

August 10, 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 JGWH, Inc., DBA Amen's Liquor, 1172 Belmont Avenue, requesting a class D-113990 liquor license.

Joseph Heidrick is requesting that he be approved as the manager of the liquor license. Mr. Heidrick is also the owner of Discount Depot, a non-liquor licensed business.

Mr. Heidrick has not yet completed the required management training. He is scheduled to take the training on August 13, 2015.

No areas of concern were found.

This application must conform 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

<p>RECEIVED</p> <p>AUG 4 2015</p> <p>NEBRASKA LIQUOR CONTROL COMMISSION</p>	
Hot List: YES <input type="radio"/> NO <input checked="" type="radio"/>	New/Replacing # <u>11393</u>
Class Type <u>D</u>	113990
	Initial <u>mp</u>

Applicant name Joseph G Heidrick

Trade name Amen's Liquor

Previous trade name _____

Contact email address jheidrick3@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 Nebraska Liquor Control Commission.

Office use only	PAYMENT TYPE <u>CK#3436</u>
	AMOUNT: <u>\$400.00</u>
	Received <u>mp</u>



1500018354

Rec # 168477

RECEIVED
FORM 100
REV. MAY 2015
PAGE 1

Joseph Heidrick

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.
 \$28.75 to patrol, have prints
2. Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport.
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 (LLC) making application. Lease term must run through the license year being applied for.
5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6. If buying the business of a current liquor license holder: *No furniture or fixtures purchased*
 - 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. If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).
8. Enclose a list of any inventory or property owned by other parties that are on the premises.
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 (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.
11. Submit a copy of your business plan.

RECEIVED

AUG 4 2015

NEBRASKA LIQUOR CONTROL COMMISSION

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

Date

[Signature]
7/29/15

~~Resign corp forms/notary~~
~~Sign leases/landlords~~
~~expunge start lease~~
~~date~~
~~desc~~
Voters

**SUBMISSION 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.nebraska.gov

RECEIVED	
AUG 4 2015	
NEBRASKA LIQUOR CONTROL COMMISSION	
Office Use Only	
Class: _____	License #: _____

Applicant Name: Joseph G. Heidrick. JGWH Inc.
(Corporation, LLC, Partnership or Individual)

Trade Name: Amen's Liquor
(Doing Business As)

(402) 309 - 5377 Phone Number
jheidrick3@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 **\$28.75 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.

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

1. Name: Joseph G. Heidrich Title: Owner/Operator

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

2. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

3. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

4. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

5. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

6. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

7. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

8. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

I hereby certify that fees of \$28.75 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.

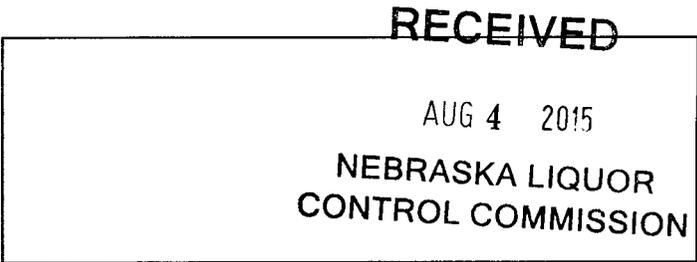
Name (Print): Joseph G. Heidrich Title: Owner + Operator

Signature: [Handwritten Signature] RECEIVED AUG 4 2015 Date: 7/29/15

NEBRASKA LIQUOR 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 (nonrefundable)

- 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

W JH 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 Kelly R Hoffschneider Phone number: 402-475-8433
Firm Name Mattson Bicketts

PREMISES INFORMATION

Trade Name (doing business as) Amen's Liquor

Street Address #1 1172 Belmont Ave

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68521

Premises Telephone number 402-476-3612

Business e-mail address jheidrick3@gmail.com

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

RECEIVED

AUG 4 2015

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

NEBRASKA LIQUOR CONTROL COMMISSION

Name Joseph Heidrick

Street Address #1 1711 S. 45th St.

Street Address #2 _____

City Lincoln State NE Zip Code 68506

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

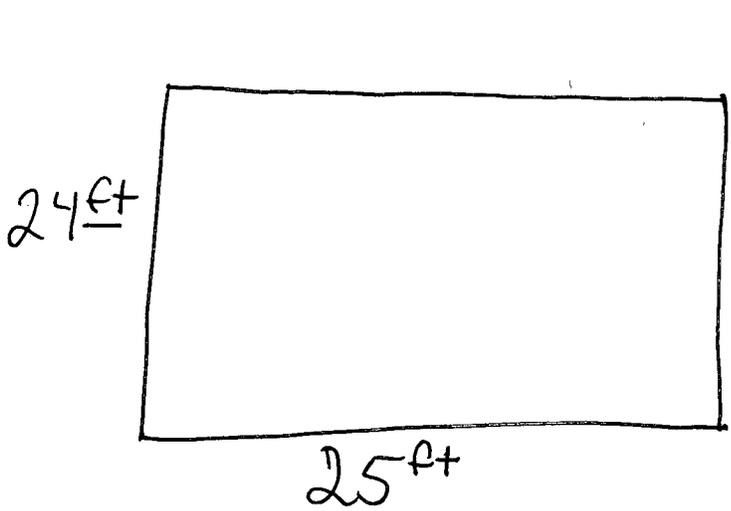
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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 _____ x width _____ in feet
Is there a basement? Yes _____ No _____ If yes, length _____ x width _____ in feet
Is there an outdoor area? Yes _____ No _____ If yes, length _____ x width _____ in feet

