Terry T. Wagner
Sheriff

Jeffrey J. Bliemeister
Chief Deputy

Office of the Sheriff
Lancaster County

575 S. 10th Street, Lincoln, Nebraska 68508-2869
Phone (402) 441-6500 Fax (402) 441-8320

October 2, 2015

Ms. Teresa Meier
Lincoln City Clerk's Office
County-City Building
Lincoln, NE 68508

Re: Application for new liquor license for The Lincoln Leisure Club, LLC dba The Local #CK114782

Dear Ms. Meier:

The Lincoln Police Department had recused themselves due to a conflict of interest and requested our Office conduct the following Liquor License Application Investigation.

This letter is in regards to a new application for a class CK liquor license (Beer, Wine, Spirits on-off sale and Catering) from owners Tracy Graham, Brian Giles, Michael Caves, and Kevin Monismith. These owners represent The Lincoln Leisure Club, LLC dba The Local located at 2755 Jamie Lane #15 Lincoln, Lancaster County Nebraska.

The application indicates Tracy Graham as majority owner and manager at 28% with the others all at 24%. In maintaining the NLCC Rules and Regulations, Investigator Bolzer initiated a background check upon manager Tracy Graham under NRS 53-125 and found she met the requirements of licensing under the statute. Under NRS 53-125, the other three remaining members of The Lincoln Leisure Club, LLC are not subject to the standards of this statute based on their reported ownership of 25% or less.

In reviewing the application there were some inaccuracies completed by manager Tracy Graham. These inaccuracies are to include but not limited to the date of birth of co-owner Brian Giles. The application lists a dob of 9-16-1976 when it fact it is 9-6-1976, the expiration of the lease is listed as both 10-31-2016 and 11-01-2020, and the address on the application indicates Tracy Graham's address as 6311 Woodstock, however her Nebraska Operator's License indicates her address as 2010 Jefferson. Under NRS 60-4,120 requires her to update her address within 60 days of change of address.

While conducting a site inspection of the license on September 17th, Investigator Bolzer made contact with persons at 2755 Jamie Lane #15 and asked for the owner of the business. Contractors working at that time indicated the owner as Loren Prescott, and that he was not available at the time of inspection. At the time of the inspection, the business was closed to the public and under renovation.

On September 24th, another site inspection was completed in order to attempt to clarify the ownership/management status of The Local. Investigator Bolzer made contact with Michael Caves, a co-owner listed on the application. Caves indicated Prescott was not an owner and not involved in the business in any way. Contact was later made with Prescott at the business who stated he was in a "common law" marriage with manager Tracy Graham and was acting as a "Construction Supervisor" and was not involved in the business in any other way than to help Tracy with the renovation of the bar. Prescott denied telling anyone he was an owner and stated he would not be involved in the operations of the bar once the renovation is complete.

In examining the application submitted, the Lancaster County Sheriff's Office does not find any statutory reason for denial of this application; however our concerns are listed above.

Sincerely,

Terry T. Wagner
Lancaster County Sheriff

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NEBRASKA LIQUOR CONTROL COMMISSION

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 Approved

Hot List: YES NO	New/Replacing # 075602
Class Type CK	114782 Initial BH

Applicant name Lincoln Leisure Club, LLC

Trade name The Local

Previous trade name

Contact email address LincolnLeisureClub@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 Ck 3610
AMOUNT: $500
Received: MM

1500020628

FORM 100
REV MAY 2015
PAGE 1

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APPLICATION FOR TEMPORARY OPERATING PERMIT (TOP)

Office Use

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NEBRASKA LIQUOR CONTROL COMMISSION

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

- ☐ **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): Grata, LLC

SELLER'S LICENSE #: C075602

On (date) 09/01/2015 seller and buyer entered into a contract for sale of the business known as (TRADE NAME): Grata

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.

BARCODE
for office use only

Harry L Watson Jr
Signature of **SELLER**

Harry L Watson Jr.
Print Name

State of Nebraska, County of Lancaster
The foregoing instrument was acknowledged before me
this 1st day of September (date)
by Harry L Watson
Name(s) of Person(s) Acknowledged [individual(s) signing document]
Brenda D. Black
Notary Public signature

GENERAL NOTARY - State of Nebraska
BRENDA D. BLACK
My Comm. Exp. June 5, 2016

The Lincoln Leisure Club, LLC
By: Tracy Graham
Signature of **BUYER**

Tracy Graham
Print Name

State of Nebraska, County of Lancaster
The foregoing instrument was acknowledged before me
this 14th day of September (date)
by Tracy Graham
Name(s) of Person(s) Acknowledged [individual(s) signing document]
Brenda D. Black
Notary Public signature

GENERAL NOTARY - State of Nebraska
BRENDA D. BLACK
My Comm. Exp. June 5, 2016

ADMINISTRATIVE REVIEW – Office use only

Date: 9-15-15 Rep: RS BA Application Number: 114782

☑ Approved MM ☐ Denied

Reason for Denial:

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NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICATION FOR CATERING (K)
TO LIQUOR LICENSE

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

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CONTROL COMMISSION

Include application fee of $100 check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport

- **Copy of this application will be forwarded to your local governing body for recommendation per Neb. Rev. Stat. §53-134(7), after receipt of recommendation there is a 10 day holding period for any citizen protests**
- **Processing may take approx. 45-60 days from receipt of application by the Nebraska Liquor Control Commission**
- **The holder of a catering license may deliver, sell, or dispense alcoholic liquor, including beer, for consumption at premises designed in a special designed license (SDL) issued pursuant to section §53-124.11**
- **SDL must be applied for and received 10 working days prior to the day of each event**
- **A holder of a catering license shall not cater an event unless such licensee receives a SDL**
- **SDL application form 108 may be found at this link: http://www.lcc.nebraska.gov/LicensingForms/108%20SDL%206-2013a.pdf**
- **Only twelve (12) SDLs will be issued at any specific location that could otherwise hold a liquor license Rules and Regulations Chapter 2-013.06**
- **Renewal fee is $100 payable at time of underlying liquor license**

Office use only

PAYMENT TYPE _____
AMOUNT: _____
RECEIVED: _____
RECEIPT#_____

BARCODE
LABEL

LIQUOR LICENSE # pending **CLASS TYPE** CK

LICENSEE NAME Lincoln Leisure Club

TRADE NAME The Local

PREMISE ADDRESS 2755 Jamie Lane Suite 15

CITY Lincoln

CONTACT PERSON Tracy graham

PHONE NUMBER OF CONTACT PERSON 402.202.8230

EMAIL ADDRESS OF CONTACT PERSON Tgraham1424@gmail.com

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SEP 15 2015
NEBRASKA LIQUOR CONTROL COMMISSION

Tracy Graham
Signature of Licensee

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

September 14, 2015 by Tracy Graham
Date name of person acknowledged signing document

Joan E Johnson
Notary Public Signature

Affix Seal

GENERAL NOTARY - State of Nebraska
JOAN E. JOHNSON
My Comm. Exp. May 17, 2018

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/

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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 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

✓ 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 Darrell Stock Phone number: 402. 474. 8690

Firm Name Darrell Stock PC, LLO 5533 S. 27 Street Suite 203 Lincoln NE

PREMISES INFORMATION

Trade Name (doing business as) The Local

Street Address #1 2755 Jamie Lane Suite 15

Street Address #2

City Lincoln County Lancaster Zip Code 68516

Premises Telephone number 402-328-0287

Business e-mail address lincolnleisureclub@gmail.com

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

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

Name Lincoln Leisure Club, LLC

Street Address #1 3321 South 6th Street

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

Building: length 100 x width 95 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

See attached

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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 ___X___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

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

___X___YES _____NO

If yes, give name of business and liquor license number Grata, LLC C075602

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?

___X___YES _____NO

If yes, give name and license number Grata, LLC C075602

4. Are you filing a temporary operating permit (TOP) to operate during the application process?

___X___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.

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NEBRASKA LIQUOR CONTROL COMMISSION

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

X YES _____ NO

If yes, list the lender(s) Dan Proctor

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

_____ YES X 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?

X YES _____ NO

If yes, list such item(s) and the owner. CO_2 tanks

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 X 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 X 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 and Trust Tracy Graham

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.

