CITY OF
LINCOLN™
NEBRASKA

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

May 29, 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 Schmick's Market, 2727 North 11th Street requesting a class C/K liquor license.

This location was previously known as Save-Mart which held a liquor license

Cody Schmick has requested that he be approved as the manager of the liquor license.

Cody Schmick is a currently approved liquor license manager.

The required training was completed on May 14th 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 PESCHONG, Chief of Police

↗ TOP mailed

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PREMISE INFORMATION

Trade Name (doing business as) Schmick's Market

Street Address #1 2727 N. 11th St.

Street Address #2

City Lincoln County Lancaster Zip Code 68521

Premise Telephone number 402-435-1000

Business e-mail address Schmicksmarket@gmail.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 Schmick's Market

Street Address #1 212 Westview Plaza

Street Address #2

City McCook State NE Zip Code 69001

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

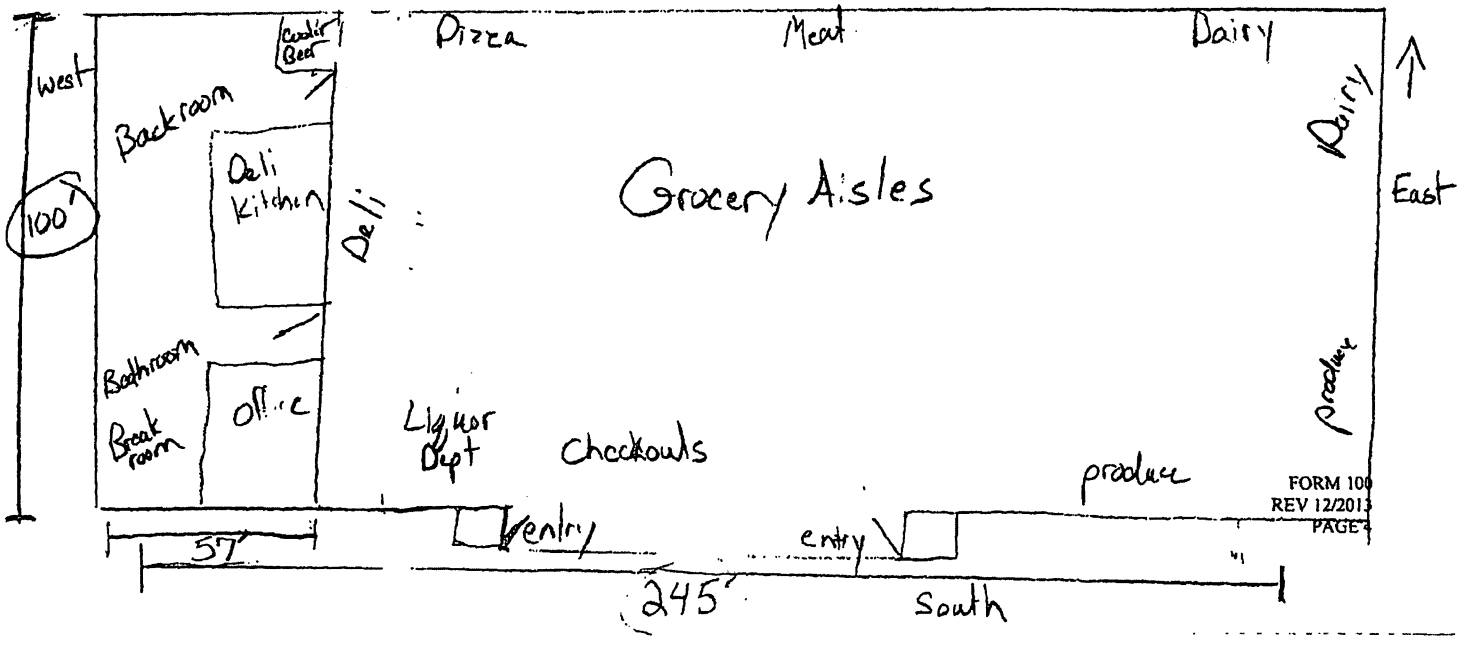
Building: length 100' x width ~~[illegible]~~ 245 in feet

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

One story bldg approx 100' x 245'

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



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.

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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

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

☑ YES ☐ NO

If yes, give name of business and liquor license number Save Mart Discount Foods 027346

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 Save Mart Discount Foods 027346

4. Are you filing a temporary operating permit to operate during the application process?

☑ YES ☑ NO (only if needed later) included in re-sent application

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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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**

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Corporation/LLC information

Name of Corporation/LLC: Schmick's Market INC

Premise information

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

Premise Trade Name/DBA: Schmick's Market

Premise Street Address: 2727 N 11th st.

