

April 17, 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 of Meier's Wine, Inc., DBA Innovation Campus Conference Center, 2021 Transformation Drive, requesting a class I-112102 liquor license.

Meier's Wine, Inc. currently holds a class CK liquor license for Meier's Cork & Bottle and a class I liquor license for Wick Alumni Center.

Kevin Meier is requesting that he be approved as the manager of the new liquor license. Mr. Meier is the current liquor license manager for the two existing licenses.

Mr. Meier completed the required management training on October 23, 2014.

Background information on the applicant is being omitted as Mr. Meier is currently an approved liquor license manager and there is no change to his criminal and traffic history.

All applicable agreements with the Nebraska Alumni Association have been made. A waiver has been granted regarding the restriction that prevents the service of alcohol within 300 feet of a college or university.

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



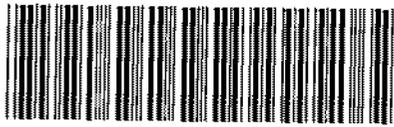
**APPLICATION FOR LIQUOR LICENSE  
CHECKLIST - RETAIL**

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

<p>RECEIVED MAR 30 2015 NEBRASKA LIQUOR CONTROL COMMISSION</p>		
Hot List: YES / <u>NO</u>	New/Replacing #	
Class Type <u>I</u>	<b>112102</b>	Initial <u>RS</u>

Applicant name MEIERS WINE, INC  
 Trade name MEIERS CORK N BOTTLE  
 Previous trade name N/A  
 Contact email address WINEGUYS@WINDSTREAM.NET

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 <u>CR 14949</u> AMOUNT: <u>\$400</u> Ret # <u>168333</u> Received: <u>mm</u>	 1500008883
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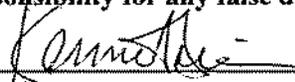
NEBRASKA LIQUOR  
CONTROL COMMISSION

REQUIRED ATTACHMENTS

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

1.  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.  Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.
3.  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.  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.
5.  N/A If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6.  N/A 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.  N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).
8.  N/A Enclose a list of any inventory or property owned by other parties that are on the premise.
9.  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.  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.  N/A Submit a copy of your business plan.

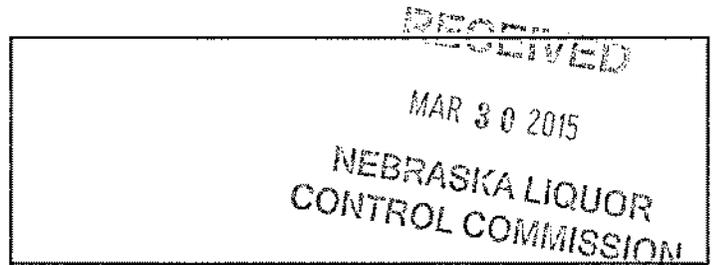
I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

  
\_\_\_\_\_  
Signature

3/27/15  
Date

**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

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301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
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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 SPIRITS, 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

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**

- 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) MEIER'S CORIC 'N BOTTLE

Street Address #1 1244 SOUTH ST.

Street Address #2 2021 TRANSFORMATION DR. (INNOVATION CAMPUS)

City LINCOLN County LANCASTER Zip Code 68583

Premise Telephone number 402-476-1516

Business e-mail address WINEGUYS@WINDSTROM.COM

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

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

Name MEIER'S CORIC 'N BOTTLE

Street Address #1 1244 SOUTH ST.

Street Address #2 \_\_\_\_\_

City LINCOLN State NE Zip Code 68502

**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 80' in feet

Is there a basement? Yes \_\_\_ No X If yes, length \_\_\_ x width \_\_\_ in feet

Is there an outdoor area? Yes \_\_\_ No X If yes, length \_\_\_ x width \_\_\_ in feet

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

SEE ATTACHED MAP

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**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
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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 \_\_\_\_\_

- 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 (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) \_\_\_\_\_

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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)

~~WICK ALUMNI CENTER~~ NE ALUMNI ASSOC.

