

February 21, 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 Blue Sushi Sake Grill, 804 'R' Street requesting a class I liquor license.

The owners of Blue Sushi have several approved liquor licenses.

Jacob Mason has requested that he be approved as the manager of the liquor license.

An investigation on Mr. Masons only traffic offense is a DWI in 2001.

Jacob Mason 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

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Trade Name (doing business as) Blue Sushi Sake Grill

Street Address #1 804 R. Street

FEB 12 2014

Street Address #2 Haymarket Courtyard Marriot

NEBRASKA LIQUOR

City Lincoln

County Lancaster County

CONTROL COMMISSION
Zip Code 68508

Premise Telephone number *will provide once obtained

Business e-mail address nhogan@flagshiprestaurantgroup.com

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

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

Name Stephanie A. Mattoon

Street Address #1 1700 Farnam Street, Suite 1500

Street Address #2 _____

City Omaha

State NE

Zip Code 68102

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

Building: length _____ x width See attached 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 _____ x width _____ in feet

?
see
Attached

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

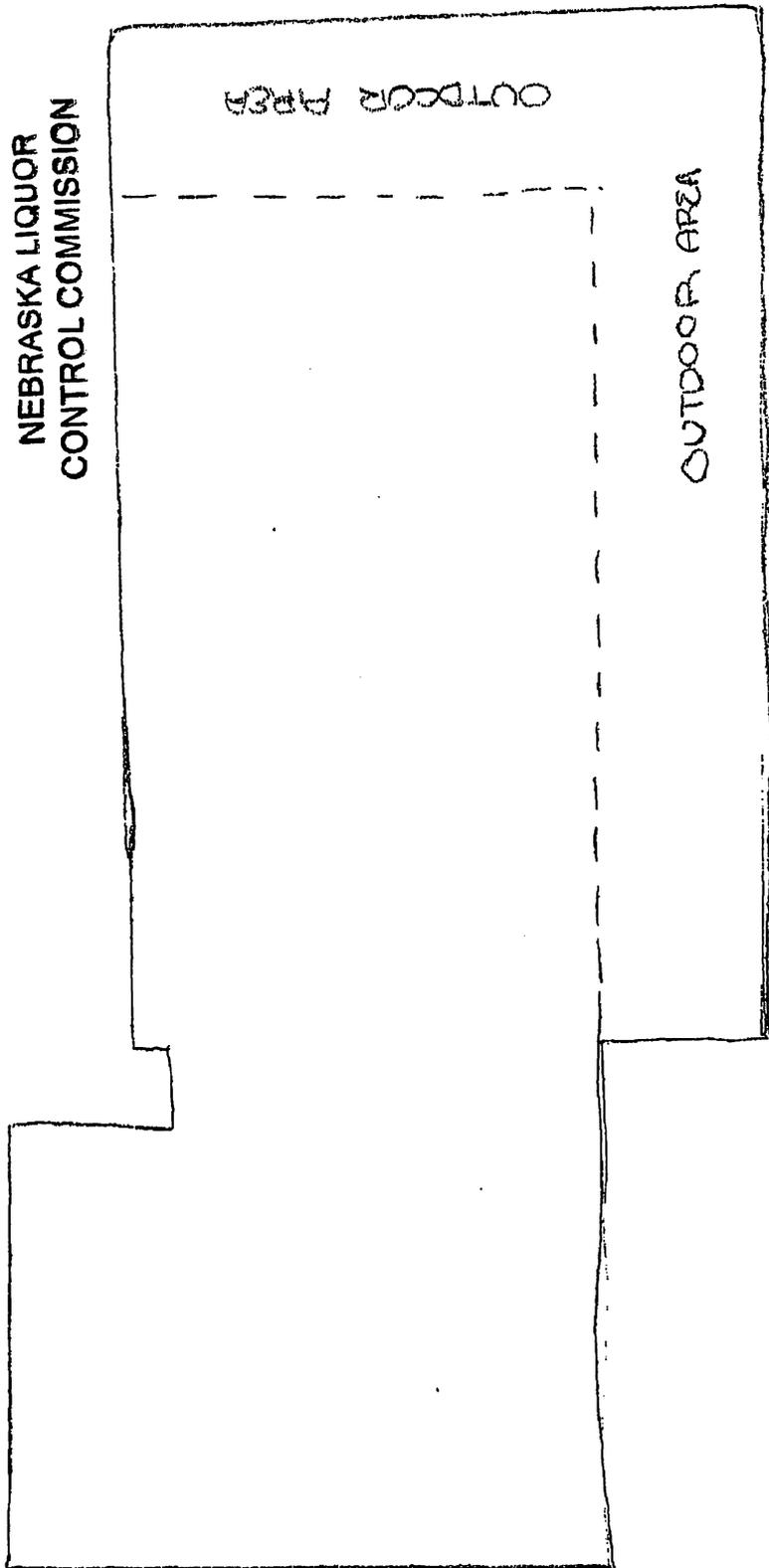
One story irregular-shaped bldg
approx 122' x 57' plus ^{1 shaped} outdoor
area approx 97' x 62'

