

February 13, 2014

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 Flatwater Bistro, 801 R Street suite 100 requesting a class C/K liquor license.

John Coffey has requested that he be approved as the manager of the liquor license.

John Coffey is a previously approved liquor license manager.

The required training will be completed on February 13, 2014.

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.

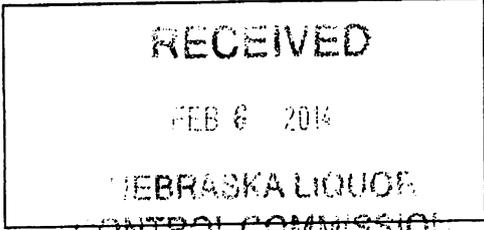


JIM BESCHONG, Chief of Police



**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 The Flatwater Bistro, LLC

TRADE NAME The Flatwater Bistro

PREMISE ADDRESS 801 R Street, Suite 100

CITY/STATE/ZIP CODE Lincoln, NE 68508

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.

John Coffey  
Signature of Licensee

Subscribed in my presence and sworn to before me this 3rd day of Feb, 2014



Patricia K. Bell  
Notary Public Signature & Seal

*dy*

**PREMISE INFORMATION**

Trade Name (doing business as) The Flatwater Bistro

Street Address #1 801 R Street, Suite 100

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

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number (402) 435-1426

Business e-mail address jay@flatwaterbistro.com

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

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

Name Jay Donaldson

Street Address #1 801 R Street, Suite 100

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

Building: length ~128' x width ~39'6" in feet  
Is there a basement to be licensed? Yes  No  If yes, length ~30'6" x width ~39'6" in feet  
Is there an outdoor area? Yes  No  If yes, length ~85' x width ~15'9" in feet

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

*See attached.*

**APPLICANT INFORMATION**

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

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. Include traffic violations. 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. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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				

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 (TOP) (form 125)
- b) TOP will only be accepted at a location that currently holds a valid liquor license.

## Question #1 – Law Violations

### James Donaldson:

01/1984	Lincoln, NE	Disturbing the peace	Ticket
03/1986	Lincoln, NE	Trespassing	Ticket

Mr. Donaldson has had other minor traffic violations for which he cannot remember the details

### Sara Donaldson:

Ms. Donaldson received a ticket for Minor in Possession over 30 years ago in Lincoln, Nebraska, but cannot remember further details of same

Mr. Donaldson has had other minor traffic violations for which he cannot remember the details

### John Coffey:

Mr. Coffey may have had minor traffic violations for which he cannot remember the details

### Deborah Coffey:

Ms. Coffey may have had minor traffic violations for which she cannot remember the details

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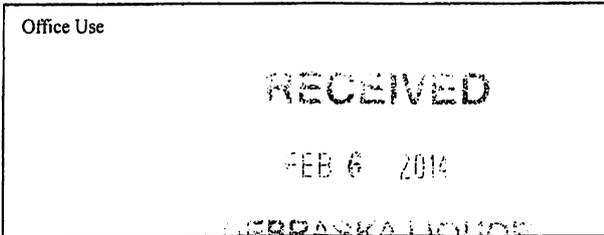
RECEIVED

FEB 6 1988

NEBRASKA LICENSING  
CONTROL BOARD

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



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: Christopher R. Heinrich

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
The Flatwater Bistro, LLC

LLC Address: 420 W. Chadderton Drive

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: (402) 435-1426 LLC Fax Number N/A

Name of Managing/Contact Member

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

Last Name: Coffey First Name: John MI: E

Home Address: 420 W. Chadderton Drive City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: (402) 202-9781

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Lancaster

The foregoing instrument was acknowledged before me this

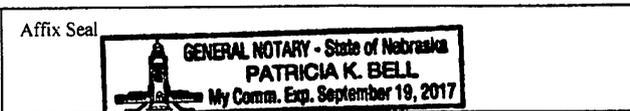
Feb. 3, 2014

by John Coffey

Date

name of person acknowledge

Patricia K. Bell



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

Last Name: Coffey First Name: John MI: E

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

Spouse Full Name (indicate N/A if single): Deborah L. Coffey

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

Percentage of member ownership N/A

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Last Name: M2R2, LLC (see attached) 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 56%

