



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 21, 2012

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 Henry's on South, 2110 Winthrop Road requesting a class C liquor license.

This location was previously known as Caffee Italia which held a class C liquor license

Andrew Fuller, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Andrew Fuller was born in Seattle Washington. He attended the University of Washington graduating in 1989.

Andrew Fuller employment history is as follows:

2010 - Present	Crew Member, Trader Joe's	Lincoln, NE.
2007 - 2009	Producer, Actuality Productions	Los Angeles, CA.
2004 - 2007	Producer, Passport Productions	Los Angeles, CA.

Applicant has been informed on the required training.

Stockholder information has been 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.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



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NEBRASKA LIQUOR CONTROL COMMISSION

PREMISE INFORMATION

Trade Name (doing business as) Henry's on South
Street Address #1 2110 Winthrop Road
Street Address #2 _____
City Lincoln County Lancaster #2 Zip Code 68502
Premise Telephone number 402 937 3553

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

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

Name Henry Mac LLC
Street Address #1 3225 South 30th Street
Street Address #2 _____
City Lincoln State NE Zip Code 68502

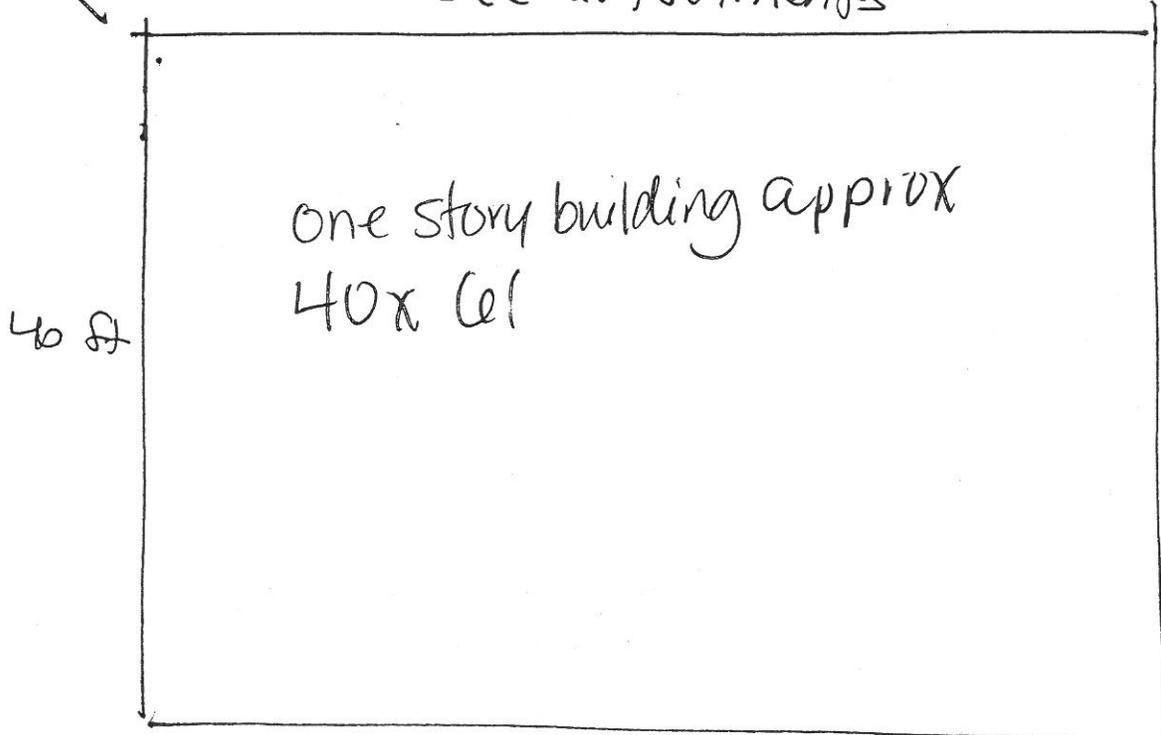
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

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

Length 60.5 feet
Width 40 feet
no basement access no outdoor area
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

See attachments



APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

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
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				NEBRASKA LIQUOR CONTROL COMMISSION

