

December 10, 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 Karma, 226 South 9<sup>th</sup> Street requesting a class C liquor license.

This location was previously known as The Q which held a liquor license

Kyle Baun has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kyle Baun was born in Sioux Falls, South Dakota. He graduated from Madison High School in 1989.

Kyle Baun employment history is as follows:

2010 - 2013	Nebraska Aids Project	Omaha, NE.
2001 - 2009	Info USA	Omaha, NE.

Mr. Baun is a current liquor license holder in Omaha, Nebraska.

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



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Trade Name (doing business as) Karma

Street Address #1 226 South 9th Street **NEBRASKA LIQUOR CONTROL COMMISSION**

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

City Lincoln County Lancaster #2 Zip Code 68508

Premise Telephone number N/A 402 E-mail kbaun@hotmail.com

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

Mailing address (where you want to receive mail from the Commission) 613

Name Tiger, Inc.; c/o Kyle Baun

Street Address #1 605 South 126th Street

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

City Omaha State NE Zip Code 68154

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 130 feet

Width 52 feet

Is there a basement? Yes  No

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

*see attached diagram*

**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. 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.

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Jeremiah Morello	9/2000	Omaha, NE	DUI	Probation
Jeremiah Morello	7/2005	Omaha, NE	DUI	Probation/Jail
Jeremiah Morello	8/2001	Omaha, NE	Shoplifting	Fine

**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 The Q

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

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**MUST BE:**

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration in the State of Nebraska
- ✓ Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.
- ✓ 21 years of age or older

**Corporation Information**

Name of Corporation/LLC: Tiger, Inc.

**Premise Information**

Liquor License Number: \_\_\_\_\_ Class Type C  
(if new application leave blank)

Premise Trade Name/DBA: Karma

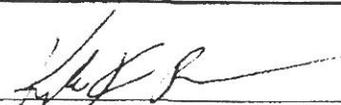
Premise Street Address: 226 South 9th Street

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: N/A

Email address: kbaun@hotmail.com

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)

  
**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

*signed, prints, witness, passport*

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

Last Name: Baun First Name: Kyle MI: K  
 Home Address (include PO Box if applicable): 605 South 126th Street  
 City: Omaha County: Douglas Zip Code: 68154  
 Home Phone Number: 402-212-4435 Business Phone Number: N/A  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: Sioux Falls, SD  
 Email address: kbaun@hotmail.com

**Are you married? If yes, complete spouse's information (even if a spousal affidavit has been submitted).**

YES  NO

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**Spouse's information**

Spouses Last Name: \_\_\_\_\_ First Name: CONTROL COMMISSION MI: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

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

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha, NE	2002	2013			

YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
2010	2013	Nebraska Aids Project	JJ Replogle	402-552-9260
2010	2010	Info USA	Chad Greer	

**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.

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YES       NO

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If yes, please explain below or attach a separate page.

**NEBRASKA LIQUOR CONTROL COMMISSION**

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Jeremiah Morello	9/2000	Omaha, NE	DUI	Probation
Jeremiah Morello	8/2001	Omaha, NE	Shoplifting	Fine
Jeremiah Morello	7/2005	Omaha, NE	DUI	Probation/Jail

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):

Flix; 1019 South 10th Street, Omaha, NE 68108

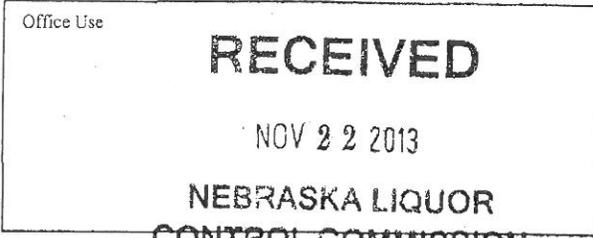
3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

YES       NO



**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)



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: James E. Lang

Name of Corporation that will hold license as listed on the Articles  
Tiger, Inc.

Corporation Address: 605 South 126th Street

City: Omaha State: NE Zip Code: 68154

Corporation Phone Number: NA Fax Number: N/A

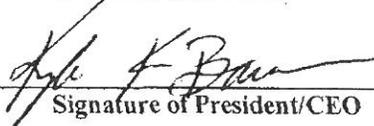
Total Number of Corporation Shares Issued: 100

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

Last Name: Baun First Name: Kyle MI: K

Home Address: 605 South 126th Street City: Omaha

State: NE Zip Code: 68154 Home Phone Number: \_\_\_\_\_

  
Signature of President/CEO

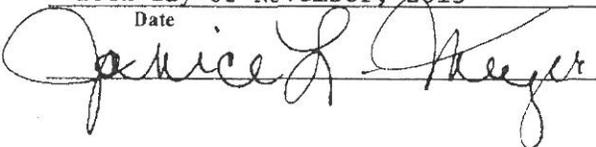
**ACKNOWLEDGEMENT**

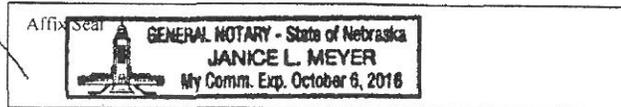
State of Nebraska  
County of Douglas

The foregoing instrument was acknowledged before me this

20th day of November, 2013  
Date

by Kyle K. Baun  
name of person acknowledge





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

*Signed Private*

Last Name: MORELLO First Name: Jeremiah MI: P

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Secretary Number of Shares 50

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: NOV 22 2013

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**NEBRASKA LIQUOR**

**CONTROL COMMISSION**

Last Name: Brown First Name: Ryle MI: K

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Pre Number of Shares 50

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Signed Private Passport 10/11/13*

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: \_\_\_\_\_