



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

October 23, 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 CVS Pharmacy, 5611 South 27th Street requesting a class C liquor license.

Kevin Merfeld has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved liquor license manager.

Stockholder information has been included for your review.

If this application is approved the Lincoln Police Department requests the following conditions be added to the liquor license:

The on premise consumption of alcohol shall be limited to samplings of 2 ounces or less of any alcoholic beverage.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) CVS/Pharmacy #4033

Street Address #1 5611 South 27th Street

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68516

Premise Telephone number 402-420-0318

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

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

Name CVS Pharmacy

Street Address #1 One CVS Drive

Street Address #2 Licensing Department/MD 23062A

City Woonsocket State RI Zip Code 02895

**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 142' 4" feet
Width 95' 4" feet

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

Please see attached.

*96 x 143
one story
building*

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 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.

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NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge
Please 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 CVS/Pharmacy #4033 License #95885

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) _____

**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

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their 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) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Nebraska CVS Pharmacy, L.L.C.

Premise information

Premise License Number: 95885

(if new application leave blank)

Premise Trade Name/DBA: CVS/Pharmacy #4033

Premise Street Address: 5611 South 27th Street

City: Lincoln

State: NE

Zip Code: 68516

Premise Phone Number: 402-420-0318

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



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE

FEMALE

Last Name: Merfeld First Name: Kevin MI: M.

Home Address (include PO Box if applicable): 8233 Russwood Circle

City: Lincoln County: Lancaster Zip Code: 68505

Home Phone Number: 402-484-5370 Business Phone Number: 402-467-5341

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

Date Of Birth: _____ Place Of Birth: Waterloo, IA

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: Merfeld First Name: Kristi MI: L.

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

Date Of Birth: _____ Place Of Birth: Lincoln, 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	2/2000	present	Lincoln, NE	2/2000	present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
7/1997	present	CVS Pharmacy/Osco Drug	Pat Carroll	708-878-9767
4/1996	7/1997	Nine West Shoes	Jeff Roth	Unknown

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
Kevin Merfeld	unknown	Iowa	minor traffic violations	guilty, paid fine

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.
CVS Pharmacy #8294
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
5. List any alcohol related training and/or experience (when and where).
Alcohol Hospitality Training, Lincoln, NE October 2010 - - Company Alcohol Training with CVS Pharmacy

CERTIFICATE OF VITAL RECORD

STATE OF IOWA

County Record

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OCT 11 2012

NEBRASKA LIQUOR CONTROL COMMISSION

STATE OF IOWA
DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH 114

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

CHILD - NAME		FIRST	MIDDLE	LAST	DATE OF BIRTH	MONTH	DAY	YEAR	BIRTH NUMBER	HOUR	MINUTE
1		Kevin	Michael	Marfeld						7:11A	M
CHILD - SEX		THIS BIRTH - SINGLE, TWIN, TRIPLE, ETC. (SPECIFY)		IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH					
3		Male		Single		Black Hawk					
CHILD - CITY, TOWN, OR LOCATION OF BIRTH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)							
3		Waterloo		Yes		Allen Memorial Hospital					
MOTHER - MAIDEN NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)					
4		Beverly	Jean	Tiedt	20	Iowa					
MOTHER - RESIDENCE - STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER					
7		Iowa	Fayette		Yes	901 First Ave. S. E.					
FATHER - NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)					
6		Lyle	Francis	Marfeld	24	Iowa					
INFORMANT		NAME				RELATION TO CHILD					
7		Mrs. Lyle Francis Marfeld				Mother					
CERTIFIER		SIGNATURE (TYPE OR PRINT)				DATE SIGNED (MONTH, DAY, YEAR)		ATTENDANT - M.D., D.O., MIDWIFE, OTHER (SPECIFY)			
10		Ernest H. Stumme				8-17-70		M. D.			
REGISTRAR - SIGNATURE		MAILING ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP							
11		Ernest Stumme, M. D.		Bonver, Iowa 50622							
12		Marnell D. Hicks		File No. 1574		DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
						AUG 22 1970					

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.

DEC 26 2002

DATE ISSUED
C1259348

FORM #588-0328C (1969)

BY Catherine S. Simpson OF
COUNTY REGISTRAR OF VITAL RECORDS

BLACK HAWK COUNTY



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



**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

SOS Acct # 010081278

Office Use

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: CT Corporation System

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

Nebraska CVS Pharmacy, L.L.C.

LLC Address: One CVS Drive

City: Woonsocket State: RI Zip Code: 02895

LLC Phone Number: 401-765-1500 LLC Fax Number 401-767-7887

Name of Managing/Contact Member

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

Last Name: Moffatt First Name: Thomas MI: S

Home Address: 29 Homestead Circle City: Kingston

State: RI Zip Code: 02881 Home Phone Number: 401-765-1500

Signature of Managing/Contact Member

State of Rhode Island
~~Nebraska~~
County of Providence

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this

8th day of February 2011 by Thomas S Moffatt

Date

name of person acknowledge

Therese M Fluette

Affix Seal
Therese M. Fluette
Notary Public

State of Rhode Island
My Commission Expires 09/02/2013

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

Last Name: Moffatt First Name: Thomas MI: S

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Alexandra (McDonald-Swift) Moffatt

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

*prints
3-21-12*

Last Name: DaNale First Name: Carol MI: A

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

Last Name: Corrigan First Name: Terence MI: M

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Amy (Kirby) Corrigan

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

Last Name: Luker First Name: Melanie MI: K

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

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

Last Name: Cimbron First Name: Linda MI: M

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Paul Cimbron

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

Last Name: Clark First Name: Jeffrey MI: E

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Jennifer (Unterman) Clark

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

Last Name: Desrochers First Name: Jason MI: D

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Tammy (Dunham) Desrochers

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

Last Name: Zaslavskiy First Name: Marina MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Yarowslaw Zaslavskiy

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero