

June 16, 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 Sam & Louie's, 1501 Pine Lake Road requesting a class I liquor license.

This location had a liquor license under the previous owner.

Randy Cash has requested that he be approved as the manager of the liquor license.

No areas of concern were found.

The applicant has been informed on 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



PREMISE INFORMATION

Trade Name (doing business as) Sam and Louie's New York Pizzeria

Street Address #1 1501 Pine LAKE Rd Ste 10.

Street Address #2 _____

City LINCOLN County Lancaster Zip Code 68516

Premise Telephone number _____

Business e-mail address recash@samandlouiesnyp.com

Is this location inside the city/village corporate limits: YES

MAY 15 2014

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

RECEIVED
NEBRASKA LIQUOR
CONTROL COMMISSION

Name RANDY CASH

Street Address #1 10900 W Haines Cr

Street Address #2 _____

City Denton State NE Zip Code 68339

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 496' x width 70' in feet Space 69' x 40'

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.

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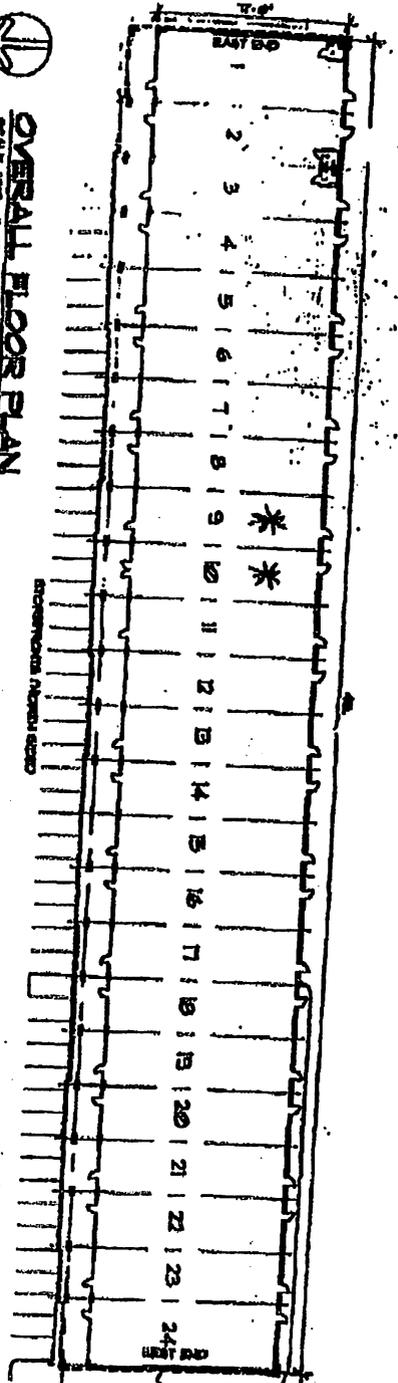
MAY 15 2014

NEBRASKA LIQUOR CONTROL COMMISSION



OVERALL FLOOR PLAN
SCALE: 1/8" = 1'-0"

* Subject



OVERALL BUILDING ELEVATIONS
SCALE: 1/8" = 1'-0"

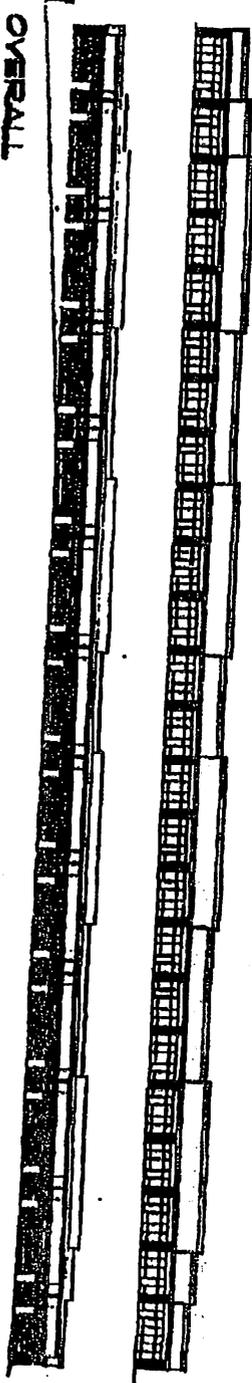


Exhibit "A"