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 Caffe Italia (MVB, INC) # 62464

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

YES NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. 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) Gary Fuller, Rob Fuller

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Fuller First Name: Andrew MI: G

Home Address (include PO Box if applicable): 3225 S 30th Street

City: Lincoln County: Lancaster Zip Code: 68502

Home Phone Number: 402 937 3553 Business Phone Number: 402 937 3553

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

Date Of Birth: _____ Place Of Birth: Seattle, WA

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: Fuller First Name: Melissa MI: M

Social Security Number _____ Drivers License Number & Stat _____ Nebraska

Date Of Birth: _____ Place Of Birth: Fremont, 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
Lincoln, NE	2009	Present	Lincoln, NE	2009	Present
Los Angeles, CA	1999	2009	Los Angeles, CA	2000	2009

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	Present	Trader Joe's	Thomas Tweten	402.328.0120
2007	2009	Actuality Productions	Paul Dzilvelis	company closed 2010

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.

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

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
 YES NO prints submitted

5. List any alcohol related training and/or experience (when and where).

Trader Joe's - Lincoln, NE (2010)

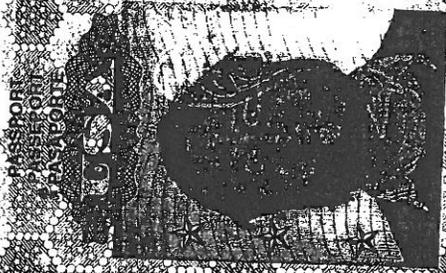
The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizens of the United States named herein to pass without delay, preference and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie les présentes toutes autorités compétentes de laisser passer le citoyen ressortissant des Etats-Unis titulaire du présent passeport, sans la moindre difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

Andrew Fuller

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR
NOT VALID UNTIL SIGNED



UNITED STATES OF AMERICA

Fuller
Andrew Grey

Andrew Grey

UNITED STATES OF AMERICA

Sex / Sexe / Sexo M
Date of Issue / Date de délivrance / Fecha de expedición 22 MAR 2007
Date of expiration / Fecha de expiración / Fecha de caducidad 21 MAR 2017

WASHINGTON, D.C.

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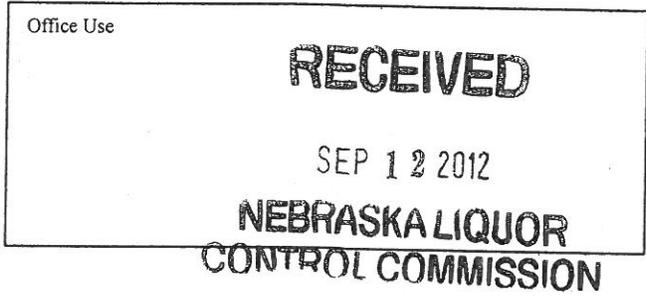
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NEBRASKA LIQUOR CONTROL COMMISSION

OK

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: Andrew G Fuller

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Henry Mac LLC

LLC Address: 3225 S. 30th St

City: Lincoln State: NE Zip Code: 68502

LLC Phone Number: 402 937-3553 LLC Fax Number N/A

Name of Managing/Contact Member

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

Last Name: Fuller First Name: Andrew MI: G

Home Address: 3225 S. 30th St. City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: 402 937-3553

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of LANCASTER

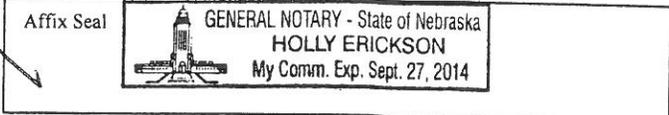
The foregoing instrument was acknowledged before me this

12th day of September, 2012

by ANDREW GREY FULLER

Date

name of person acknowledge



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

Last Name: Fuller First Name: Andrew MI: G
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Melissa McVicker Fuller
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 75.1 %

*Signed
passport
water reg*

Last Name: Fuller First Name: Melissa MI: M
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Andrew G Fuller
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 24.9%

*Signed
passport
water reg*

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: _____ 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 _____