



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

December 30, 2013

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 Emphyrean Brewing, 300 South 7th requesting a class L liquor license.

This liquor license will be semi attached to Lazlo's at 729 Q Street.

James Engelbart has requested that he be approved as the manager of the liquor license.

An investigation on Mr. Engelbart shows only traffic violations since 1995.

The required training was completed.

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.

A handwritten signature in black ink, appearing to read "Jim Peschong".

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Empyrean Brewing Co.
Street Address #1 ~~729 Q Street (mailing)~~ - 300 S 7 Street
Street Address #2 ~~726 L Street (warehouse)~~
City Lincoln County Lancaster #12 Zip Code 68508

Premise Telephone number 402-434-5900
Is this location inside the city/village corporate limits: YES City NO

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

Name Angela Tucci
Street Address #1 729 Q Street
Street Address #2 _____
City Lincoln State Lancaster Zip Code 68508

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 _____ feet
Width _____ feet See attached

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

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

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 a liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number _____

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

YES NO

If yes:

- a) Attach temporary operating permit (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 _____

MANAGER APPLICATION
INSERT - FORM 3c

Office Use

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

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: Empyrean Brewing Co.

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Empyrean Brewing Co.

Premise Street Address: ~~700 S. Street~~ 300 S 7 Street

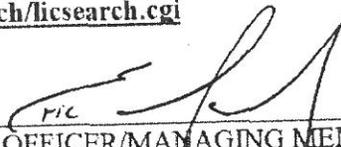
City: Lincoln

State: NE

Zip Code: 68508

Premise Phone Number: 402-434-5959

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)

signed, voter reg, prints ~~BC~~ passport

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Engelbart First Name: James MI: C

Home Address (include PO Box if applicable): 3340 Franklin Street

City: Lincoln County: Lancaster Zip Code: 68506

Home Phone Number: 402-540-0440 Business Phone Number: 402-434-5959

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

Date Of Birth: _____ Place Of Birth: Orange, CA

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES NO spousal, signed, voter reg

Spouse's information

Spouses Last Name: Engelbart First Name: Stephanie MI: A

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

Date Of Birth: _____ Place Of Birth: Osallala, 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
<u>Lincoln, NE</u>	<u>2003</u>	<u>2013</u>	<u>Lincoln, NE</u>	<u>2003</u>	<u>2013</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
1994	2013	Empyrean Brewing Co.	Eric Schaefer	402-434-5959
1996	1996	Marlow's	Sabor Peterson	303-595-3700

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

James - prints enclosed

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

NLCC Certificate issued 1/15/2013 and Lincoln server/seller certificate issued 4/24/2013 (see attached)

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.ne.gov

Office Use

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 (2 cards per person)
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 (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Eric Schaefer

Name of Corporation that will hold license as listed on the Articles

Empyrean Brewing Co.

Corporation Address: 729 Q Street

City: Lincoln State: NE Zip Code: 68508

Corporation Phone Number: 402-434-5960 Fax Number 402-434-3291

Total Number of Corporation Shares Issued: 10

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

Last Name: Schaefer First Name: ERIC MI: J

Home Address: 6747 Ridge Rd City: Lincoln

State: NE Zip Code: 68512 Home Phone Number: 402-421-6412

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska County of Lancaster

The foregoing instrument was acknowledged before me this

11/25/13 Date

by ERIC Schaefer name of person acknowledge

Angela Tucci



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

Last Name: Schafer First Name: ERIC MI: J

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth: _____

*signed
prints*

*spousal
signed*

Last Name: Boles First Name: Brian MI: K

Social Security Number: _____ Date of Birth: _____

Title: CEO Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth: _____

*signed
prints*

*spousal
signed*

Last Name: Chapin First Name: Richard MI: _____

Social Security Number: _____ Date of Birth: _____

Title: Brewmaster Number of Shares 1

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

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: _____