NEBRASKA LIQUOR CONTROL COMMISSION

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. NEBRASKA INNOVATION CAMPUS

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)

UNIVERSITY OF NEBRASKA - LINCOLN

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.

UNION BANK

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.

~~KEVIN~~ KEVIN METOX IMPORTS - CLOSED BUSINESS  
BLUE HORIZON WINE BAR: BISTRO - SOLD BUSINESS  
MEIGER'S - COKE IN BOTTLE - ACTIVE  
WICK ALUMNI CENTER - ACTIVE  
MEIGER'S AT CLOCKTOWER - CLOSED BUSINESS

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:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
KENNETH C. MEIER	3/24/15	# CNK-0043429
	3/27/15	# RB-0043412
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For list of NLCC certified training programs see: [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
KEVIN R. MEIER	2008	RB-0038541 LNKAM-0038542

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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.**

- Lease: expiration date MAY 1, 2016
- Deed
- Purchase Agreement

14. When do you intend to open for business? ASAP

15. What will be the main nature of business? CONCESSIONS FOR BANQUETS / EVENTS

16. What are the anticipated hours of operation? 3pm TO 11:00 pm

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	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
KENNETH C. MEIER WALTON, NE	1990	PRESENT	JUDITH MEIER WALTON, NE	1990	PRESENT
KEVIN R. MEIER ROLA, NE	2006	PRESENT	SARA M. MEIER ROLA, NE	2006	PRESENT
KEVIN R. MEIER LINCOLN, NE	1998	2006	SARA M. MEIER LINCOLN, NE	1998	2006

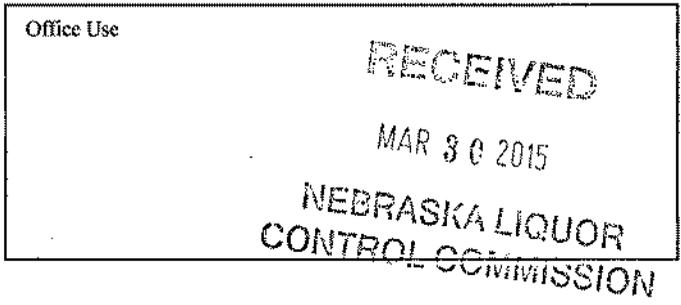


In compliance with the ADA, this application is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

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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](http://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. See Form 147 for further information, this form MUST be included with your application.
- 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 (must show electronic stamp or barcode receipt by Secretary of States Office)

Name of Registered Agent: \_\_\_\_\_

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

MEIER'S WINE, INC 010119510

Corporation Address: 1244 SOUTH ST.

City: LINCOLN State: NE Zip Code: 68502

Corporation Phone Number: 402-476-1518 Fax Number 402-476-9021

Total Number of Corporation Shares Issued: 100

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

Last Name: MEIER First Name: KENNETH MI: C

Home Address: 18515 PROMENERS BLVD. City: WALTON

State: NE Zip Code: 68461 Home Phone Number: 402-781-9211

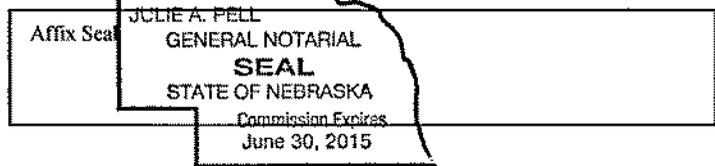
Kenneth Meier  
Signature of President/CEO

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Lancaster  
Date 3/27/15

The foregoing instrument was acknowledged before me this  
by Julie A. Pell  
name of person acknowledge

Julie A. Pell



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

Last Name: MEIER First Name: KENNETH MI: C

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: PRESIDENT Number of Shares 75

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: MEIER First Name: KEVIN MI: R.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: V.P. Number of Shares 25

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

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: \_\_\_\_\_

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

Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation \_\_\_\_\_
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: JAN 1 Ending Date: DEC 31

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Is this a Non-Profit Corporation?