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Last Name: JLB, Inc. (see attached) 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 25%

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Last Name: Suite 4&5 Condos, LLC (see attached) 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 9.5%

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

Last Name: MMAT, L.L.C. (see attached) 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 9.5%

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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 \_\_\_\_\_

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

Office Use  
**RECEIVED**  
FEB 6 2014  
NEBRASKA LIQUOR CONTROL COMMISSION

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: Christopher R. Heinrich

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
M2R2, LLC

LLC Address: 420 W. Chadderton Drive

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: (402) 435-1426 LLC Fax Number: \_\_\_\_\_

Name of Managing/Contact Member  
Name and information of contact member must be listed on following page

Last Name: Coffey First Name: John MI: E

Home Address: 420 W. Chadderton Dr. City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: (402) 202-9781

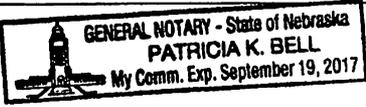


Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Lancaster The foregoing instrument was acknowledged before me this  
Feb. 3, 2014 by John Coffey  
Date name of person acknowledge

Patricia K. Bell

Affix Seal  


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

Last Name: Donaldson First Name: James MI: A

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

Spouse Full Name (indicate N/A if single): Sara L. Donaldson

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

Percentage of member ownership 50%

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Last Name: Coffey First Name: John MI: E

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

Spouse Full Name (indicate N/A if single): Deborah L. Coffey

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

Percentage of member ownership 50%

---

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 \_\_\_\_\_

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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 \_\_\_\_\_

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All members including spouse(s), are required to adhere to the following requirements:

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- 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: Dale Miller

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
MMAT, L.L.C.

LLC Address: 8320 Katrina Lane

City: Lincoln State: NE Zip Code: 68512

LLC Phone Number: \_\_\_\_\_ LLC Fax Number: \_\_\_\_\_

Name of Managing/Contact Member

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ by \_\_\_\_\_  
Date name of person acknowledge

Affix Seal

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

Last Name: Miller First Name: Dale MI: E

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

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

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

Percentage of member ownership 25%

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Last Name: Meyer First Name: Jay MI: \_\_\_\_\_

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

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

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

Percentage of member ownership 25%

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Last Name: Ailes First Name: Jeffry MI: \_\_\_\_\_

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

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

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

Percentage of member ownership 25%

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Last Name: Tomek First Name: Charles MI: \_\_\_\_\_

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

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

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

Percentage of member ownership 25%

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
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Office Use

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FEB 6 2014

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: Sean D. White

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

Suite 4&5 Condos, LLC

LLC Address: 1900 U.S. Bank Building, 233 South 13th Street

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: (402) 420-2543 LLC Fax Number \_\_\_\_\_

Name of Managing/Contact Member

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

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

**Signature of Managing/Contact Member**

**ACKNOWLEDGEMENT**

State of Nebraska  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ by \_\_\_\_\_  
Date name of person acknowledge

Affix Seal

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

Last Name: Klimpel First Name: John 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%

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Last Name: Hernandez First Name: Justin MI: S

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: \_\_\_\_\_ 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 \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

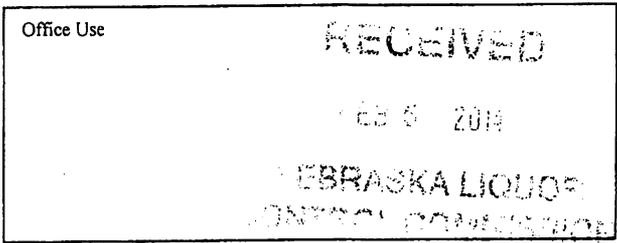
Spouse Full Name (indicate N/A if single): \_\_\_\_\_

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

Percentage of member ownership \_\_\_\_\_

**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: Lucas Burbach

Name of Corporation that will hold license as listed on the Articles: J L B, Inc.

Corporation Address: 2020 Atlas Ave.

City: Lincoln State: NE Zip Code: 68521

Corporation Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Total Number of Corporation Shares Issued: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

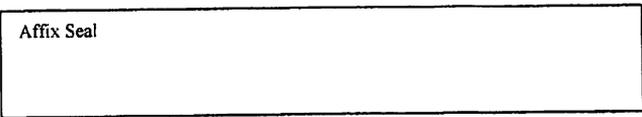
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of President/CEO**

**ACKNOWLEDGEMENT**

State of Nebraska  
County of \_\_\_\_\_ The foregoing instrument was acknowledged before me this

\_\_\_\_\_ by \_\_\_\_\_  
Date name of person acknowledge



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

Last Name: Larson-Burbach First Name: Jordan MI: Q

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

Title: \_\_\_\_\_ Number of Shares 50%

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

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

---

Last Name: Burbach First Name: Lucas MI: C

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

Title: \_\_\_\_\_ Number of Shares 50%

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: \_\_\_\_\_

---

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: \_\_\_\_\_

---

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
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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/LLC information**

Name of Corporation/LLC: The Flatwater Bistro, LLC

**Premise information**

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

Premise Trade Name/DBA: The Flatwater Bistro

Premise Street Address: 801 R Street, Suite 100

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: (402) 435-1426

Email address: jay@flatwaterbistro.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)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Coffey First Name: John MI: E  
Home Address (include PO Box if applicable): 420 W. Chadderton Dr.  
City: Lincoln County: Lancaster Zip Code: 68521  
Home Phone Number: (402) 202-9781 Business Phone Number: (402) 202-9781  
Social Security Number: \_\_\_\_\_ Drivers License Number & State: NE  
Date Of Birth: \_\_\_\_\_ Place Of Birth: Annandale, VA  
Email address: john@flatwaterbistro.com

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: Coffey First Name: Deborah MI: L  
Social Security Number: \_\_\_\_\_ Drivers License Number & State: NE  
Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

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, NE	2004	Present	Lincoln, NE	2004	Present

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	2014	Greenfield's Cafe	Jay Donaldson	(402) 202-9781
2005	2011	Applebee's Neighborhood Grill & Bar	Ted Carlson	(402) 540-6530

**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
See attached				

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):

Big Red Keno 033429

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

**COMMONWEALTH OF VIRGINIA - CERTIFICATE OF LIVE BIRTH**  
**DEPARTMENT OF HEALTH - BUREAU OF VITAL RECORDS AND HEALTH STATISTICS**  
**RICHMOND**

STATION NUMBER <b>129</b>	CERTIFICATE NUMBER <b>728</b>	STATE BIRTH NUMBER <b>145-65-</b>
1. NAME OF CHILD <b>JOHN EDEN COFFEY</b>		2. SEX OF CHILD male <input checked="" type="checkbox"/> female <input type="checkbox"/>
DATE OF BIRTH <b>8:43</b>	4. THIS BIRTH single <input checked="" type="checkbox"/> twin <input type="checkbox"/> triplet <input type="checkbox"/>	3. IF TWIN OR TRIPLET, BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
5. NAME OF HOSPITAL OR INSTITUTION OF BIRTH <b>Dewitt Army Hospital</b>		7. COUNTY OF BIRTH <b>Fairfax</b>
CITY OR TOWN OF BIRTH <b>Fort Belvoir</b>	6. STREET ADDRESS OR ROUTE NO. OF PLACE OF BIRTH	9. COUNTY OF RESIDENCE <b>Fairfax</b>
STATE (OR FOREIGN COUNTRY) OF MOTHER'S RESIDENCE <b>Virginia</b>	10. STREET ADDRESS OR ROUTE NO. OF RESIDENCE <b>4855 Killebrew Drive</b>	11. COUNTY OF RESIDENCE <b>Fairfax</b>
CITY OR TOWN OF RESIDENCE <b>Annandale</b>	12. FULL MAIDEN NAME OF MOTHER <b>Velda Valjean Fuller</b>	13. COLOR OR RACE <b>Caucasian</b>
AGE OF MOTHER <b>35</b>	17. MOTHER'S (State or foreign country) PLACE OF BIRTH <b>Nebraska</b>	18. HOW MANY OTHER CHILDREN: born alive and <b>4</b> now living born alive and <b>0</b> now dead
19. FULL NAME OF FATHER <b>Ray Wesley Coffey</b>	20. COLOR OR RACE <b>Caucasian</b>	21. HOW MANY FETAL DEATHS—all fetuses not born alive <b>0</b>
AGE OF FATHER <b>38</b>	22. FATHER'S (State or foreign country) PLACE OF BIRTH <b>Nebraska</b>	23. USUAL OR LAST OCCUPATION <b>Officer</b>
24. END OF BUSINESS OR INDUSTRY <b>U.S. Army</b>	25. RELATIONSHIP TO CHILD <b>Mother</b>	
26. SIGNATURE OF ATTENDANT <b>Adam W. Huff, Captain MCG</b>		DATE RECORD SIGNED <b>February 20, 1965</b>
27. SIGNATURE OF REGISTRAR <b>Edna T. Williams</b>		DATE RECORD FILED <b>March 2, 1965</b>

