CITY OF
LINCOLN™
NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

March 25, 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 Andy's Express, 8511 South 33rd Street requesting a class D liquor license.

Michael Anderson has requested that he be approved as the manager of the liquor license.

An investigation on Mr. Anderson shows only traffic violations 1993-2010.

No areas of concern were found.

The required training has not been completed.

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

Trade Name (doing business as) Andy's Express LLC

Street Address #1 8511 S 33rd St.

Street Address #2

City Lincoln County Lancaster Zip Code 68516

Premise Telephone number TBD

Business e-mail address Mike@andersonautogroup.com

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

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

Name Mike Anderson

Street Address #1 3201 Yankee Hill Rd.

Street Address #2

City Lincoln State NE Zip Code 68516

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

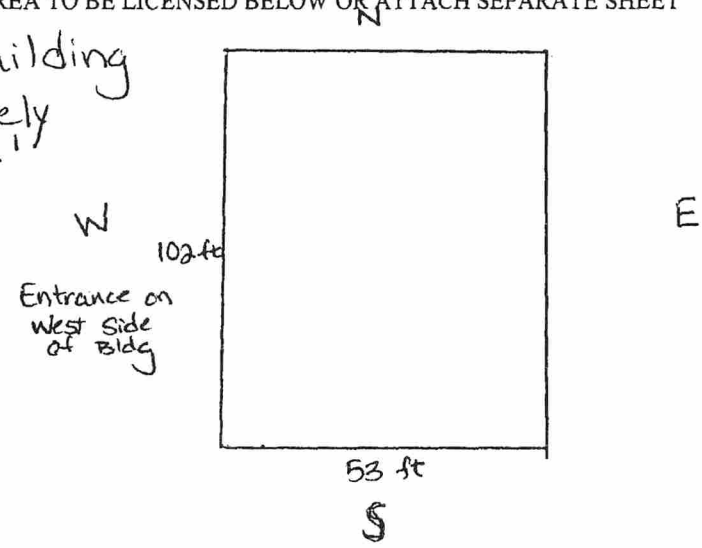
Building: length 102 x width 53 in feet

Is there a basement to be licensed? Yes ___ No X If yes, length ___ x width ___ in feet

Is there an outdoor area? Yes ___ No X If yes, length ___ x width ___ in feet

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

One Story Building
Approximately
53' x 102'



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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.

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☐ 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

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.

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

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Office Use
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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: Andy's Express, LLC

Premise information

Liquor License Number: _____ Class Type D
(if new application leave blank)

Premise Trade Name/DBA: Andy's Express

Premise Street Address: 8511 S 33rd Street

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: 402-817-7201

Email address: mike@andersonautogroup.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

X

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

Manager's Information must be completed below - PLEASE PRINT CLEARLY

Last Name: Anderson First Name: Mike (Michael Print) MI: D

Home Address (include PO Box if applicable): 14255 Shiloh Road

City: Bennet County: Lancaster Zip Code: 68317

Home Phone Number: 402-610-1421 Business Phone Number: 402-817-7201

Social Security Number: Drivers License Number & State NE

Date Of Birth: Place Of Birth: Sacramento, CA

Email address: mike@andersonautogroup.com

Are you married? If yes, complete spouse's information (Even if a spouse [illegible])

☒ YES ☐ NO

Spouse's information Affidavit

Spouses Last Name: Anderson First Name: Barb MI: A

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: Central City, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE [illegible] APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1997	2005			
Bennet, NE	2005	Present			

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YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1994	Present	Anderson Auto Group	N/A – Owner	
1994	1994	Amsterdam Admirals		

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

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

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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 [illegible] prie par les présentes toute[illegible] de laisser passer le citoyen ou ressortissant des Etats-[illegible] présent passeport, sans délai ni difficulté et, en cas de besoin, [illegible] toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competent[illegible] ciudadano o nacional de los Estados Unidos aquí nombrado, sin [illegible], y en caso de necesidad, prestarle toda la [illegible] legítimas.

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Tipo: P

Surname / Nom / Apellidos: ANDERSON

Given names / Prénoms / Nombres: MICHAEL DEAN

Nationality / Nationalité / Nacionalidad: UNITED STATES OF AMERICA

Sex / Sexe / Sexo: M

Place of birth / Lieu de naissance / Lugar de nacimiento: CALIFORNIA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición: 01 SEP 2006

Authority / Autorité / Autoridad: United States Department of State

Date of expiration / Date d'expiration / Fecha de caducidad: 31 AUG 2016

Amendments / Modifications / Enmiendas: SEE PAGE 21

P<USAANDERSON<<MICHAEL<DEAN<<<<<<<<<<<<<<<<

[illegible] 5N1608311<<<<<<<<<<<<<<<<<<<<

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

Office Use

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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

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

Andy's Express, LLC #

LLC Address: 3201 Yankee Hill Road

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402-817-7201 LLC Fax Number 402-420-9440

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

Last Name: Anderson First Name: Mike MI: D

Home Address: 14255 Shiloh Road City: Bennet

State: NE Zip Code: 68317 Home Phone Number: 402-610-1421

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

3-5-14
Date

by Mike Anderson
name of person acknowledge

Affix Seal

GENERAL NOTARY-State of Nebraska
ANDREA TROUBA
My Comm. Exp. May 2, 2014

Last Name: Anderson First Name: Mike MI: D

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 0 %

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Last Name: A.A.T. Inc. First Name: MI:

Social Security Number: FEIN: Date of Birth: N/A

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