CITY OF LINCOLN NEBRASKA

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

February 3, 2015

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 Jonathan Benson, DBA Mahoney Golf Shop, 7900 Adams Street, requesting a class IB-111118 liquor license. Mr. Benson has contracted with the City of Lincoln as the Golf Professional for Mahoney Golf Course and is making this application as an individual.

This license will cover the clubhouse, as well as the entire 18-hole golf course. The class I license allows for on-sale of beer, wine and distilled spirits. The class B license allows for the off-sale only of beer.

Mr. Benson completed the required management training on December 11, 2014.

Jonathan Benson's criminal history is as follows:

MINOR POSSESS/SELL/DISPENSE/CONSUME ALCOHOL (Platte Co/Columbus PD)
Disposition: 7-28-2004, Found Guilty, Fined $350

MINOR POSSESS/SELL/DISPENSE/CONSUME ALCOHOL (Platte Co/Columbus PD)
Disposition: 1-28-2004, Found Guilty, Fined $200

Jonathan Benson's driver's history is as follows:

VIOLATE SCHOOL SPEED ZONE 16-20 OVER (Lancaster Co/LPD)
Disposition: 5-6-2008, Found Guilty, Fined $250

NO SEAT BELT (Lancaster Co/LPD)
Disposition: 5-6-2008, Found Guilty, Fined $25

VIOLATE SPEED LIMIT 6-10 OVER (Lancaster Co/LPD)
Disposition: 12-4-2007, Found Guilty, Fined $25

NO SEAT BELT (Lancaster Co/LPD)
Disposition: 12-4-2007, Found Guilty, Fined $25

VIOLATE SPEED LIMIT 11-15 OVER (Lancaster Co/LPD)
Disposition: 7-26-2005, Found Guilty, Fined $75

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

APPLICATION FOR LIQUOR LICENSE CHECKLIST - RETAIL

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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Hot List: YES / (NO)	New/Replacing # 0916800
Class Type 1B	L 111118 Initial RS

Applicant name Jonathan Benson

Trade name Mahoney Golf Shop

Previous trade name Mahoney Golf Course

Contact email address mahoneygc@gmail.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

Office use only
PAYMENT TYPE CK 1132
AMOUNT: $400
Rct 168270 Received: MM

1500001344

FORM 100
REV JAN 2015
PAGE 1

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REQUIRED ATTACHMENTS

Each item must be checked and included with application or marked N/A (not applicable)

1. _X_ Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application.

2. _X_ Enclose application fee of $400, check made payable to the Nebraska Liquor Control Commission.

3. _X_ Enclose the appropriate application forms;
   (Individual License (requires insert form 1))
   Partnership License (requires insert form 2)
   Corporate License (requires insert form 3a & 3c)
   Limited Liability Company (LLC) (requires form 3b & 3c)

4. _NA_ If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for. - owned by City of Lincoln

5. _NA_ If building is owned or being purchased send a copy of the deed or purchase agreement in the name of in name of applicant.

6. _X_ If buying the business of a current liquor license holder:
   a. Provide a copy of the purchase agreement from the seller (must read applicants name).
   b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
   c. Enclose a list of the assets being purchased (furniture, fixtures and equipment).

7. _X_ If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).

8. _X_ Enclose a list of any inventory or property owned by other parties that are on the premise. - See contract,

9. _X_ For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
   a. For residency enclose proof of registered voter in Nebraska
   b. See guideline for further assistance http://www.lcc.nebraska.gov/brochures.html

10. _NA_ Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

11. _X_ Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature

1/23/15
Date

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APPLICATION FOR LIQUOR LICENSE
RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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Website: www.lcc.ne.gov/

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS

RETAIL LICENSE(S) Application Fee $400 (non refundable)

- ☐ A BEER, ON SALE ONLY
- ☐ B BEER, OFF SALE ONLY
- ☐ C BEER, WINE, DISTILLED SPIRTS, ON AND OFF SALE
- ☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- ☐ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- ☐ AB BEER, ON AND OFF SALE
- ☐ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- ☒ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ☐ ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

☐ Class K Catering license (requires catering application form 106) $100.00

Additional fees will be assessed at city/village or county level when license is issued

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Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

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- ☒ Individual License (requires insert form 1)
- ☐ Partnership License (requires insert form 2)
- ☐ Corporate License (requires insert form 3a & 3c)
- ☐ Limited Liability Company (LLC) (requires form 3b & 3c)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application

Name_____ Phone number:_____

Firm Name_____

PREMISE INFORMATION

Trade Name (doing business as) Mahoney Golf Shop DBA Mahoney Golf Course

Street Address #1 7900 Adams St

Street Address #2

City Lincoln County Lancaster Zip Code 68507

Premise Telephone number 402-441-8969

Business e-mail address mahoneygc@gmail.lcom

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

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

Name Jonathan Benson

Street Address #1 16279 Adams St

Street Address #2

City Omaha State NE Zip Code 68135

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 120 x width 60 in feet
Is there a basement? Yes X No ___ If yes, length 60 x width 30 in feet
Is there an outdoor area? Yes X No ___ If yes, length 3000 x width 1500 in feet

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

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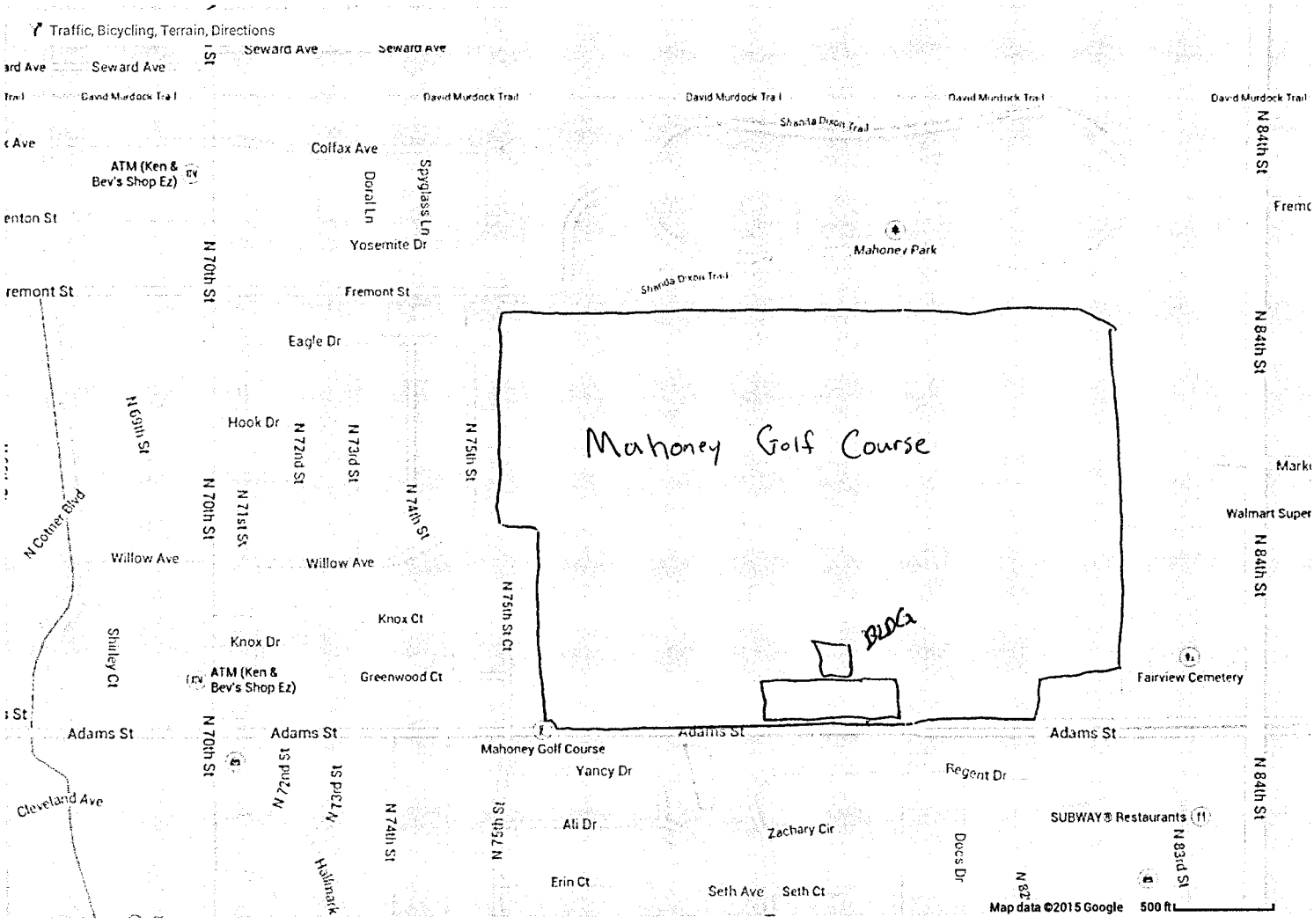

Mahoney G.C. - 150 acres

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

☒ 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
Jonathan Benson	06/2003	Columbus, NE	Minor in Possession of Alcohol	No Contest
Jonathan Benson	06/2004	Columbus, NE	Minor in Possession of Alcohol	No Contest

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

☒ YES ☐ NO

If yes, give name of business and liquor license number Mahoney Golf Course - 096800

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 Mahoney Golf Course - 096800

4. Are you filing a temporary operating permit (TOP) 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.

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) Line of Credit from Pinnacle Bank, Denis Vontz

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☒ YES ☐ NO

If yes, explain. (All involved persons must be disclosed on application)

Rachelle Benson, spouse of Jonathan Benson, will share on the profits of the business.

