

June 2, 2015

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 Fred Waniska, DBA The Big Room Bar, 2310 N 1<sup>st</sup> Street, Suites 7, 8 & 9, requesting a class I-112999 liquor license.

Fred Waniska has requested that he be approved as the manager of the liquor license.

The applicant has not yet completed the required management training. Mr. Waniska is scheduled to attend training on June 11, 2015.

No areas of concern were found.

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



**APPLICATION FOR LIQUOR LICENSE  
CHECKLIST - RETAIL**

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.nebraska.gov

		
Hot List: YES/NO	New/Replacing #	
Class Type <u>I</u>	<b>112999</b>	Initial <u>mp</u>

Applicant name FRED M WANISKA

Trade name THE BIG ROOM EVENT CENTER AND BAR AND GRILL

Previous trade name DELEONS, LOS LEDNS EVENT CENTER, GUARDOS BAR

Contact email address FRED WANISKA @ GMAIL.COM

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

<p>Office use only</p> <p>PAYMENT TYPE <u>CK# 096</u></p> <p>AMOUNT: <u>\$100.00</u></p> <p>Rec# <u>168414</u></p> <p>Received: <u>mp</u></p>	 <p>1500013614</p>
---	--

RECEIVED  
FOR

Fred Waniska

1. OK Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application. RECEIPT ATTACHED
2. OK Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission or you may pay online at [www.ne.gov/go/NLCCpayport](http://www.ne.gov/go/NLCCpayport)
3. OK Enclose the appropriate application forms;
  - Individual License (requires insert form 1) -
  - Partnership License (requires insert form 2)
  - Corporate License (requires insert form 3a & 3c)
  - Limited Liability Company (LLC) (requires form 3b & 3c)
4. OK If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for. ATTACHED
5. N/A If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6. N/A If buying the business of a current liquor license holder:
  - a. Provide a copy of the purchase agreement from the seller (must read applicants name).
  - b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
  - c. Enclose a list of the assets being purchased (furniture, fixtures and equipment).
7. N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).
8. OK ATTACHED Enclose a list of any inventory or property owned by other parties that are on the premises.
9. OK ATTACHED For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
  - a. For residency enclose proof of registered voter in Nebraska
  - b. See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>
10. N/A Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.
11. OK ATTACHED Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Fred Waniska  
Signature

5/20/2015  
Date

**RECEIPT**

DATE 5-20-15 No. 168414

FROM Big Room Event Center

FOR New App - Big Room Bar

CASH

CHECK # 096

MONEY# \_\_\_\_\_

ORDER

Received by Michelle Porter

**\$400.00**

# SUBMISSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

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

Office Use Only	
Class: _____	License #: _____

Applicant Name: FRED MELVIN WANISKA  
(Corporation, LLC, Partnership or Individual)

Trade Name: THE BIG ROOM EVENT CENTER  
(Doing Business As)

(402) 560-1153  
Phone Number

FRED WANISKA @ GMAIL.COM  
Contact E-mail Address

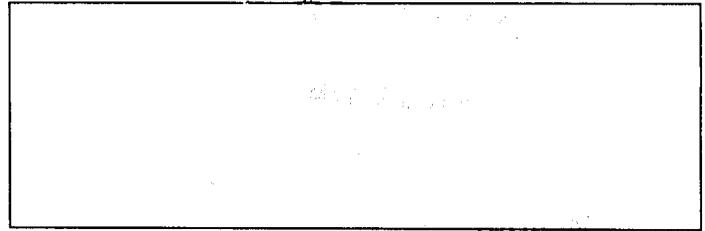
## DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;  
*Applicant(s) will not have cards to include with license application.*
- Fingerprints taken at local law enforcement offices will be released to the applicants;  
*Fingerprint cards should be submitted with the application.*
- Fee payment of **\$28.75 per person** must be made directly to the NSP;  
You may submit the payment through the NSP PayPort online system at [www.ne.gov/go/nsp](http://www.ne.gov/go/nsp) or checks made payable to NSP should be mailed directly to the following address:  
**The Nebraska State Patrol – CID Division**  
**3800 NW 12<sup>th</sup> Street**  
**Lincoln, NE 68521**
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;  
*Include a list of names covered by your payment to insure proper application of payment.*
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

**Please complete information on the following pages for EACH person fingerprinted.**

**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

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.nebraska.gov/



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS**

**RETAIL LICENSE(S)**

Application Fee \$400 (non refundable)

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31  
All other licenses run from May 1 – April 30  
Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING**

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (LLC) (requires form 3b & 3c)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)  
Commission will call this person with any questions we may have on this application**