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NEBRASKA LIQUOR
CONTROL COMMISSION

122'



57'

97'

Areas to be licensed
1 story - 122'x57'
outdoor: 97'x62'

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 before the date of signing this application.

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

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Nick Hoagn	03/2000	DUI		

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 _____

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.

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: MASON First Name: JACOB MI: R Prints

Home Address (include PO Box if applicable): 339 FLETCHER AVE #9

City: LINCOLN County: LANCASTER Zip Code: 68521

Home Phone Number: 402-305-5957 Business Phone Number: -

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

Date Of Birth: _____ Place Of Birth: COCO-SOLO, PANAMA

Email address: JMASON@BLUE-SUSHI-SAKE-GRILL.COM

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

YES NO

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Spouse's information

Spouses Last Name: N/A First Name: _____ MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

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
Jacob Mason LINCOLN, NE	2012	2013			
Jacob Mason OMAHA, NE	1997	2012			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2008	PRESENT	OLD MARKET BLUE SUSHI	DEVIN JACOBSON	402-469-5566
2006	2008	MAHOGANY STEAKHOUSE	DAVE OSBORNE	402-445-4380

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.

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
JACOB MASON	11/08/2007	OMAHA NE	DUI	misdemeanor Guilty/Plea Admission

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



NEBRASKA STATE PATROL

Criminal History Record Dissemination Form



Send To:

KELLEY & JERRAM PC LLO
MIKE HOCH
7134 PACIFIC STREET
OMAHA, NE 68106

Requested By:

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KELLEY & JERRAM PC LLO
MIKE HOCH
7134 PACIFIC STREET
OMAHA, NE 68106

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NEBRASKA STATE PATROL
CRIMINAL IDENTIFICATION DIVISION

Receipt Number:

Completed Date: 01/09/2014

Mailed: 01/09/2014

NO CRIMINAL RECORD FOUND - NEBRASKA

Person Of Interest

Name

Date of Birth

MASON, JACOB R

A state criminal record check was conducted using the name of the applicant only. Positive identification cannot be effective without support of fingerprints, which were not used in this check. Criminal records, if any, are included in this report. Nebraska State Patrol records contain arrests and court dispositions based on fingerprint arrests only. This record reflects the information available as of the date of this report.

Captain Kevin Knorr

Nebraska State Patrol Employee Signature

NEBRASKA STATE PATROL
CRIMINAL IDENTIFICATION DIVISION
3800 NW 12th Suite A
Lincoln, NE 68521
(402) 479-4971

Traffic infraction data available from:
NEBRASKA STATE DEPARTMENT OF MOTOR
VEHICLES
P.O.Box 94789 402-471-2281
Lincoln, NE 68509

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

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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: Stephanie A. Mattcon

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

Lincoln Blue Sushi, LLC #

LLC Address: 1700 Farnam Street, Suite 1500

City: Omaha State: NE Zip Code: 68102

LLC Phone Number: will provide once obtained LLC Fax Number _____

Name of Managing/Contact Member

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

Last Name: Hogan First Name: Nick MI: T.

Home Address: 912 S. 12th Street City: Omaha

State: NE Zip Code: 68108 Home Phone Number: (402) 212-4248

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

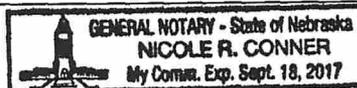
February 10, 2014
Date

The foregoing instrument was acknowledged before me as

by Nick Hogan
name of person acknowledge

Nicole Conner

Affix Seal



List names of all members and their spouses (even if spouse is deceased) has been submitted

Last Name: Hogan First Name: Nick MI: T.

Prints
on file
3/13/13

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership: 75%

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NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: Suh First Name: Ndamukong MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership: 25%

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: _____

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: _____