N/A

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CONTROL COMMISSION

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)
Tracy Graham	09/2015	Nebraska Responsible Serving

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
Tracy Graham / Waitress	Approx. 6/95 - 9/95	Hooters 123/Center St. Omaha NE
Tracy Graham / Waitress	Approx 10/95-12/95	Guitars and Cadillacs 56/O St. Lincoln NE
Tracy Graham / Waitress	Approx 12/95-9/96	Guitars and Cadillacs 102/Dodge Omaha NE

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.**

X Lease: expiration date October 31, 2016

N/A Deed

____ Purchase Agreement

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

15. What will be the main nature of business? Alcohol Sales

16. What are the anticipated hours of operation? 4pm - 2am Monday - Sunday

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
6311 Woodstock Ave, Lincoln NE	2013	Present			
2010 Jefferson Ave, Lincoln NE	2002	2013			

If necessary attach a separate sheet.

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NEBRASKA LIQUOR CONTROL COMMISSION

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

Signature of Applicant	**Signature of Spouse**
Tracy Graham **Print Name**	**Print Name**
Signature of Applicant	**Signature of Spouse**
Print Name	**Print Name**

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this September 14, 2015 (date) by Tracy Graham (name of person(s) acknowledged (individual(s) signing))

Joan E. Johnson
Notary Public signature

GENERAL NOTARY - State of Nebraska
JOAN E. JOHNSON
My Comm. Exp. May 17, 2016

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NEBRASKA LIQUOR CONTROL COMMISSION

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
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

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

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All members including spouse(s), are required to adhere to the following requirements:

1) **All members spouse(s) must be listed**
2) **Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.**
3) **Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)**

Attach copy of Articles of Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Tracy graham

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

Lincoln Leisure Club, LLC

LLC Address: 3321 S. 6th Street

City: Lincoln State: NE Zip Code: 68502

LLC Phone Number: 402.904.6666 LLC Fax Number N/A

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: graham First Name: Tracy MI: J

Home Address: 6311 Woodstock Avenue City: Lincoln

State: NE Zip Code: 68512 Home Phone Number: 402.202.8230

Tracy M

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster **The foregoing instrument was acknowledged before me this**
16th day of September **by** Tracy Graham
Date **name of person acknowledge**

Jessica Chrisp

Affix Seal

GENERAL NOTARY - State of Nebraska
JESSICA CHRISP
My Comm. Exp. March 25, 2018

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

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

Spouse Social Security Number:_____ Date of Birth:_____

Percentage of member ownership_____

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

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

Spouse Social Security Number:_____ Date of Birth:_____

Percentage of member ownership_____

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

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

Spouse Social Security Number:_____ Date of Birth:_____

Percentage of member ownership_____

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

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

Spouse Social Security Number:_____ Date of Birth:_____

Percentage of member ownership_____

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CONTROL COMMISSION

Is the applying Limited Liability Company 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 company'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 #._____

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NEBRASKA LIQUOR
CONTROL COMMISSION

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.

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

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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: Lincoln Leisure Club, LLC

Premise information

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

Premise Trade Name/DBA: The Local

Premise Street Address: 2755 Jamie Lane Suite 15

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: 402-328-0287

Email address: LincolnLeisureClub@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

Tracy Carlson

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

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2001	2012	City of Lincoln	Marty Fehringer	402-441-8105
1999	2001	State of Nebraska	Pat Squires	402-471-3121

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):

   _____

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

Last names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Graham First Name: Tracy MI: J.

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 28 %

Last Name: Giles First Name: Brian MI: J.

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 24 %

Last Name: Caves First Name: Michael MI: J.

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 24 %

Last Name: Monismith First Name: Kevin MI: E.

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 24 %

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NEBRASKA LIQUOR CONTROL COMMISSION

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

*NLCC Training Certificate Issued: 9.14.15 Name on Certificate: Tracy graham

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Tracy graham	09/2015	Responsible Serving of food and alcohol - Nebraska

*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:
Tracy graham / Waitress	1995-96	Guitars and Cadillacs - Omaha
Tracy graham / Waitress	1995	Guitars and Cadillacs - Lincoln
Tracy graham / Waitress	1995	Hooters - Omaha

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES ☐ NO

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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.

Tracy Graham

Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

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

September 14, 2015 by Tracy Graham

date name of person acknowledged

Joan E Johnson

Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
JOAN E. JOHNSON
My Comm. Exp. May 17, 2016

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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SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

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

DATE RECEIVED RECEIVED
SEP 15 2015
NEBRASKA LIQUOR CONTROL COMMISSION
Office Use Only

Class:_____	License #:_____

Applicant Name: Lincoln Leisure Club, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: The Local
(Doing Business As)

(402) 904 - 6666 — Phone Number
lincolnleisureclub@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: Tracy Graham Title: member

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

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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): Tracy Graham Title: Member

Signature: Tracy Graham Date: 9.14.15

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Graham First Name: Tracy MI: J.