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_

**PREMISES INFORMATION**

Trade Name (doing business as) THE BIG ROOM BAR

Street Address #1 2310 N 1<sup>ST</sup> STREET SUITE # 7-8-9

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

City LINCOLN County LANCASTER Zip Code 68521

Premises Telephone number 402-760-4024 560-1153

Business e-mail address BIG ROOM EVENT CENTER@GMAIL.COM

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

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

Name FRED WANISKA

Street Address #1 335 So. 25<sup>TH</sup> STREET

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

City LINCOLN State NEBR Zip Code 68510

**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.

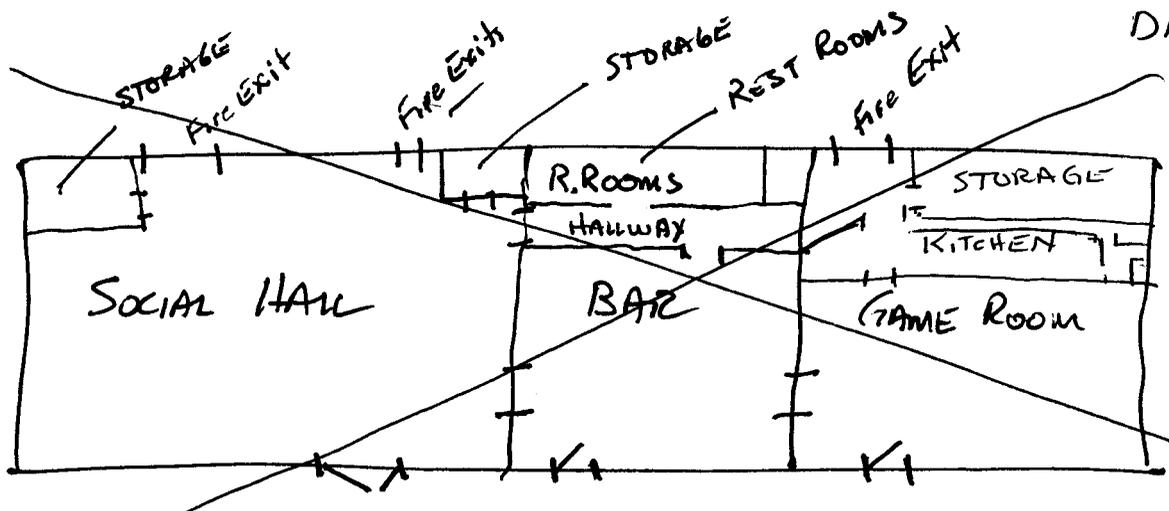
\*\*For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 150 x width 70 in feet  
Is there a basement? Yes \_\_\_ No X If yes, length \_\_\_ x width \_\_\_ in feet  
Is there an outdoor area? Yes X No \_\_\_ If yes, length 150 x width 30 in feet

Will FILE FOR ADDITION AT LATER TIME

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

" ATTACHED "  
DIAGRAM



FORM 100  
REV MAR 2015  
PAGE 4

\* Doorways Noted ↓ ↓ ↓ ↓ ↓

One story bldg approx 150' x 70' OK per applicant



**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. 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. Include traffic violations. 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
FRED M WANISKA	04/2010	MCKINNEY TEXAS	INTERFER W/ EMERGENCY CALL	DEFERRED ADJUDICATION NO OFFICIAL CONVICTION WAS DISMISSED C-ATTACHED NOTE
FRED M. WANISKA	4/2011	DALLAS TEXAS	RAN RED LIGHT INTERSECTION CARRERA	PAID 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 DE LEONS, LOS LEONS EVENT CENTER  
GUAPOS BAR - LICENCE # NOT AVAILABLE TO ME

4. Are you filing a temporary operating permit (TOP) 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.

#1

TEXAS LAW

## DEFERRED ADJUDICATION-

A FORM OF PLEA DEAL when defendant pleads GUILT OR NO CONTEST TO CHARGES in exchange for MEETING CERTAIN requirements LAID OUT by COURT WITH-IN A ALOTED time PERIOD, this includes probation or COMMUNITY SERVICE, I WASN'T required to have any COMMUNITY SERVICE AND by probation WAS completed therefore NO CONVICTION.

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) \_\_\_\_\_

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES  NO

If yes, explain. (All involved persons must be disclosed on application)

LANDLORD RICHARD SUOBODA 70 BASED LEASE  
No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES  NO

If yes, list such item(s) and the owner. LANDLORD - TABLES/CHAIRS/KITCHEN EQUIP

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES  NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

YES  NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

WELLS FARGO, Pinnacle Bank - FRED WANISKA - (RICHARD SUOBODA) (RON BRYANT)  
LANDLORD PROPERTY MANAGER

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

- NONE BY FRED WANISKA  
- RICHARD SUOBODA - unknow unknow to me. (LANDLORD)

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

*Needs training*

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

For list of NLCC certified training programs see: [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- Lease: expiration date \_\_\_\_\_
- Deed
- Purchase Agreement

14. When do you intend to open for business? Currently open, Social Hall Events

15. What will be the main nature of business? Social Hall Events

16. What are the anticipated hours of operation? 10AM to 2AM

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
FRED WANISKA MCKINNEY TX	2006	2012			
FRED WANISKA LINCOLN NE.	2012	CURRENT			
" " CLEARWATER FL	2000	2006			

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>

*Fred Waniska*  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

FRED WANISKA  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

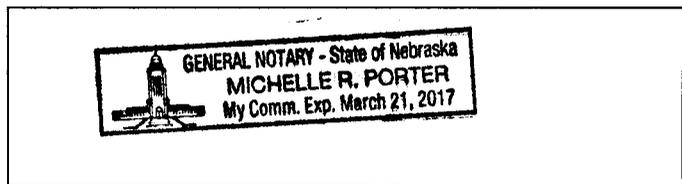
ACKNOWLEDGEMENT

State of Nebraska  
County of Lancaster  
May 20, 2015 by  
Michelle Porter  
Notary Public signature

The foregoing instrument was acknowledged before me this

Fred Waniska

name of person(S) acknowledged (individual(s) signing)



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE  
INDIVIDUAL  
INSERT – FORM 1**

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
------------

**Individual applicants, including spouse, are required to adhere to the following requirements**

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Applicant may be required to take a training course

Name of individual applicant who will hold license

Last Name: WANISKA

First Name: FRED MI: MELVIN

Home Address: 335 S. 25<sup>th</sup> ST City: LINCOLN Zip Code: 68510

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

Home Telephone Number: 402-960-4021 560-1153

Drivers License Number: \_\_\_\_\_ State: NEBRASKA

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

YES  NO If yes, provide your spouse's information below

Spouses Last Name: \_\_\_\_\_

Spouses First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities. A ten day advance period is required in writing to produce the alternate format.