home Phone Number: 402-470-0421

Signature of President/CEO

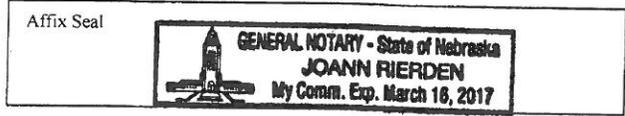
ACKNOWLEDGEMENT

State of Nebraska  
County of Barnes

Date June 14, 2013

Jo Ann Rierden

The foregoing instrument was acknowledged before me this  
by Steve Stevenson  
name of person acknowledge



**MANAGER APPLICATION  
INSERT - FORM 3c**

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](http://www.lcc.ne.gov)

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

**Corporation/LLC information**

Name of Corporation/LLC: BSR, Inc.

**Premise information**

Premise License Number: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: Playmakers THE OFFICE

Premise Street Address: 640 West Prospector Ct #100

City: Lincoln

State: Neb

Zip Code: 68522

Premise Phone Number: 402-525-3186 411-2800

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](http://www.lcc.ne.gov/license_search/licsearch.cgi)



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: Stevenson First Name: Steve MI: J

Home Address (include PO Box if applicable): 5700 West Orleans Ct

City: Lincoln County: Lancaster Zip Code: 68522

Home Phone Number: 402-470-0421 Business Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Broward County Florida

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: Stevenson First Name: Michelle MI: L

Social Security Number: \_\_\_\_\_ Drivers License Number & State: Neb

Date Of Birth: \_\_\_\_\_ Place Of Birth: New York

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	2003	2013	Lincoln	2003	2013

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2 years		Playmakers		

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
Steve Stevenson			2 speeding	guilty

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

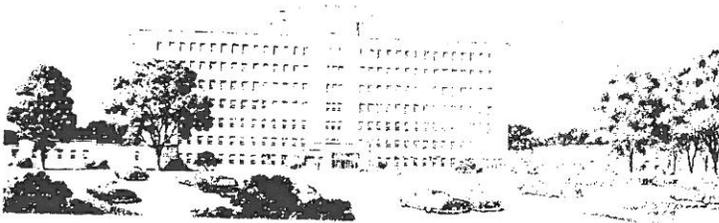
4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the **Nebraska State Patrol for \$38.00 per person**)  
 YES       NO

5. List any alcohol related training and/or experience (when and where).

Playmakers in Lincoln 2yrs

---

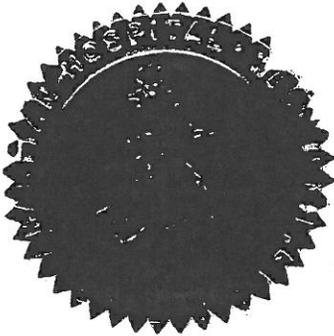
# Certificate of Birth



GOOD SAMARITAN HOSPITAL  
West Islip, New York

*This Certifies that* MICHELLE IEA LANG  
*was born to* Ronald and Carolyn Lang  
*in this Hospital at* 4:12 o'clock, P.m. on Saturday  
*the*        *day of*        *19*       

*In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer, and its Official Seal to be hereunto affixed*



Edward J. Pelletro  
ADMINISTRATOR  
John A. Pallotta  
ATTENDING PHYSICIAN

NEBRASKA OPERAIO  
www.dmv.ne.gov  
USA NE

4 ISS 09-22-2011  
4b EX  
9 Class 13  
17 Wgt  
18 Hair

3 DOB  
9a End NONE  
12 Rest. NONE  
15 Sex F  
16 Hgt 505  
18 Eyes HAZ

1 MICHELLE L STEVENSON  
6 5700 W OBLEAINE CT  
LINCOLN, NE 68578

5 DO Donor

*Mindy A...*

OFFICE OF VITAL STATISTICS  
CERTIFICATION OF BIRTH

NAME: STEVE JOSEPH STEVENSON  
 DATE OF BIRTH: 5/16/69 SEX: MALE  
 PLACE OF BIRTH: BROWARD COUNTY, FLORIDA  
 CERTIFICATE NUMBER:  
 DATE FILED: 5/16/69 DATE ISSUED: 10/11/90  
 MOTHER'S MAIDEN NAME: JOANNE THERESA KELLY  
 FATHER'S NAME: JOSEPH EDWARD STEVENSON

This is to certify that this is a true abstract of the official record filed with this office.

By *Oliver H. Boorde*

OLIVER H. BOORDE, M.P.H.  
State Registrar



WARNING: ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA. ALTERATION OR ERASURE VOID THIS CERTIFICATION.