

October 1, 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 Kiechel Fine Art, 1208 'O' Street requesting a class C liquor license.

Fredric Kiechel has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Fredric Kiechel was born in New York, New York. He graduated from Denison University in Ohio in 1995.

Mr. Kiechel has been self-employed since 2000.

A criminal history check was completed. No areas of concern were found.

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



PROVISION INFORMATION

Trade Name (doing business as) Kiechel Fine Art

Street Address #1 ~~Currently Site 2001 5733 S 34 ST Suite 300~~

Street Address #2 moving to in Nov 1208 O Street

City Lincoln County Lancaster Zip Code 68510

Premise Telephone number 402-420-9553 E-mail Buck@Kiechelart.com

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

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

Name Kiechel Fine Art

Street Address #1 5733 S 34 ST,

Street Address #2 Suite 300

City Lincoln State NE Zip Code 68510

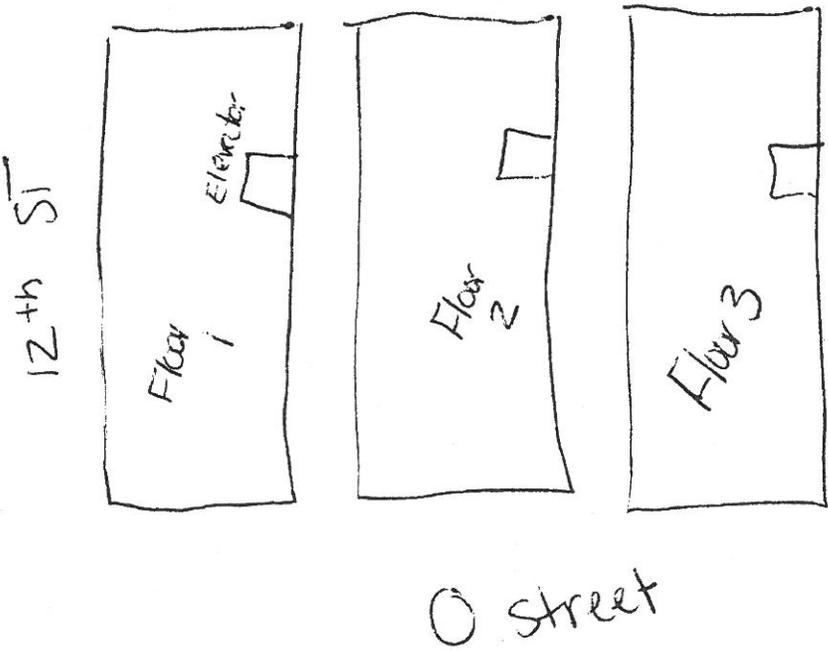
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

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 140 feet
Width 25 feet
Is there a basement? Yes No

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



Approx. 5000 sq feet on each level.

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

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) _____

**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

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: Frederic Kiechel IV

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

LLC Address: 11205 O Street

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402-420-9553 LLC Fax Number 402-420-9554

Name of Managing/Contact Member

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

Last Name: Kiechel IV First Name: Frederic MI: _____

Home Address: 4765 Union Hill Rd City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-~~000~~ 328-0094

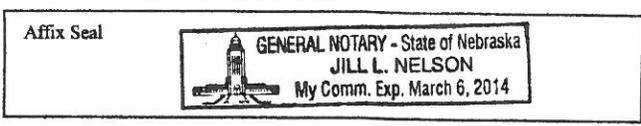


Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Darlington
18th day of September
Date
Jill L Nelson

The foregoing instrument was acknowledged before me this
by Frederic Kiechel IV
name of person acknowledge



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

Last Name: Kiechel First Name: Anne MI: E
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 50%

Last Name: Kiechel First Name: Fredene MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Anne E. Kiechel
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 _____

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

Last Name: Kiechel First Name: Frederic IV MI: _____

Home Address (include PO Box if applicable): 4765 Union Hill Rd

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402-328-0094 Business Phone Number: 402-420-9553

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

Date Of Birth: _____ Place Of Birth: NY, NY

Email address: Buck@Kiechelart.com

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: Kiechel First Name: Anne MI: NE

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

Date Of Birth: _____ Place Of Birth: Jacksonville FL

NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN(10) YEARS

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln NE	2000	present			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	present	Kiechel Fine Art	Owner	

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(s):

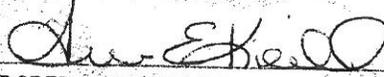
3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

YES NO

The Secretary of State of the United States of America
hereby requests all 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 América 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 lícitas.



SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

UNITED STATES OF AMERICA
1954-1976 / 1977-2003 / 2004-2009 / 2010-2014 / 2015-2020 / 2021-2024 / 2025-2029 / 2030-2034 / 2035-2039 / 2040-2044 / 2045-2049 / 2050-2054 / 2055-2059 / 2060-2064 / 2065-2069 / 2070-2074 / 2075-2079 / 2080-2084 / 2085-2089 / 2090-2094 / 2095-2099 / 2100-2104 / 2105-2109 / 2110-2114 / 2115-2119 / 2120-2124 / 2125-2129 / 2130-2134 / 2135-2139 / 2140-2144 / 2145-2149 / 2150-2154 / 2155-2159 / 2160-2164 / 2165-2169 / 2170-2174 / 2175-2179 / 2180-2184 / 2185-2189 / 2190-2194 / 2195-2199 / 2200-2204 / 2205-2209 / 2210-2214 / 2215-2219 / 2220-2224 / 2225-2229 / 2230-2234 / 2235-2239 / 2240-2244 / 2245-2249 / 2250-2254 / 2255-2259 / 2260-2264 / 2265-2269 / 2270-2274 / 2275-2279 / 2280-2284 / 2285-2289 / 2290-2294 / 2295-2299 / 2300-2304 / 2305-2309 / 2310-2314 / 2315-2319 / 2320-2324 / 2325-2329 / 2330-2334 / 2335-2339 / 2340-2344 / 2345-2349 / 2350-2354 / 2355-2359 / 2360-2364 / 2365-2369 / 2370-2374 / 2375-2379 / 2380-2384 / 2385-2389 / 2390-2394 / 2395-2399 / 2400-2404 / 2405-2409 / 2410-2414 / 2415-2419 / 2420-2424 / 2425-2429 / 2430-2434 / 2435-2439 / 2440-2444 / 2445-2449 / 2450-2454 / 2455-2459 / 2460-2464 / 2465-2469 / 2470-2474 / 2475-2479 / 2480-2484 / 2485-2489 / 2490-2494 / 2495-2499 / 2500-2504 / 2505-2509 / 2510-2514 / 2515-2519 / 2520-2524 / 2525-2529 / 2530-2534 / 2535-2539 / 2540-2544 / 2545-2549 / 2550-2554 / 2555-2559 / 2560-2564 / 2565-2569 / 2570-2574 / 2575-2579 / 2580-2584 / 2585-2589 / 2590-2594 / 2595-2599 / 2600-2604 / 2605-2609 / 2610-2614 / 2615-2619 / 2620-2624 / 2625-2629 / 2630-2634 / 2635-2639 / 2640-2644 / 2645-2649 / 2650-2654 / 2655-2659 / 2660-2664 / 2665-2669 / 2670-2674 / 2675-2679 / 2680-2684 / 2685-2689 / 2690-2694 / 2695-2699 / 2700-2704 / 2705-2709 / 2710-2714 / 2715-2719 / 2720-2724 / 2725-2729 / 2730-2734 / 2735-2739 / 2740-2744 / 2745-2749 / 2750-2754 / 2755-2759 / 2760-2764 / 2765-2769 / 2770-2774 / 2775-2779 / 2780-2784 / 2785-2789 / 2790-2794 / 2795-2799 / 2800-2804 / 2805-2809 / 2810-2814 / 2815-2819 / 2820-2824 / 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