CITY OF LINCOLN NEBRASKA

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

July 9, 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 Blink Restaurants, Inc., DBA Blink, Fresh Casual Eatery, 803 Q Street, Suite 150, requesting a class C-113922 liquor license.

Nickolas Fraley is requesting that he be approved as the manager of the liquor license. Mr. Fraley completed the required management training on July 10, 2014.

The president of Blink Restaurants, Inc. also owns other restaurants in Lincoln, including Greenfield's, where Mr. Fraley is currently the approved liquor license manager.

No areas of concern were found.

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.nebraska.gov

TOP Denied Approved

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JUN 19 2015
NEBRASKA LIQUOR CONTROL COMMISSION

Hot List: YES / (NO)	New/Replacing # 091857	
Class Type C	113922	Initial RS

Applicant name Blink Restaurant, Inc,

Trade name Blink, Fresh Casual Eatery

Previous trade name

Contact email address kevin@quickteq.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 CK 1003
AMOUNT: $ 400
Rct 168442 Received: mm

1500016141

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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 or you may pay online at www.ne.gov/go/NLCCpayport

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. X 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. 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 premises.

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. X 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.

Kevin C. Knudson

Signature

6-15-15

Date

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CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE
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.nebraska.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

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☒ 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_____

PREMISES INFORMATION

Trade Name (doing business as) Blink, Fresh ~~Casual~~ Casual Eatery

Street Address #1 803 Q Street, Suite 150

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

Premises Telephone number 402 730 3360

Business e-mail address _____

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

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

Name Blink Restaurant, Inc.

Street Address #1 1028 G Street

Street Address #2 _____

City Lincoln State NE Zip Code 68508

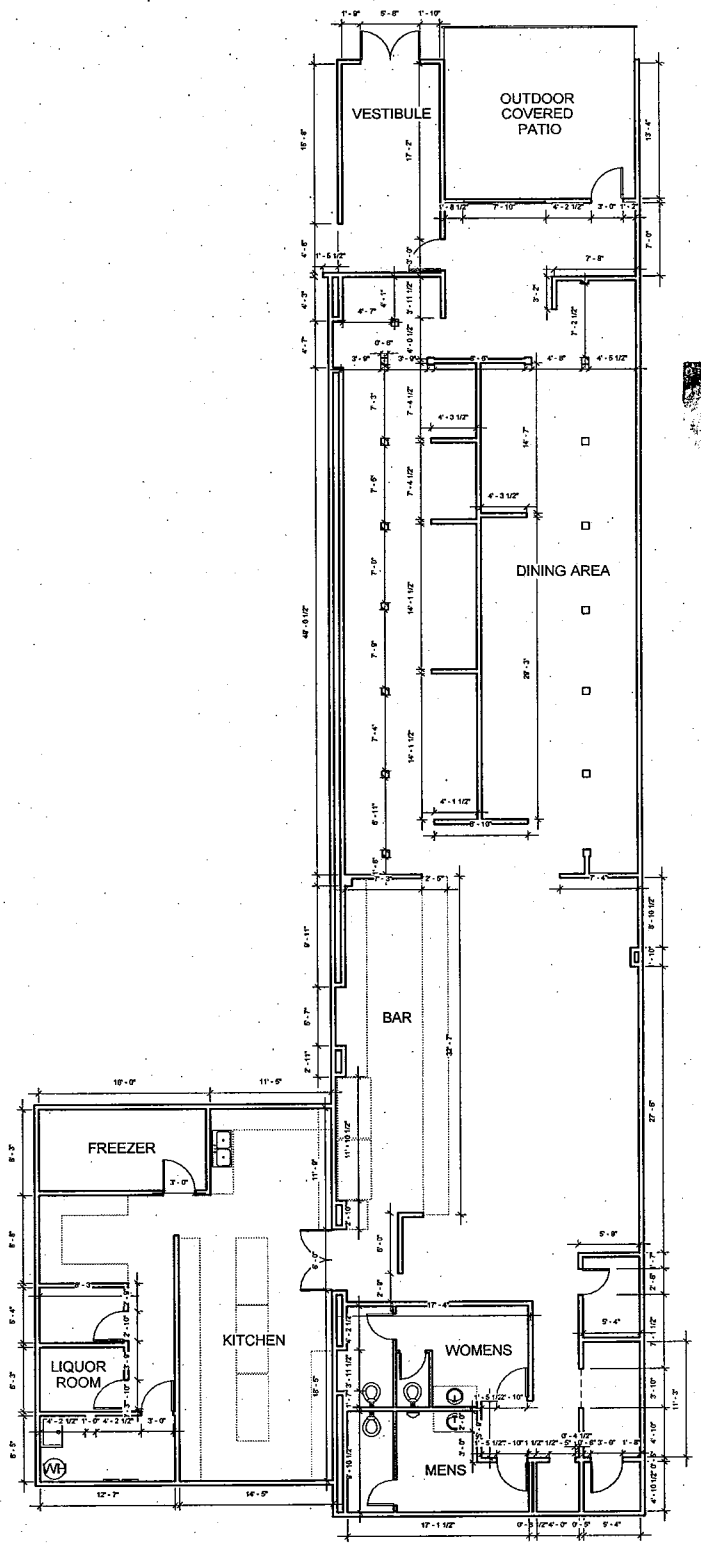
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED READ CAREFULLY

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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 129 x width 58 in feet
Is there a basement? Yes x No ____ If yes, length 35 x width 23 in feet
Is there an outdoor area? Yes ___ No ____ If yes, length 14 x width 18 in feet

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



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803 Q. Ste 150, Lincoln, NE 68508

Autodesk Revit
www.autodesk.com/revit

Knudson, Kevin
BLINK!

Main Floor

Designer	Abby Fugleberg	A102	
Date	6/2/2015 11:02:25 AM		
Drawn by	Tanya Longacre		
Checked by	Abby Fugleberg	Scale	3/32" = 1'-0"

6/2/2015 11:02:25 AM

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 Brix & Stone Gastropub, LLC #091857 Class C & K

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 091857

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)_____

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)

Mark Creglow, minority owner (~~less than~~ 25%)

No silent partners

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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._____

8. Is premises 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)

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 & Trust, Kevin Knudson and Mark Creglow

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.

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)

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

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 June 2016
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? August 15, 2015

15. What will be the main nature of business? Restaurant

16. What are the anticipated hours of operation? 11:00 am 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	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
Kevin C. Knudson, Lincoln, NE	2013	2015	Lynn A. Knudson, Lincoln, NE	2013	2015
Kevin C. Knudson, Raymond, NE	2011	2013	Lynn A. Knusdon, Raymond, NE	2011	2013
Kevin C. Knudson, Lincoln, NE	1989	2011	Lynn A. Knudson, Lincoln, NE	1989	2011

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

Kevin C. Knudson
Signature of Applicant

Lynn A. Knudson
Signature of Spouse

Kevin C. Knudson
Print Name

Lynn A. Knudson
Print Name

Signature of Applicant

Lynn A. Knudson
Signature of Spouse

Print Name

Lynn A. Knudson
Print Name

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ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

June 17th, 2015
date

by Lynn A. Knudson + Kevin C. Knudson
name of person(S) acknowledged (individual(s) signing)

Notary Public signature

GENERAL NOTARY-State of Nebraska
SHAUN K. SOULLIERE
My Comm. Exp. Sept. 21, 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
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

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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: Kevin Knudson

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

BLINK RESTAURANTS INC 0102097 12

Corporation Address: 1028 'G' ST.

City: LINCOLN State: NE Zip Code: 68508

Corporation Phone Number: 402 513-7301 Fax Number 402 438 6167

Total Number of Corporation Shares Issued: 10,000

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

Last Name: KNUDSON First Name: KEVIN MI: C

Home Address: 6132 OLD FARM COURT City: LINCOLN

State: NE Zip Code: 68512 Home Phone Number: 402 730 3360

(X) Kevin C. Knudson

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

6/4/2015
Date

by Kevin C. Knudson
name of person acknowledge

Affix Seal

GENERAL NOTARY-State of Nebraska
BRIAN M JAMES
My Comm. Exp. January 21, 2019

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

Last Name: CREGLOW First Name: MARK MI:

Social Security Number: Date of Birth:

Title: VICE PRESIDENT, SECRETARY Number of Shares 2500

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

Spouse Social Security Number: Date of Birth:

Last Name: KNUDSON First Name: KEVIN MI: C

Social Security Number: - - Date of Birth:

Title: PRESIDENT, TREASURER Number of Shares 7500

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

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:

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

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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CONTROL COMMISSION

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:_____

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

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

Starting Date: January 1ST Ending Date: DECEMBER 31ST

Is this a Non-Profit Corporation?

☐YES ☒NO

If yes, provide the Federal ID # _____

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

Print Form

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

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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.

Lynn A. Knudson
Signature of spouse asking for waiver
(Spouse of individual listed below)

Lynn A. Knudson
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

6/4/2015
date

by Lynn A Knudson
name of person acknowledged

Sue M Jan
Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
SUAN M JAMES
My Comm. Exp. January 21, 2019

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.

Kevin C. Knudson
Signature of individual involved with application
(Spouse of individual listed above)

Kevin C. Knudson
Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

6/4/2015
date

by Kevin C. Knudson
name of person acknowledged

Sue M Jan
Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
SUAN M JAMES
My Comm. Exp. January 21, 2019

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.

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

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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: BLINK RESTAURANTS INC.

Premise information

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

Premise Trade Name/DBA: BLINK RESTAURANT

Premise Street Address: 803 Q' ST SUITE 150

City: LINCOLN County: LANCASTER Zip Code: 68508

Premise Phone Number: 402-513-7301

Email address: KEVIN@QUICKTEQ.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

Kevin C. Knudson Pres.