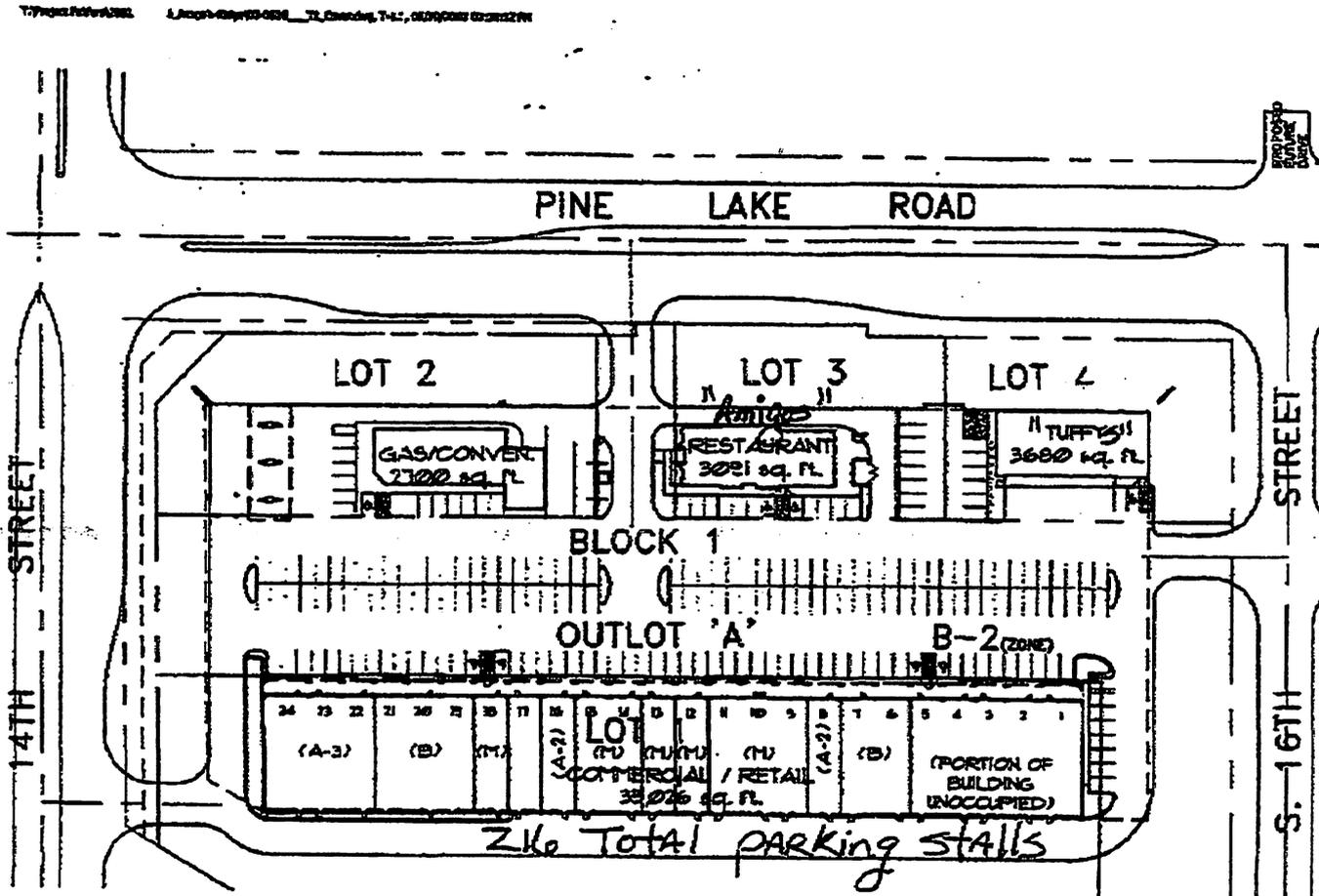
Overall Design
ARCHITECTURAL FIRM
1000 SOUTH 10TH AVENUE, SUITE 100
LINCOLN, NEBRASKA 68502
PHONE: 402.421.1234
WWW.OVERALLDESIGN.COM