YES

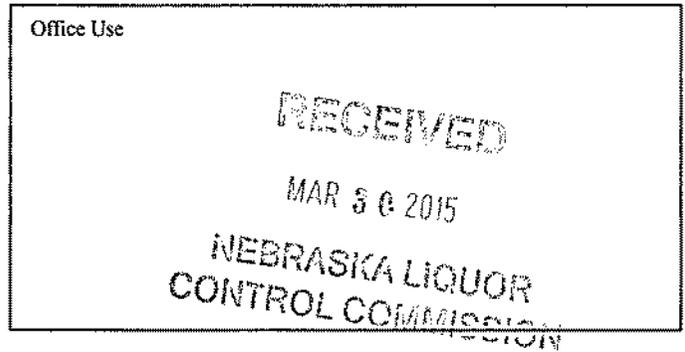
NO

If yes, provide the Federal ID # \_\_\_\_\_

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**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](http://www.lcc.ne.gov)



Manager must:

- Complete all sections of the application. Be sure it is signed by a **corporate officer**, corporate officer must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card with application

Spouse who **will not** participate in the business, spouse must:

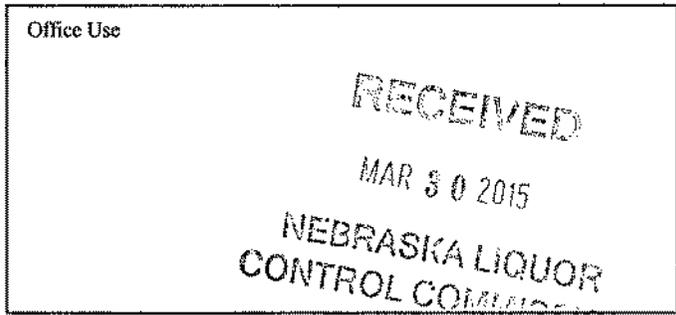
- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

**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](http://www.lcc.ne.gov)



**MUST BE:**

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. See Form 147 for further information, this form **MUST** be included with your application.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC: MEIERS WINE INC

**Premise information**

Liquor License Number: \_\_\_\_\_ Class Type \_\_\_\_\_ (if new application leave blank)

Premise Trade Name/DBA: NEBRASKA INNOVATION CAMPUS CENTER

Premise Street Address: 2021 TRANSFORMATION DRIVE

City: LINCOLN County: LANCASTER Zip Code: 68583

Premise Phone Number: 402 476 1518

Email address: WINEGUYS@WINDSTREAM.NET

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](http://www.lcc.ne.gov/license_search/licsearch.cgi)



**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

**Manager's information must be completed below PLEASE PRINT CLEARLY**

Last Name: MEIER First Name: KEVIN MI: R  
 Home Address (include PO Box if applicable): 13101 So. 8<sup>th</sup> St  
 City: ROCA County: LANCASTER Zip Code: 68430  
 Home Phone Number: 402 328 8882 Business Phone Number: 402 476 1518  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: OMAHA, NE  
 Email address: WINEGUYS@WINDSTREAM.NET

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: MEIER First Name: SARA MI: M  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: SALINA, KS

**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
<del>WALTON NE</del>	<del>1990</del>	<del>2006</del>			
ROCA, NE	2006	PRESENT			
LINCOLN, NE	1998	2006			

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**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2008	PRESENT	MEIER'S WINE, INC	KEN MEIER	402-476-1518
2001	2008	K-SARA ENTERPRISES	9 SELF	402-476-1518

**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

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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):

K-SARA ENTERPRISES, 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.

\*NLCC Training Certificate Issued: PB-003854 Name on Certificate: KEVIN R. MEYER  
LNKAM 0038542

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
V.P.	2007 - PRESENT	MEYER'S WINE, INC 1244 SOUTH LINDEN 68502
PRES.	2000 - 2007	K-SARA ENTERPRISES, INC 3540 VILLAGE DR 685

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5. Have you enclosed Form 147 regarding fingerprints?