This is to certify that this is a true and correct reproduction of the original record filed with the Bureau of Vital Statistics, Virginia Department of Health, Richmond, Virginia.  
 DEANE HUXTABLE, State Registrar  
 OCT. 20, 1965  
 Date Issued

RECEIVED  
 FEB 6 2011  
 NEBRASKA DEPT OF HEALTH  
 DIVISION OF VITAL RECORDS

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
11/12/2004  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES SYSTEM

PHS-796(VS) REV. 2-65  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA—DEPARTMENT OF HEALTH  
Bureau of Vital Statistics

66

Amended Nov. 12, 2004

CERTIFICATE OF LIVE BIRTH

BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <b>Lancaster</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Nebraska</b> b. COUNTY <b>Lancaster</b>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Lincoln</b>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Lincoln</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lincoln General Hospital</b>		d. STREET ADDRESS <b>420 Apache Trail</b> Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. CHILD'S NAME (Type or print)		a. (First) <b>Deborah</b>	b. (Middle) <b>Lynn</b>	c. (Last) <b>Barber</b>
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4. SEX <b>Female</b>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH
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7. FULL NAME			8. COLOR OR RACE
a. (First) <b>David</b>	b. (Middle) <b>Allen</b>	c. (Last) <b>Barber</b>	<b>White</b>

9. AGE (At time of this birth) <b>25</b> Yrs.	10. BIRTHPLACE (City, State or foreign country) <b>Appleton, Wisconsin</b>	11a. USUAL OCCUPATION <b>T.V. Engineer</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>KOLN-KGIN TV Station</b>
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12. FULL MAIDEN NAME			13. COLOR OR RACE
a. (First) <b>Darlene</b>	b. (Middle) <b>Elaine</b>	c. (Last) <b>Woodman</b>	<b>White</b>

14. AGE (At time of this birth) <b>25</b> Yrs.	15. BIRTHPLACE (City, State or foreign country) <b>Shelton, Nebraska</b>	16. Children Previously Born to This Mother (Do NOT include this child)		
		a. How many OTHER children are now living? <b>1</b>	b. How many OTHER children were born alive but are now dead? <b>0</b>	c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>

17. INFORMANT'S SIGNATURE OR NAME—Relationship <b>Mrs. Darlene Barber - Mother</b>		
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Was serologic test made on blood from mother of this child?  
Yes  No  Date **December 30, 1965**

If serologic test not made, state reason why.....

I hereby certify that his child was born alive on the date stated above t. <b>3:16</b> p.m.	18a. SIGNATURE <b>Harold E. Hartley, MD</b>	18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
	18c. ADDRESS <b>Lincoln, Nebraska</b>	19. MOTHER'S MAILING ADDRESS <b>Mrs. David Barber 420 Apache Trail Lincoln, Nebraska</b>
20. DATE REC'D BY LOCAL REG. <b>AUG 2 1966</b>	21. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

RECEIVED

FEB 6 2004

RECEIVED

RECEIVED

FEB 6 2014

DEPARTMENT OF  
CORRECTIONS

**Question #1 – Law Violations**

**John Coffey:**

Mr. Coffey may have had minor traffic violations for which he cannot remember the details

**Deborah Coffey:**

Ms. Coffey may have had minor traffic violations for which she cannot remember the details