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

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

Last Name: Fraley First Name: Nick MI: A

Home Address (include PO Box if applicable): 13051 No 40th St

City: Davey County: Lancaster Zip Code: 68336

Home Phone Number: 402-450-0252 Business Phone Number: 402-420-3232

Social Security Number: _____ Drivers License Number & Stat _____

Date Of Birth: _____ Place Of Birth: St Elizabeth, Lincoln Ne

Email address: Fraleynick000@Gmail.com

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: Fraley First Name: Rae MI: A

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

Date Of Birth: _____ Place Of Birth: Mullen, 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
Davey, Ne	2011	Present			
Lincoln, Ne	Birth	2011			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2014	Le Quartier Baking Company	Seth Quiring	402-560-4770
2008	2009	Magnolia	Somsi Cholette	N/A

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

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
Nick Fraley	Aug 2010	Lincoln, Ne	Traffic Violation	
Nick Fraley	Winter 2001	Lincoln, Ne	Reckless Driving	
Nick Fraley	1994-2001	Lincoln, Ne	Speeding violations	

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): GreenFields Cafe

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: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Nick Fraley	7-2014	Hospitality Insighter Training

*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:
Chef	Greenfields Cafe	Feb 2014	7950 So 87th
Chef	Le Quartier Baking Co	May 2009	70th & Ost
GM	Magnolia Restaurant	Aug 2008	N/A was 8th & Q
Chef	Yankee Hill Country Club	May 2003	7600 San Mateo Ln

5. Have you enclosed Form 147 regarding fingerprints?

☐YES ☒NO

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.

Signature of Manager Applicant

Signature of Spouse

RECEIVED
JUN 19 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this

6/4/15 by Nick Fraley
date name of person acknowledged

Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
GALE A. POKORNY
My Comm. Exp. August 26, 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.

Print Form

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

Office Use

RECEIVED
JUN 19 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.

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

Cheryl J Creglow
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

6/4/15
date

by Cheryl J Creglow
name of person acknowledged

Notary Public signature

Affix Seal
GENERAL NOTARY-State of Nebraska
CONNOR LEMON
My Comm. Exp. Aug. 25, 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.

Mark H Creglow
Signature of individual involved with application
(Spouse of individual listed above)

Mark H Creglow
Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

6/4/15
date

by 6/4/15 Mark H Creglow
name of person acknowledged

Notary Public signature

Affix Seal
GENERAL NOTARY-State of Nebraska
CONNOR LEMON
My Comm. Exp. Aug. 25, 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.

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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JUN 19 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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

Rae Ann Fraley
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

11th day of June
date

by Rae Ann Fraley
name of person acknowledged

Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
SEAN M JAMES
My Comm. Exp. January 21, 2019

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

Nick Fraley
Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

11th day of June
date

by Rae Ann Fraley
name of person acknowledged

Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
SEAN M JAMES
My Comm. Exp. January 21, 2019

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.

APPLICATION FOR TEMPORARY OPERATING PERMIT (TOP)

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814

Office Use

RECEIVED
JUN 19 2015
NEBRASKA LIQUOR CONTROL COMMISSION

☐ **Application for a temporary operation permit (TOP) must be included with the application for liquor license. TOP will not be considered without the completed application for a liquor license.**

☐ **Enclose documentation showing sale of business; document may be in the form of a purchase agreement/contract, management agreement or promissory note. Sale of business document must include the following: name of business being sold, purchase date or closing date within 2-3 weeks of requesting TOP and must be signed by the seller and buyer.**

☐ **TOP's are valid for 90 days from date of issuance and cannot be extended past the expiration date (no exceptions).**

☐ **Seller's liquor license will terminate upon issuance of the TOP.**

☐ **If the seller's liquor license is up for renewal during the TOP it will not be necessary for the seller to renew.**

NAME OF CURRENT LICENSEE (SELLER): Brix & Stone Gastropub LLC

SELLER'S LICENSE #: 091857

On (date) _____ seller and buyer entered into a contract for sale of the business known as (TRADE NAME): Blink

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesalers under section §53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

1500016142

Signature of **SELLER**

Steven L. Davison

Print Name

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me

this 29 May 2015 (date)

by Tregg Lunn

Name(s) of Person(s) Acknowledged [individual(s) signing document]

Notary Public signature

GENERAL NOTARY-State of Nebraska
TREGG R LUNN
My Comm. Exp. January 16, 2017

Signature of **BUYER**

Kevin C. Knudson

Print Name

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me

this 29 May 2015 (date)

by Tregg Lunn

Name(s) of Person(s) Acknowledged [individual(s) signing document]

Notary Public signature

GENERAL NOTARY-State of Nebraska
TREGG R LUNN
My Comm. Exp. January 16, 2017

ADMINISTRATIVE REVIEW – Office use only

Date: 6/19/2015 Rep: RS – Lic. Class: C – Lic. # 113922

☐ Approved ____ ☑ Denied mm

Reason for Denial:

1- Purchase Agreement not in correct name

7/1/2015 - Corrected agreement received

Ok to issue TOP

Mary

RECEIVED

JUN 19 2015

NEBRASKA LIQUOR
CONTROL COMMISSION