RZC

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NEBRASKA LIQUOR
CONTROL COMMISSION



SITE PLAN
SCALE: 1" = 30'-0"
REFERENCE ONLY

FR01 Matchlison Offices

FORM NO. : 482 421-7835

Rev. 18 2003 021427M P2

Exhibit 11B11

[Handwritten mark]

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
Christie Cash	07/2005	Yankton SD	Simple Assault	Pled guilty
Christie Cash			Some speeding	tickets - non alcohol
Randy Cash	07/1983	North Platte, NE	MIP	Guilty
Randy Cash	03/1983	North Platte NE	MIP	Guilty
Randy Cash	09/1982	North Platte, NE	Wreckless Driving	Junielle Court - Probation.
Randy		NE	Some Speeding/Traffic	- Non alcohol related.

Tickets

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 Sam & Louie's New York Pizzeria

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.

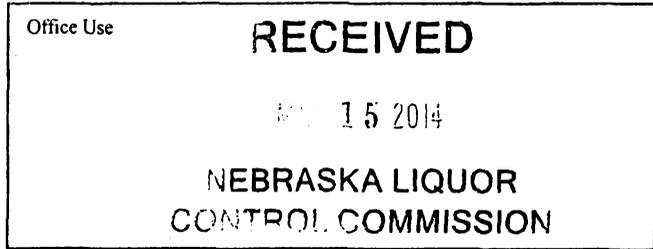
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MAY 15 2014

NEBRASKA LIQUOR CONTROL COMMISSION

**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



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: Legal Zoom - State of Nebraska

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
Cash Nabb food LLC

LLC Address: ~~10900 W. Hain~~ 1501 Pine Lake Rd Ste 10

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402-617-7754 LLC Fax Number: _____

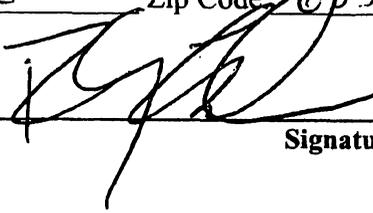
Name of Managing/Contact Member

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

Last Name: CASH First Name: RANDY MI: L

Home Address: 10900 W. Haines Cr City: Denton

State: NE Zip Code: 68339 Home Phone Number: 402-797-2248



Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

Date

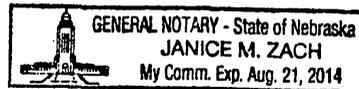
May 14, 2014

The foregoing instrument was acknowledged before me this

by Randy L Cash
name of person acknowledge

Janice Zach

Affix Seal



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

Last Name: Cash First Name: Randy MI: L
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Christie D CASH
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 80%

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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CONTROL COMMISSION

Last Name: Hobbs First Name: Jeffrey MI: D
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Kerry Lynn Beldin
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 20%

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: CASH First Name: Randy MI: L
 Home Address (include PO Box if applicable): 10900 W. Haines Cr.
 City: Denton County: Lancaster Zip Code: 68339
 Home Phone Number: 402-797-2248 Business Phone Number: 402-617-7754
 Social Security Number: _____ Drivers License Number & State: _____ NE
 Date Of Birth: _____ Place Of Birth: Omaha, NE
 Email address: rcash@samanthacash.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: CASH First Name: Christie MI: D
 Social Security Number: _____ Drivers License Number & State _____ NE
 Date Of Birth: _____ Place Of Birth: Hamburg, IA

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	1985	2012	Denton, NE	2012	2014
Denton, NE	2012	2014	Lincoln, NE	2010	2012
			Sherrard, IA	2009	2010
			Yankton, SD	2002	2009

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2014	Redon-McDonalds	Clarin Smith	402-873-7783
2009	1985	McDonalds Corp	Mitch Hruby	800-623-1955

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

MAY 15 2014

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
Christie Cash	07/2005	Yankton, SD	Simple Assault	Pled guilty

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