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

1st Floor + East half of Basement Plus entrance area
8x6 to N.



per applicant
first floor of two story bldg approx 24' x 25' plus east half of basement

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.

RECEIVED

AUG 4 2015

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	NEBRASKA LIQUOR CONTROL COMMISSION
Joseph G Heidrick	12/2009	Lincoln NE	1st off. non 99.011	Expunged
				(see Att)

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

YES NO

If yes, give name of business and liquor license number

Amen's Liquor

- 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

011393

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.

CASE ACTION SUMMARY
Criminal and Traffic
State vs.

~~1~~

Joseph Heianick

Page _____ of _____

Case No. OR09-24736

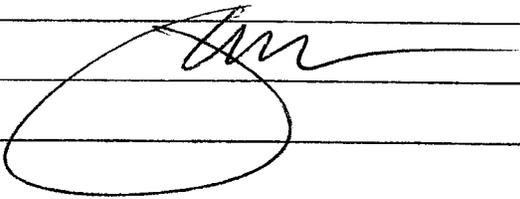
Date _____

RECEIVED Record

AUG 4 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

8-13-12 CONVICTION SET ASIDE
PEN STATUTE 29-2264



FILED
AUG 13 2012
CLERK OF LANCASTER
COUNTY COURT
DISTRICT THREE

RECEIVED AUG 13 2012

CONSTABLE FEES _____

WITNESS FEES _____

SHERIFF FEES _____

IN THE COUNTY COURT OF LANCASTER COUNTY, NEBRASKA

STATE OF NEBRASKA,)
)
Plaintiff,)
)
vs.)
)
JOSEPH HEIDRICK,)
)
Defendant.)

Case No. CR 09-0024736

ORDER

RECEIVED
AUG 4 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

NOW ON THIS 13th day of August, 2012, this matter comes on before the Court on the Defendant's Petition to Set Aside Conviction, pursuant to NEB. REV. STAT. § 29-2264 (Reissue 2008), to set aside the conviction entered on April 1, 2010, pursuant to the Complaint filed in this Court.

Upon consideration of the information presented to the Court, the Court finds that the Defendant's petition, should, and hereby is, sustained. The Court specifically finds that in making this determination, it has considered:

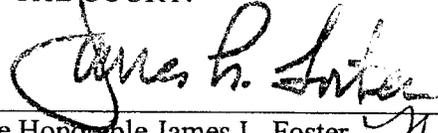
- (a) The behavior of the offender after sentencing;
- (b) The likelihood that the offender will not engage in further criminal activity; and
- (c) Other information presented by the parties to the Court, which the court considered relevant.

The Court specifically finds that the setting aside of this conviction will be in the best interest of the offender and consistent with the public welfare. This Order shall:

- (a) Nullify the conviction; and
- (b) Remove all civil disabilities and disqualifications imposed as a result of the conviction.

SO ORDERED.

BY THE COURT:



The Honorable James L. Foster
Lancaster County Court Judge

RECEIVED

PREPARED AND SUBMITTED BY:

HARDING & SHULTZ, P.C., L.L.O. and
GREGORY D. BARTON – 18759
KELLY M. EKELER – 24141
800 Lincoln Square
121 S. 13th Street
P.O. Box 82028
Lincoln, NE 68501-2028
(402) 434-3000
gbarton@hslegalfirm.com
kekeler@hslegalfirm.com
Attorneys for Defendant

AUG 4 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

RECEIVED

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

AUG 4 2015

If yes, list the lender(s) _____

NEBRASKA LIQUOR CONTROL COMMISSION

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)

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. _____

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.

