

February 1, 2016

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 Fucor, Inc., DBA Venue Restaurant & Lounge, 129 N 10th Street, Suite 115, requesting a class C-116285 liquor license. This is the former location of Jasmine Room/Cellar at Grand Manse, which held a class CK liquor license.

Fucor, Inc. also holds liquor licenses at Venue and Venue Banquet Room, both of which are in good standing. Michael 'Scott' Ritter and Jeffrey Barclay are 50/50 partners in Fucor, Inc., as well as JBSR, Inc., which owns Mr. Goodcents and also holds a class C liquor license.

Justin Cooksley is requesting that he be approved as the manager of the liquor license. Mr. Cooksley is currently the approved liquor license manager at Venue and Venue Banquet Room. Mr. Cooksley completed the required alcohol management training on April 9, 2015.

Fucor, Inc. Corporate Officers/Stockholders/Members:

Member 1: Michael Scott Ritter – President, 50%

Member 2: Jeffrey Barclay – VP/Sec, 50%

Michael Scott Ritter's driver and criminal history is as follows:

2007	Speeding	Infraction
09-22-2004	Violate speed limit 16-20 MPH over	Infraction
12-10-2002	Violate speed limit 11-15 MPH over	Infraction
09-08-2001	Violate speed limit 11-15 MPH over	Infraction
05-12-2001	Speeding 16-20 MPH over	Infraction
08-06-1995	DUI – Minor driving/.02	Misdemeanor
	Possess/consume alcohol as a minor	Misdemeanor
04-06-1991	No park permit	Infraction



Jeffrey Barclay's driver and criminal history is as follows:

11-10-2014	Improper registration	Infraction
08-13-2009	Following too closely	Infraction
03-27-2008	Speeding 11-15 MPH over	Infraction
09-25-2003	Suspended license-eligible	Misdemeanor
	Make improper turn	Infraction
04-26-2002	Violate automatic traffic signal	Infraction
02-07-2001	Littering on private property	Misdemeanor
11-03-1999	Speeding 6-10 MPH over	Infraction
08-06-1995	Minor possess alcoholic liquor	Misdemeanor

Justin Cooksley's driver and criminal history is as follows:

05-27-2010	Violate speed limit 6-10 MPH over	Infraction
05-25-2007	Violate speed limit 6-10 MPH over	Infraction
04-06-2006	DUI-1 st offense	Misdemeanor
09-30-2004	Open alcoholic beverage container in M/V	Misdemeanor
03-31-2003	No valid operators license	Misdemeanor

The application is included for your review.

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.



BRIAN JACKSON, Assistant 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

RECEIVED		
JAN 20 2016		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES / NO	New/Replacing #	
Class Type <u>C</u>	116285	Initial <u>jm</u>

Applicant name FUCOR, Inc.
 Trade name Venue Restaurant & Lounge
 Previous trade name _____
 Contact email address Scott@yourvenue.net

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 Nebraska Liquor Control Commission.

1-28-16 entered into crim hist reported on application | *147 submitted* | *database 1-29-16 Ag, MSP, Local*

Office use only PAYMENT TYPE <u>CK 1148</u>	 1600001880
AMOUNT: <u>400</u>	
<u>Rct 1168646</u> Received: <u>jm</u>	

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FORM 100
REV MAY 2015
PAGE 1

1. _____ 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.
2. Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport.
3. Enclose the appropriate application forms;
 - Individual License (requires insert form 1)
 - Partnership License (requires insert form 2)
 - Corporate License (requires insert form 1a & 1c)
 - Limited Liability Company (LLC) (requires form 3b & 3c)
4. 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 (LLC) making application. Lease term must run through the license year being applied for.
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. Enclose a list of any inventory or property owned by other parties that are on the premises.
9. _____ 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 (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.
11. _____ 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

Signature

Date

RECEIPT	DATE	<u>1-20-16</u>	No. <u>168646</u>
	FROM	<u>Venue Restaurant & Lounge</u>	
	FOR	<u>New App</u>	
	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>1148</u> <input type="checkbox"/> MONEY# _____ <input type="checkbox"/> ORDER		\$ <u>400</u>
Received by <u>Jackie B. M. T. L. K.</u>			

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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Website: www.lcc.nebraska.gov/

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

- RETAIL LICENSE(S)** Application Fee \$400 (nonrefundable)
- 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 N/A Phone number: N/A
Firm Name N/A

PREMISES INFORMATION

Trade Name (doing business as) Venue Restaurant & Lounge

Street Address #1 129. N. 10th street

Street Address #2 ste # 115

City Lincoln County Lancaster #2 Zip Code 68508

Premises Telephone number 402-730-5974

Business e-mail address Scott@yourvenue.net

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

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

Name Michael Rutter / Venue Restaurant & Lounge.