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such item(s) and the owner. Building, Refrigerator, Freezer, Ice Machine, Chairs, Tables; Owner: City of Lincoln

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business
a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Pinnacle Bank, a) Jonathan Benson and Rachelle Benson

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Denis Vontz - 096800 - No termination of any license

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

a) Individual, applicant only (no spouse)
b) Partnership, all partners (no spouses)
c) Corporation, manager only (no spouse) as listed on form 3c
d) Limited Liability Company, manager only (no spouse) as listed on form 3c

NLCC certified training program completed: RB-0039790 ex 12/11/17

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Jonathan Benson	12/2014	Hospitality Managment
		Server/Seller Permit ~~#RB-0000452 expires 12/17/15~~
		~~#LNK-0010170 expires 12/17/15~~

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html LNKAM-0039791 ex 12/11/17

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Jonathan Benson/ Mahoney Shop	04/06 - Present	Mahoney Golf Course, 7900 Adams St Lincoln 68507

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

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☐ Lease: expiration date Dec 31 2018
☐ Deed Property owned by City of Lincoln
☐ Purchase Agreement

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14. When do you intend to open for business? 02/01/2015

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15. What will be the main nature of business? 18 hole golf facility, driving range, merchandise, food and beverage

16. What are the anticipated hours of operation? Sunup to Sundown

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
Omaha NE	2014	2015	Omaha NE	2014	2015
Lincoln NE	2004	2014	Lincoln NE	2011	2014
			Omaha NE	2008	2011
			Wayne NE	2004	2008

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

Jonathan Benson
Signature of Applicant

Rachelle Benson
Signature of Spouse

Jonathan Benson
Print Name

Rachelle Benson
Print Name

Signature of Applicant

Signature of Spouse

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Print Name

Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

22nd of January
date

by Jonathan and Rachelle Benson
name of person(S) acknowledged (individual(s) signing)

Daniel Cisar
Notary Public signature

GENERAL NOTARY-State of Nebraska
DANIEL F CISAR
My Comm. Exp. Nov. 10, 2015

In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL
INSERT – FORM 1

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

Individual applicants, including 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)**
3) **Must provide a copy of their certified birth certificate or INS papers**
4) **Must submit their fingerprints (2 cards per person)**
5) **Must sign the signature page of the Application for License form**
6) **Applicant may be required to take a training course**

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Name of individual applicant who will hold license

Last Name: Benson

First Name: Jonathan MI: D

Home Address: 16279 Adams St City: Omaha Zip Code: 68135

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: 402-276-4264

Drivers License Number: _____ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES ☐ NO If yes, provide your spouse's information below

Spouses Last Name: Benson

Spouses First Name: Rachelle MI: M

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: NE

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities.
A ten day advance period is required in writing to produce the alternate format.

FORM 35-4182
REVISED 05/2007

SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

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

DATE RECEIVED	
Office Use Only	
Class:_____	License #:_____

Applicant Name: Jonathan David Benson, Individual
(Corporation, LLC, Partnership or Individual)

Trade Name: Mahoney Golf Course
(Doing Business As)

(402)441 - 8969
Phone Number

mahoneygc@gmail.com
Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
  Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
  Fingerprint cards should be submitted with the application.
- Fee payment of $38 per person must be made directly to the NSP;
  You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
  or checks made payable to NSP should be mailed directly to the following address:
  - **The Nebraska State Patrol – CID Division**
  - **3800 NW 12th Street**
  - **Lincoln, NE 68521**
- DO NOT send fee payments to the NLCC, fees MUST be paid directly to NSP;
  Include a list of names covered by your payment to insure proper application of payment.
- This completed form MUST be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

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Please complete information on the following pages for EACH person fingerprinted.

Barcode

Name (Print): Jonathan David Benson Title: Head Golf Professio

Name (Print): Rachelle Marie Benson Title: Spouse

Location: Troop A Headquarters - Omaha NE Date 1/23/15
Where fingerprints were taken

PayPort Receipt #: 11743364 $ 76 Check Name & No.: $

Name (Print): Title:

Name (Print): Title: Spouse

Location: Date
Where fingerprints were taken

PayPort Receipt #: $ Check Name & No.: $

Name (Print): Title:

Name (Print): Title: Spouse

Location: Date
Where fingerprints were taken

PayPort Receipt #: $ Check Name & No.: $

Name (Print): Title:

Name (Print): Title: Spouse

Location: Date
Where fingerprints were taken

PayPort Receipt #: $ Check Name & No.: $

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Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ $_____ Check Name & No.: _____ $_____

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ $_____ Check Name & No.: _____ $_____

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ $_____ Check Name & No.: _____ $_____

I hereby certify that fingerprint cards and/or fees of $38 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.
Click HERE for information regarding criminal background checks.

Name (Print): Jonatha Benson Title: Head Golf Profes

Signature: Jonatha Benson Date: 1/23/15

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