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: 402-435-1000

Email address: schmidsmarket@Gmail.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

VP

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

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Prints

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

Last Name: Schnick First Name: Cody

Home Address (include PO Box if applicable): 1324 S B St.

City: Broken Bow County: Custer Zip Code: 68822

Home Phone Number: 308-737-0639 Business Phone Number: 308-872-6110

Social Security Number: Drivers License Number & State NE

Date Of Birth: Place Of Birth: Scottsbluff, NE

Email address: codyschnick@gmail.com

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Prints

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: Schnick First Name: Christa MI: M

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: O'Neill, 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
McCook NE	2009	2011	McCook NE	2009	2011
Omaha NE	2006	2009	Omaha NE	2005	2009
McCook NE	2005	2006	Grand Island NE	2003	2005
Grand Island	2003	2004			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2006	2009	Whole Foods	Bob Leach	402-889-9101
2005	2006	Schnick's Market	Bob Schnick	308-345-7711

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

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
APR 8 2003
LINCOLN, NEBRASKA

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

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

126– 84

CHILD—NAME (FIRST MIDDLE LAST) 1. Christin Michelle DeKay	SEX 2. Female	DATE OF BIRTH (Month, Day, Year) 3a.	HOUR 3b. 1:50 A M
HOSPITAL—NAME (If not in hospital, give street and number) 4a. St. Anthony's	INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. O'Neill, Nebraska	COUNTY OF BIRTH 4d. Holt
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) Debra E. Mostek, M.D.	DATE SIGNED (Month, Day, Year) 5b. 3/27/84	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
CERTIFIER—NAME AND TITLE (Type or print) 6a. Debra E. Mostek, M.D.	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 403 E. Hynes Avenue, O'Neill, NE 68763		
REGISTRAR—SIGNATURE 7a. [signature]		RECEIVED MONTH DAY YEAR 7b. 3 29-1984	
MOTHER—MAIDEN NAME (FIRST MIDDLE LAST) 8a. Donna Rhea Fair	AGE (At time of this birth) 8b. 27	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Pine Ridge, South Dakota	
RESIDENCE—STATE 9a. Nebraska	COUNTY 9b. Holt	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Chambers 68725	INSIDE CITY LIMITS (Specify Yes or No) 9d. No
STREET AND NUMBER 9e.			
MOTHER'S MAILING ADDRESS—Enter if not same as residence 10. South Star Route, Box 43-C			
FATHER—NAME (FIRST MIDDLE LAST) 11a. Rickie Lee DeKay	AGE (At time of this birth) 11b. 28	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Lynch, Nebraska	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. 12a. (Signature of Parent or other informant) Rickie Lee DeKay		RELATION TO CHILD 12b. Father	

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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

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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)**

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Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Tyler Schmick

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

Schmick's Market, Inc. #

Corporation Address: 212 Westview Plaza

City: McCook State: NE Zip Code: 69001

Corporation Phone Number: 308-345-7711 Fax Number 308-345-7716

Total Number of Corporation Shares Issued: 3000

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

Last Name: Schmick First Name: Robert MI: W

Home Address: 1613 West 2nd St. City: McCook

State: NE Zip Code: 69001 Home Phone Number: 308-340-6899

Robert W. Schmick
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Red Willow

4/29/14
Date

Lela D Ladd

The foregoing instrument was acknowledged before me this

by Robert W. Schmick
name of person acknowledge

Affix Seal

GENERAL NOTARY - State of Nebraska
LELA D. LADD
My Comm. Exp. JULY 8, 2017

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

Last Name: Schmick First Name: Robert MI: W Prints

Social Security Number: Date of Birth:

Title: President Number of Shares 1000

Spouse Full Name (indicate N/A if single): Debra E. Schmick Prints

Spouse Social Security Number: Date of Birth:

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COMMISSION

Last Name: Schmick First Name: Tyler MI: W Prints

Social Security Number: Date of Birth:

Title: Vice President Number of Shares 1000

Spouse Full Name (indicate N/A if single): Brandi J. Schmick Prints

Spouse Social Security Nu Date of Birth:

Last Name: Schmick First Name: Cody MI: L Prints

Social Security Number: Date of Birth:

Title: Vice President Number of Shares 1000

Spouse Full Name (indicate N/A if single): Christin M. Schmick Prints

Spouse Social Security Number: Date of Birt

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: