



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

January 27, 2014

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 Penelope's Cafe, 4724 Pioneers Boulevard requesting a class I liquor license.

This location was previously known as El Sito which held a class I liquor license.

Brenda Failor has requested that she be approved as the manager of the liquor license.

Brenda Failor was previously approved by the Nebraska Liquor Control Commission for a liquor license held in Palmyra Nebraska.

The applicant has been informed on the required training.

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



PREMISE INFORMATION

Trade Name (doing business as) Penelope's Lil' Cafe Inc

Street Address #1 4724 Pioneers Blvd

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68506

Premise Telephone number 402-435-0998

Business e-mail address penelopeslincoln@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 Penelope's Lil' Cafe Inc

Street Address #1 4724 Pioneers Blvd

Street Address #2 _____

City Lincoln State Ne Zip Code 68506

DESCRIPTION AND DIMENSIONS OF THE STRUCTURE TO BE LICENSED

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.

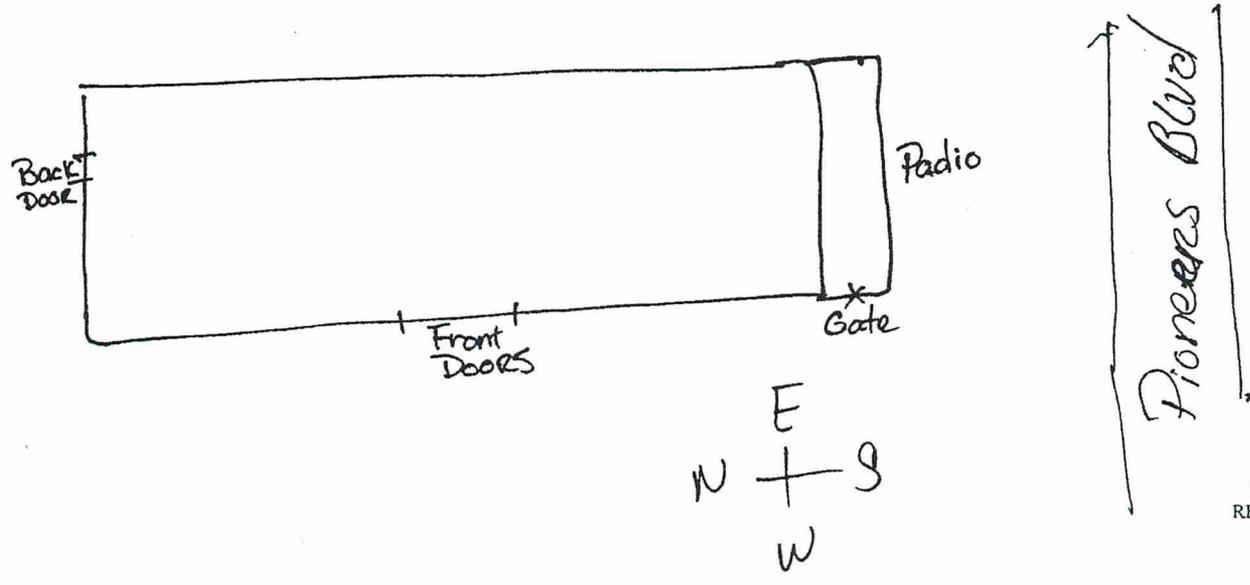
**For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 72 x width 29 in feet

Is there a basement to be licensed? Yes ___ No X If yes, length ___ x width ___ in feet

Is there an outdoor area? Yes X No ___ If yes, length 11 x width 29 in feet

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



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. Include traffic violations. 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. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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YES NO
If yes, please explain below or attach a separate page

JAN 8 2014

NEBRASKA LIQUOR

CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Brenda Failor	1995?	Lincoln NE	Following to close	Paid ticket
William L Failor	1992	Whitehnd IL	Dui & speeding	all charges were dropped
William L Failor	2011	Lincoln, NE	No fishing lic	Paid ticket.
William L Failor	1999?	Lincoln NE	Running Red light	Paid ticket
William L Failor	1994?	Lincoln NE	Speeding	Just warning
William L Failor	1990	Lincoln NE	Not yielding	Paid ticket

2. Are you buying the business of a current retail liquor license?

YES NO

If yes, give name of business and liquor license number EL Sifio (A&R Food Company) 066404

- 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 066404

4. Are you filing a temporary operating permit 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.

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Office Use

DEC 30 2013

NEBRASKA LIQUOR CONTROL COMMISSION

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

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)

1

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Brenda Failor

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

Penelope's Lil' Cafe Inc

Corporation Address: 900 Mulder Drive

City: Lincoln State: NE Zip Code: 68510

Corporation Phone Number: 402 435 0998 Fax Number

Total Number of Corporation Shares Issued: 1000

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

Last Name: Failor First Name: Brenda MI: LEE

Home Address: 900 Mulder Dr City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-310-7431

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska Lancaster County of Lancaster Date 12-16-13

The foregoing instrument was acknowledged before me this by Brenda Failor name of person acknowledge

Affix Seal GENERAL NOTARY - State of Nebraska DARRELL K. STOCK My Comm. Exp. Oct. 19, 2014

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

Last Name: Faylor First Name: Brenda MI: Lee

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 375

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

Spouse Social Security Number _____ Date of Birth: _____

Last Name: Faylor First Name: William MI: Leroy

Social Security Number: _____ Date of Birth: _____

Title: Vice President Number of Shares 375

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Fricke First Name: Josphine MI: E

Social Security Number: _____ Date of Birth: 1

Title: Secretary Number of Shares 250

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

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: _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

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Manager's information must be completed below PLEASE PRINT CLEARLY JAN 6 2014

NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: Faylor First Name: Brent

Home Address (include PO Box if applicable): 900 Mulder Dr

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: 402-310-7431 Business Phone Number: _____

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

Date Of Birth: _____ Place Of Birth: Lincoln Nebraska

Email address: bbfaylor@yahoo.com

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

YES

NO

Spouse information

Spouses Last Name: Faylor First Name: William MI: L

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

Date Of Birth: _____ Place Of Birth: Lincoln Nebraska

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 Nebraska	2007	Present	Lincoln Nebraska	2007	Present
Palmyra Nebraska	2006	2007	Palmyra Nebraska	2006	2007
Lincoln Nebraska	2004	2006	Lincoln Nebraska	2004	2006
Lincoln Nebraska	2000	2004	Lincoln Nebraska	2000	2004

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	2013	Eurest	Alex Traeur	402-770-3233
2011	2000	Macaroni Grill	Scott Gwartney	402-432-0428

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.

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YES NO

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If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
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William Failor	1992	Whitehead IL	Dui & speeding	All charges dropped
William Failor	2011	Lincoln NE	no fish license	Paid Ticket
William Failor	1999	Lincoln NE	Running Red light	Paid ticket
William Failor	1994	Lincoln NE	Speeding	Just warnings
William Failor	1990	Lincoln NE	Not yielding	Paid ticket

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):

5th Quarter Classic Inc.

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

none, but will take any classes required to.

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

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
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		NEBRASKA LIQUOR
		CONTROL COMMISSION

*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:

5. 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

DATE OF ISSUANCE

01/03/2014

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND
 HUMAN SERVICES

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PHS-796(VS)
 REV. 12-54
 FEDERAL SECURITY AGENCY
 PUBLIC HEALTH SERVICE

STATE OF NEBRASKA
 DEPARTMENT OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF LIVE BIRTH BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY Lancaster		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Lancaster	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln		c. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPITAL		d. STREET ADDRESS 2046 So. 26th Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) William		b. (Middle) LeRoy c. (Last) Faylor	
4. SEX Male	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5. DATE (Month) (Day) (Year) OF BIRTH
7. FULL NAME a. (First) Barry b. (Middle) LeRoy c. (Last) Faylor 8. COLOR OR RACE White			
9. AGE (At time of this birth) 23 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Lincoln, Nebraska	11a. USUAL OCCUPATION IBM Operator	11b. KIND OF BUSINESS OR INDUSTRY Labor Department
12. FULL MAIDEN NAME a. (First) Patricia b. (Middle) Ann c. (Last) Neiswanger 13. COLOR OR RACE White			
14. AGE (At time of this birth) 20 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Lincoln, Nebraska	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 1 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Barry LeRoy Faylor—Mother			
I hereby certify that this child was born alive on the date stated above at 3:37 P.m.	18a. SIGNATURE <i>M. John Epp, MD.</i>	18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
	18c. ADDRESS 1108 Sharp Bldg., Lincoln, Nebraska	19. MOTHER'S MAILING ADDRESS Mrs. Barry LeRoy Faylor 2046 So. 26th Lincoln, Nebraska	
20. DATE REC'D BY LOCAL REG. MAY 5 1964	21. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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NEBRASKA LIQUOR CONTROL COMMISSION

DUPLICATE--to be given to this child's parent

STATE OF NEBRASKA DEPARTMENT OF HEALTH Bureau of Vital Statistics CERTIFICATE OF LIVE BIRTH BIRTH NO. 126

PHS-706 (VS) REV. 12-57 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE

Form with fields for 1. PLACE OF BIRTH, 2. USUAL RESIDENCE OF MOTHER, 3. CHILD'S NAME, 4. SEX, 5. THIS BIRTH, 6. DATE OF BIRTH, 7. FULL NAME, 8. COLOR OR RACE, 9. AGE, 10. BIRTHPLACE, 11. USUAL OCCUPATION, 12. FULL MAIDEN NAME, 13. AGE, 14. BIRTHPLACE, 15. CHILDREN PREVIOUSLY BORN, 16. SIGNATURE, 17. ADDRESS, 18. ATTENDANT AT BIRTH, 19. MOTHER'S MAILING ADDRESS, 20. DATE RECD BY LOCAL REC, 21. REGISTRAR'S SIGNATURE.

A certified copy of this original Birth Certificate may be obtained by you upon application accompanied by the statutory fee of \$1.00. If you desire a money order, you may supply the following information: NAME OF CHILD, DATE OF BIRTH, FATHER'S NAME, MOTHER'S MAIDEN NAME, PHYSICIAN'S NAME.