Street Address #1 7510 Glynoaks Dr.

Street Address #2

City Lincoln State NE Zip Code 68516

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 206' x width 121' in feet

Is there a basement? Yes No ✓

If yes, length x width in feet

Is there an outdoor area? Yes ✓ No

If yes, length 60' x width 20' in feet

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

** See attached **

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JAN 20 2016

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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
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 Old Federal Place, LLC # 080371

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.

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) Union Bank & Trust

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)

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. See "exhibit B" of lease agreement.

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.

Union Bank & Trust / Jeff Barclay, Michael Scott Pitter

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.

FUCOR, Inc. / 3900 Osborne Dr. Hastings, NE 68901 / # 71767

FUCOR, Inc. / 4111 Pioneer Woods Dr. #100, Lincoln, NE 68506 / #97685

FUCOR, Inc. / 4107 Pioneer Woods Dr. #107, Lincoln, NE 68506 / #97766

JBSR, Inc. / 215 N. 14th St Lincoln, NE 68510 / # 101494

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.

NLCC certified training program completed: N/A

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

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Michael Ritter/Jeff Barclay	2006-current	J&S Foods, Hastings, NE been involved in operation.
" " " "	2012-current	Venue Restaurant - been involved in operations

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 2/28/2021
 Deed
 Purchase Agreement

14. When do you intend to open for business? 3/1/2016

15. What will be the main nature of business? Reception Hall - Weddings, Company Parties

16. What are the anticipated hours of operation? 10am - 2:00am or whatever law dictates & when location is rented out.

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
Jeff Barclay, Lincoln, NE	05	08 09	7510 Glynooks Dr. 68516		
Michael Scott Ritter, Lincoln, NE	05	09	7510 Glynooks Dr. 68516		
Michael Scott Ritter, Lincoln, NE	09	15	8725 Penn. Dr. 68526		
Michael Scott Ritter, Lincoln, NE	15	Current	9712 Andre Circle 68526		

If necessary attach a separate sheet.

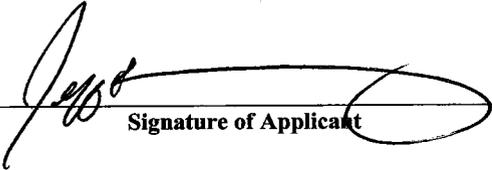
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) 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>


Signature of Applicant

Michael Scott Ritter
Print Name


Signature of Applicant

JEFF BARCLAY
Print Name

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Signature of Spouse
JAN 20 2016

NEBRASKA LIQUOR
CONTROL COMMISSION
Print Name

Signature of Spouse

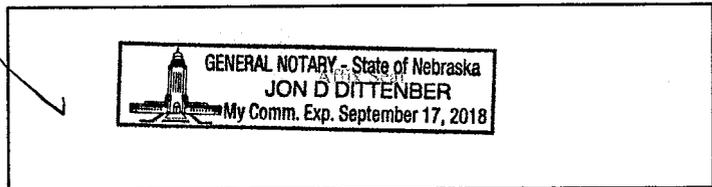
Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER
1-19-16
date


Notary Public signature

The foregoing instrument was acknowledged before me this
MICHAEL SCOTT RITTER
by
JEFF BARCLAY
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.

**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.nebraska.gov

RECEIVED DATE RECEIVED JAN 20 2016 NEBRASKA LIQUOR CONTROL COMMISSION Office Use Only	
Class: <u>C</u>	License #:

Applicant Name: **FUCOR, INC**

(Corporation, LLC, Partnership or Individual)

Trade Name: **VENUE RESTAURANT & LOUNGE**

(Doing Business As)

(402) 730 - 5974

Phone Number

SCOTT@YOURVENUE.NET

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
or checks made payable to NSP should be mailed directly to the following address:

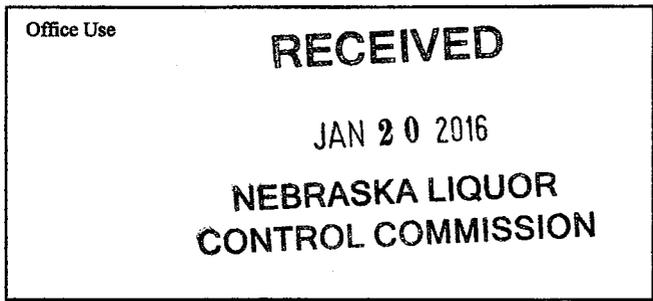
**The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521**

- **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.

**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.nebraska.gov



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. See Form 147 for further information, this form **MUST** be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: FUCOR, Inc.

Premise information

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

Premise Trade Name/DBA: Venue Restaurant & Lounge

Premise Street Address: 129 N. 10th Street

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: 402-730-5974

Email address: scott@yourvenue.net

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

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

Signed, 147, BC, Voter reg

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Cooksley First Name: Justin MI: B

Home Address (include PO Box if applicable): 6015 Sumner street

City: Lincoln County: Lancaster Zip Code: 68506

Home Phone Number: 402-580-2100 Business Phone Number: 402-488-8368

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Augsburg, Germany

Email address: justin@yourvenue.net (yourvenue) SC

Are you currently married, divorced, widowed, or a spouse? (If "no" has been submitted)

YES NO * SPOUSE *

Spouse's information

Spouses Last Name: Cooksley First Name: Megan MI: E

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Lincoln, NE

APPLICANT'S & SPOUSE'S MOST INTERESTING RESIDENCES FOR THE PAST TEN (10) YEARS
APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>Lincoln, NE</u>	<u>2001</u>	<u>2016</u>	<u>Lincoln, NE</u>	<u>2003</u>	<u>2016</u>
			<u>Denver, CO</u>	<u>2001</u>	<u>2003</u>

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NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2004	Current	Venue Restaurant	Jeff Barclay	402-488-8368
2004	2008	Misty's	Reg McMeen	402-466-8424

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
Justin Cooksley	June, 2010	Lincoln, NE	Speeding	Guilty
"	June, 2007	Lincoln, NE	Speeding	Guilty
"	April, 2006	Lincoln, NE	DUI 1 st offense	Guilty
"	Nov., 2004	Lincoln, NE	Open Container	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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Justin Cooksley		
Justin Cooksley	04/2015	RHC
Justin Cooksley	03/2013	RBST

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Justin B. Cooksley/Server	2004-2008	Misty's - Havelock
Justin B. Cooksley/GM	2008-current	Venue Restaurant & Lounge, 70 th & Promoters

5) Have you enclosed Form 147 regarding fingerprints?

YES

NO

147 Enclosed

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 JAN 20 2016
 NEBRASKA LIQUOR
 CONTROL COMMISSION

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

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.

[Handwritten Signature]
Signature of Manager Applicant

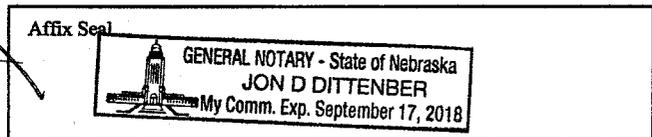
[Handwritten Signature]
Signature of Spouse *not required to sign*

ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER
1-19-16
date

The foregoing instrument was acknowledged before me this
by JUSTIN B. COOKSLEY
name of person acknowledged *OK*

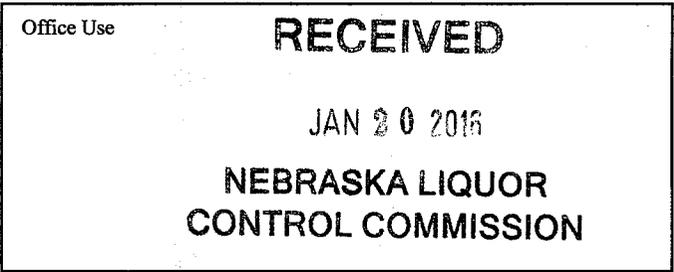
[Handwritten Signature]
Notary Public signature



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.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
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PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

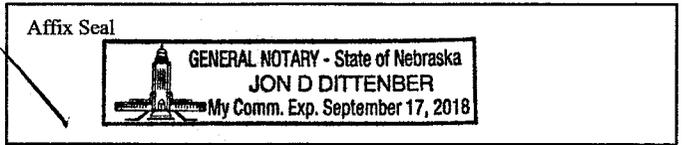
Megan Cooksley
Signature of spouse asking for waiver
(Spouse of individual listed below)

Megan Cooksley
Printed name of spouse asking for waiver

State of NEBRASKA
County of LANCASTER
1-19-16
date

The foregoing instrument was acknowledged before me this
by Megan Cooksley
name of person acknowledged

[Signature]
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

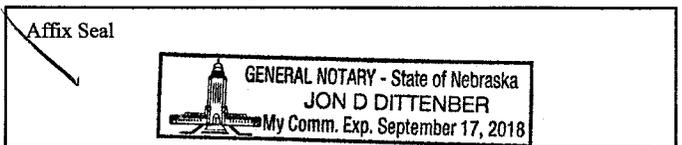
[Signature]
Signature of individual involved with application
(Spouse of individual listed above)

Justin Cooksley
Printed name of applying individual

State of NEBRASKA
County of LANCASTER
1-19-16
date

The foregoing instrument was acknowledged before me this
by JUSTIN COOKSLEY
name of person acknowledged

[Signature]
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**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.nebraska.gov

Office Use
RECEIVED
JAN 20 2016
NEBRASKA LIQUOR CONTROL COMMISSION

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. See Form 147 for further information, this form MUST be included with your application.
- 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 (must show electronic stamp or barcode receipt by Secretary of States Office)

Name of Registered Agent: Michael S. Ritter

Name of Corporation that will hold license as listed on the Articles
FUCOR, Inc.

Corporation Address: 7510 Glynooks Dr.

City: Lincoln State: NE Zip Code: 68516

Corporation Phone Number: 402-730-5974 Fax Number 402-904-7194

Total Number of Corporation Shares Issued: 2000

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

Last Name: Ritter First Name: Michael MI: S.

Home Address: 9712 Andre Circle City: Lincoln

State: NE Zip Code: 68526 Home Phone Number: 402-730-5974

[Signature]
Signature of President/CEO

State of Nebraska
County of LANCASTER
1-19-16
Date

ACKNOWLEDGEMENT
The foregoing instrument was acknowledged before me this
by MICHAEL S. RITTER
name of person acknowledge

Affix Seal
GENERAL NOTARY - State of Nebraska
JON D DITTENBER
My Comm. Exp. September 17, 2018

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

Last Name: Ritter First Name: Michael MI: S

signed
147

Social Security Number: _____ Date of Birth: _____

Title: President/Treasurer Number of Shares 1,000

Spouse Full Name (indicate N/A if single): Alison Ann Ritter Xspouse

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Barclay First Name: Jeffrey MI: K

signed
47

Social Security Number: _____ Date of Birth: _____

Title: V.P./Secretary Number of Shares 1,000

Spouse Full Name (indicate N/A if single): Not Married

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: _____~~

Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January 1 Ending Date: December 31

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID # _____

RECEIVED

JAN 20 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

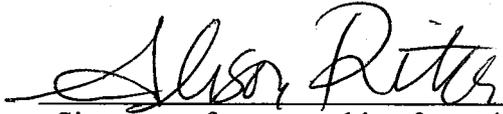
In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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Office Use
RECEIVED
JAN 20 2016
NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.



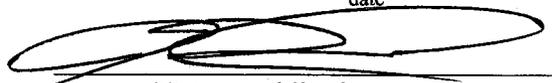
ALISON ANN RITTER

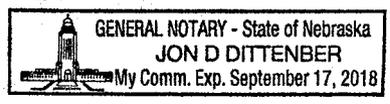
Signature of spouse asking for waiver
(Spouse of individual listed below)

Printed name of spouse asking for waiver

State of NEBRASKA
County of LANCASTER
1-19-16
date

The foregoing instrument was acknowledged before me this
by ALISON ANN RITTER
name of person acknowledged


Notary Public signature

Affix Seal


I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.



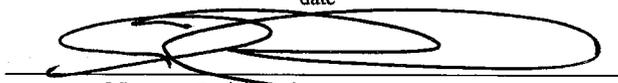
MICHAEL SCOTT RITTER

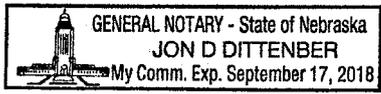
Signature of individual involved with application
(Spouse of individual listed above)

Printed name of applying individual

State of NEBRASKA
County of LANCASTER
1-19-16
date

The foregoing instrument was acknowledged before me this
by MICHAEL SCOTT RITTER
name of person acknowledged


Notary Public signature

Affix Seal


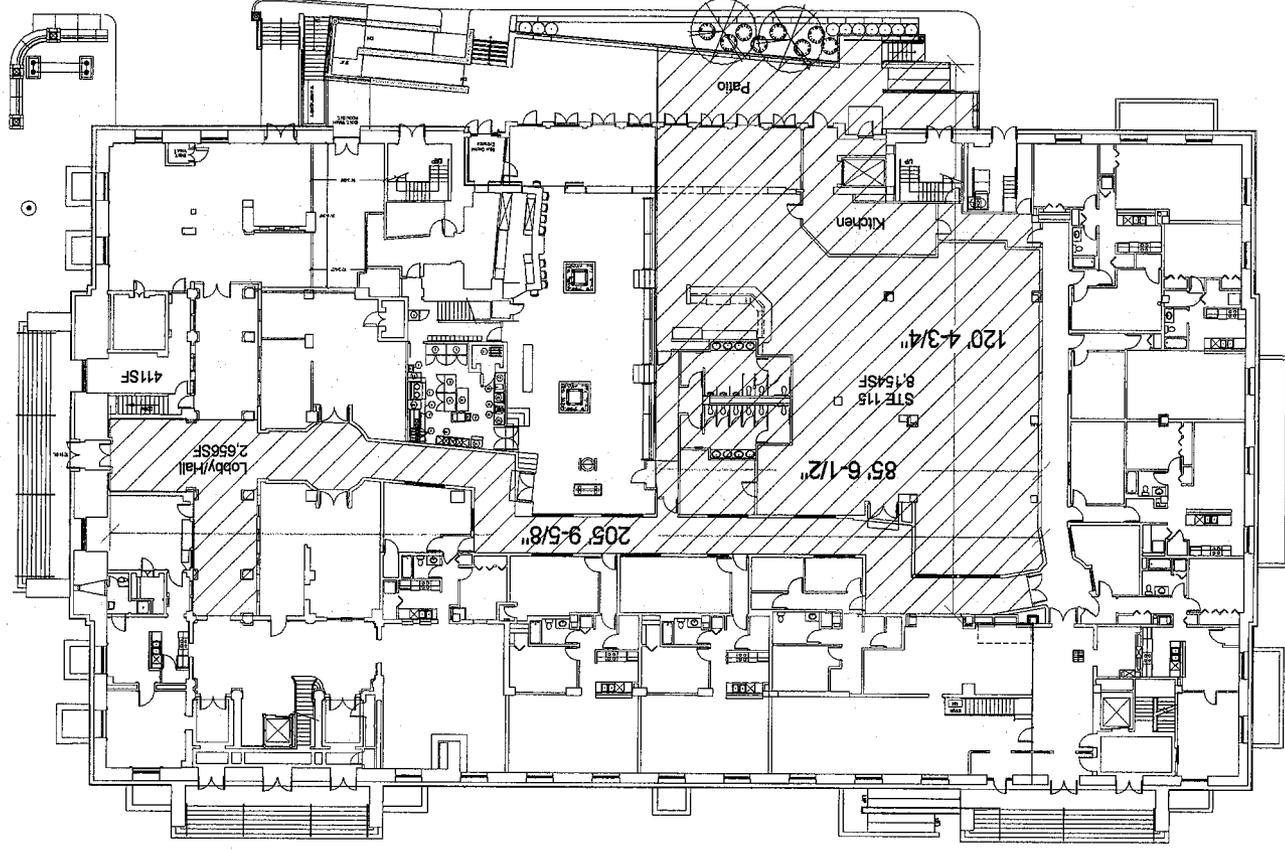
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RECEIVED

JAN 20 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

Exhibit "A"



of 3 story Building
part of main floor approx 121 X 266
located in the grand manse