American National Bank a) Joseph Heidrick

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:

Needs training

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Joseph Heidrick	08/2015	Affordable Alcohol Training
RECEIVED		

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
		AUG 4 2015
		NEBRASKA LIQUOR CONTROL COMMISSION

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 Aug. 2020
 Deed
 Purchase Agreement

14. When do you intend to open for business? Aug. 3 2015

15. What will be the main nature of business? Convenience Store

16. What are the anticipated hours of operation? M-Th 7am-12am Fri-Sat. 7am-1am Sun 12-9pm

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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln NE	2005	2015			

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>

RECEIVED

AUG 4 2015

NEBRASKA LIQUOR CONTROL COMMISSION

[Signature]
Signature of Applicant

Signature of Spouse

Joseph Heidrick
Print Name

Print Name

Signature of Applicant

Signature of Spouse

Print Name

Print Name

ACKNOWLEDGEMENT

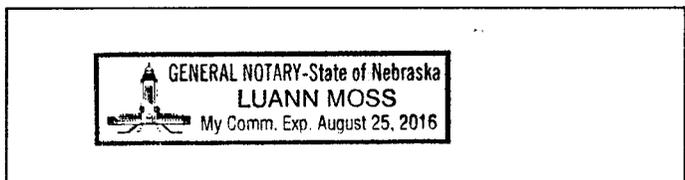
State of Nebraska
County of NE

The foregoing instrument was acknowledged before me this

7-29-15
date

by Joseph Heidrick
name of person(s) acknowledged (individual(s) signing)

[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.

**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.nebraska.gov

Office Use

RECEIVED

AUG 4 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

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

Lancaster

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.nebraska.gov

Office Use

RECEIVED

AUG 4 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

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: JGWH Inc.

Premise information

— Liquor License Number: 011393 Class Type D (if new application leave blank)
Premise Trade Name/DBA: Amen's Liquor
Premise Street Address: 1172 Belmont Ave
City: Lincoln County: Lancaster Zip Code: 68521
Premise Phone Number: 402 476 3612
Email address: jheidrich3@gmail.com

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



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

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Heidrich First Name: Joseph MI: G
 Home Address (include PO Box if applicable): 1711 S. 45th St.
 City: Lincoln County: Lancaster Zip Code: 68506
 Home Phone Number: 402 3095377 Business Phone Number: 402 476 3612
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Edmond OK
 Email address: jheidrich3@gmail.com

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

YES NO

RECEIVED
AUG 4 2015

NEBRASKA LIQUOR CONTROL COMMISSION

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT		SPOUSE			
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln NE	2005	2015			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	Present	Self		
2010	2011	Lazlos	Alex Dunn	402-434-5636

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.

RECEIVED

AUG 4 2015

NEBRASKA LIQUOR CONTROL COMMISSION

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
Joseph G Heidrich	12/2009	Lincoln NE	1st off. non. agg. DUI	Expunged

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

YES NO

IF YES, list the name of the premise(s):

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

YES NO

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

*NLCC Training Certificate Issued: 8/4/15 Name on Certificate: Joseph Heidrick
Needs training

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Joseph Heidrick	08/2015	Affordable Alcohol Training
		RECEIVED
		AUG 4 2015
		NEBRASKA LIQUOR CONTROL COMMISSION

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Joseph Heidrick / Manager	2005-2009	Ray's Liquor; Lawrence KS; 785-727-1257

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.

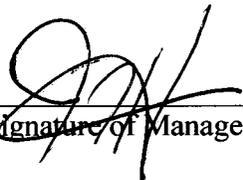
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action 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.

RECEIVED

AUG 4 2015

**NEBRASKA LIQUOR
CONTROL COMMISSION**



Signature of Manager Applicant

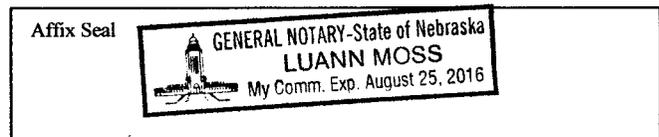
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of NE The foregoing instrument was acknowledged before me this
7-29-15 date by Joseph Heidrick name of person acknowledged



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.

**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

Office Use
RECEIVED
AUG 4 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

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: Kelly R. Hoffschneider

Name of Corporation that will hold license as listed on the Articles
JGWH Inc. # 10150401

Corporation Address: 134 S. 13th

City: Lincoln State: NE Zip Code: 68508

Corporation Phone Number: 402-309-5377 Fax Number: _____

Total Number of Corporation Shares Issued: 10,000 share

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

Last Name: Heidrick First Name: Joseph MI: 6

Home Address: 1711 S. 45th St. City: Lincoln

State: NE Zip Code: 68506 Home Phone Number: 402-309-5377

[Signature]
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lincoln
Date 8-3-15
[Signature]

The foregoing instrument was acknowledged before me this
by Joseph R. Heidrick
name of person acknowledge

Affix Seal
GENERAL NOTARY-State of Nebraska
LUANN MOSS
My Comm. Exp. August 25, 2016

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

Last Name: Heidrick First Name: Joseph MI: G

Social Security Number: _____ Date of Birth: _____

Title: Owner Number of Shares 10,000

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

Spouse Social Security Number: _____ Date of Birth: _____

RECEIVED
AUG 4 2015
NEBRASKA LIQUOR
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: _____

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?

RECEIVED

YES

NO

AUG 4 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

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: Jan. Ending Date: Dec.

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.