YES       NO

DIGITAL - ON FILE AT STATE PATROL.

**PERSONAL OATH AND CONSENT OF INVESTIGATION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

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.

*[Handwritten Signature]*

Signature of Manager Applicant

*[Handwritten Signature]*

Signature of Spouse

**ACKNOWLEDGEMENT**

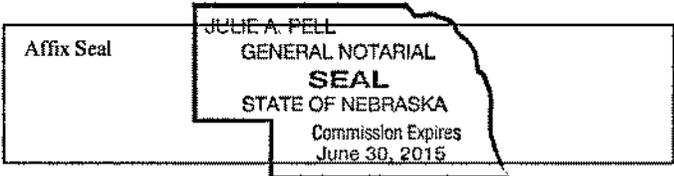
State of Nebraska  
County of Lincoln

The foregoing instrument was acknowledged before me this

3/27/15  
date

by Julie A. Pell  
name of person acknowledged

*[Handwritten Signature]*  
Notary Public signature



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.

RECEIVED

MAR 30 2015

# SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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](http://www.lcc.ne.gov)

Office Use  
**RECEIVED**  
MAR 30 2015  
NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

[Signature]  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

SARA M. MEIER  
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

3/27/15  
date

The foregoing instrument was acknowledged before me this  
by Julie A. Pell  
name of person acknowledged

[Signature]  
Notary Public signature

Affix Seal  
JULIE A. PELL  
GENERAL NOTARIAL  
SEAL  
STATE OF NEBRASKA  
Commission Expires  
June 06, 2015

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]  
Signature of individual involved with application  
(Spouse of individual listed above)

KEVIN R. METOL  
Printed name of applying individual

State of Nebraska

County of Lancaster

3/27/15  
date

The foregoing instrument was acknowledged before me this  
by Julie A. Pell  
name of person acknowledged

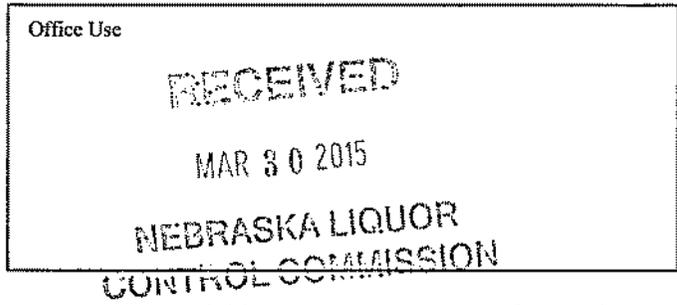
[Signature]  
Notary Public signature

Affix Seal  
JULIE A. PELL  
GENERAL NOTARIAL  
SEAL  
STATE OF NEBRASKA  
Commission Expires  
June 30, 2015

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

# SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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](http://www.lcc.ne.gov)



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Judith M. Meier

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Judith M Meier

Printed name of spouse asking for waiver

State of Nebraska

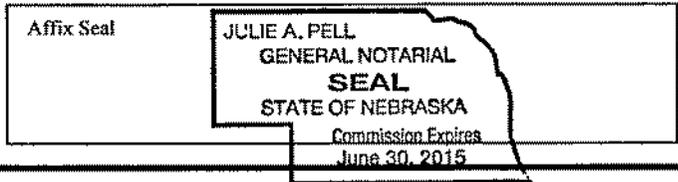
County of Lancaster

3/27/15  
date

The foregoing instrument was acknowledged before me this

by Julie A. Pell  
name of person acknowledged

Julie A. Pell  
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Kenneth C. Meier

Signature of individual involved with application  
(Spouse of individual listed above)

KENNETH C MEIER

Printed name of applying individual

State of Nebraska

County of Lancaster

3/27/15  
date

The foregoing instrument was acknowledged before me this

by Julie A. Pell  
name of person acknowledged

Julie A. Pell  
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.