Home Address (include PO Box if applicable): 6311 Woodstock Avenue

City: Lincoln County: Lancaster Zip Code: 68512

Home Phone Number: 402.202.8230 Business Phone Number: 402.328.0287

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

Date Of Birth: _____ Place Of Birth: Spirit Lake, IA

Email address: tgraham1424@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: _____ 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
6311 Woodstock Ave Lincoln NE	2013	present			
2010 Jefferson Ave Lincoln NE	2002	2013			

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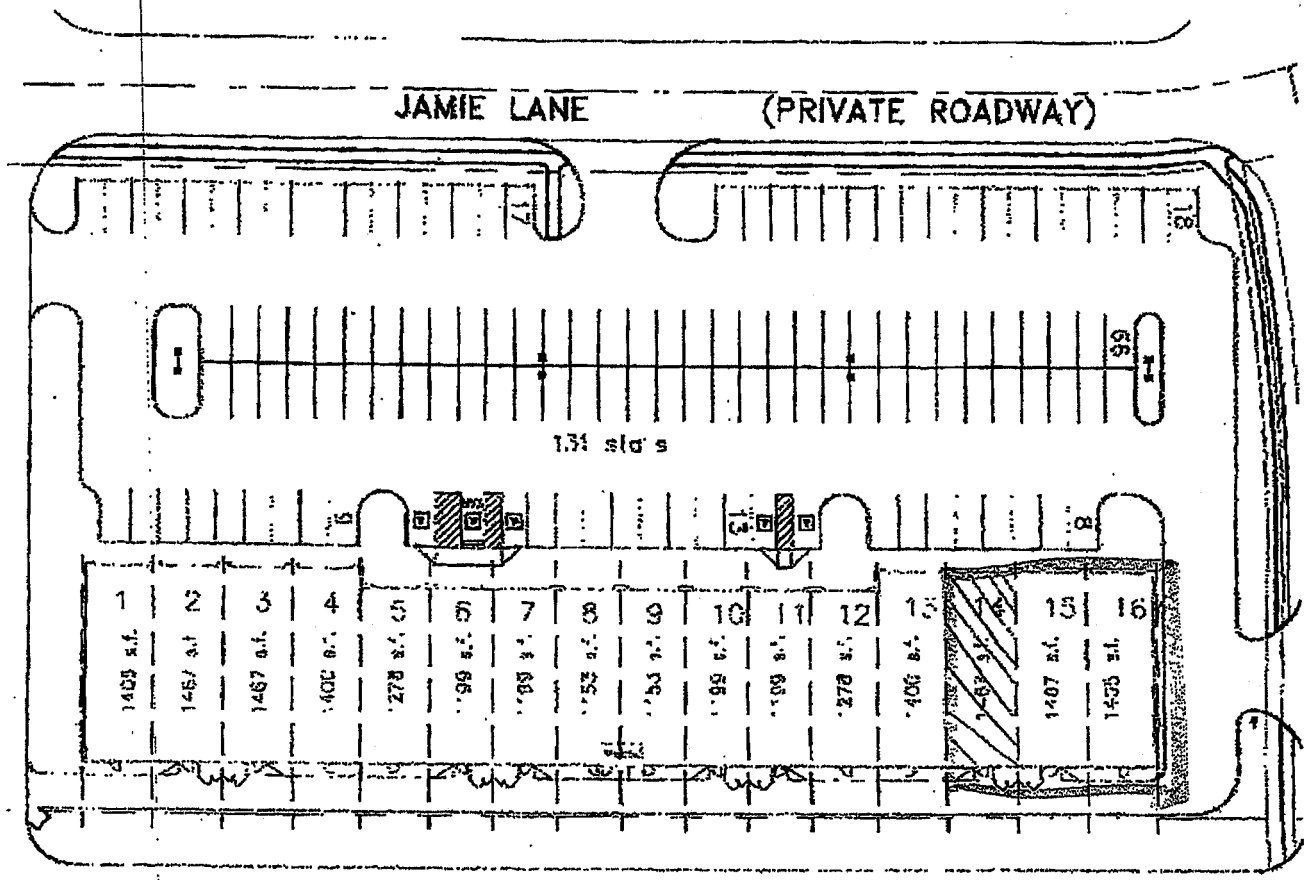
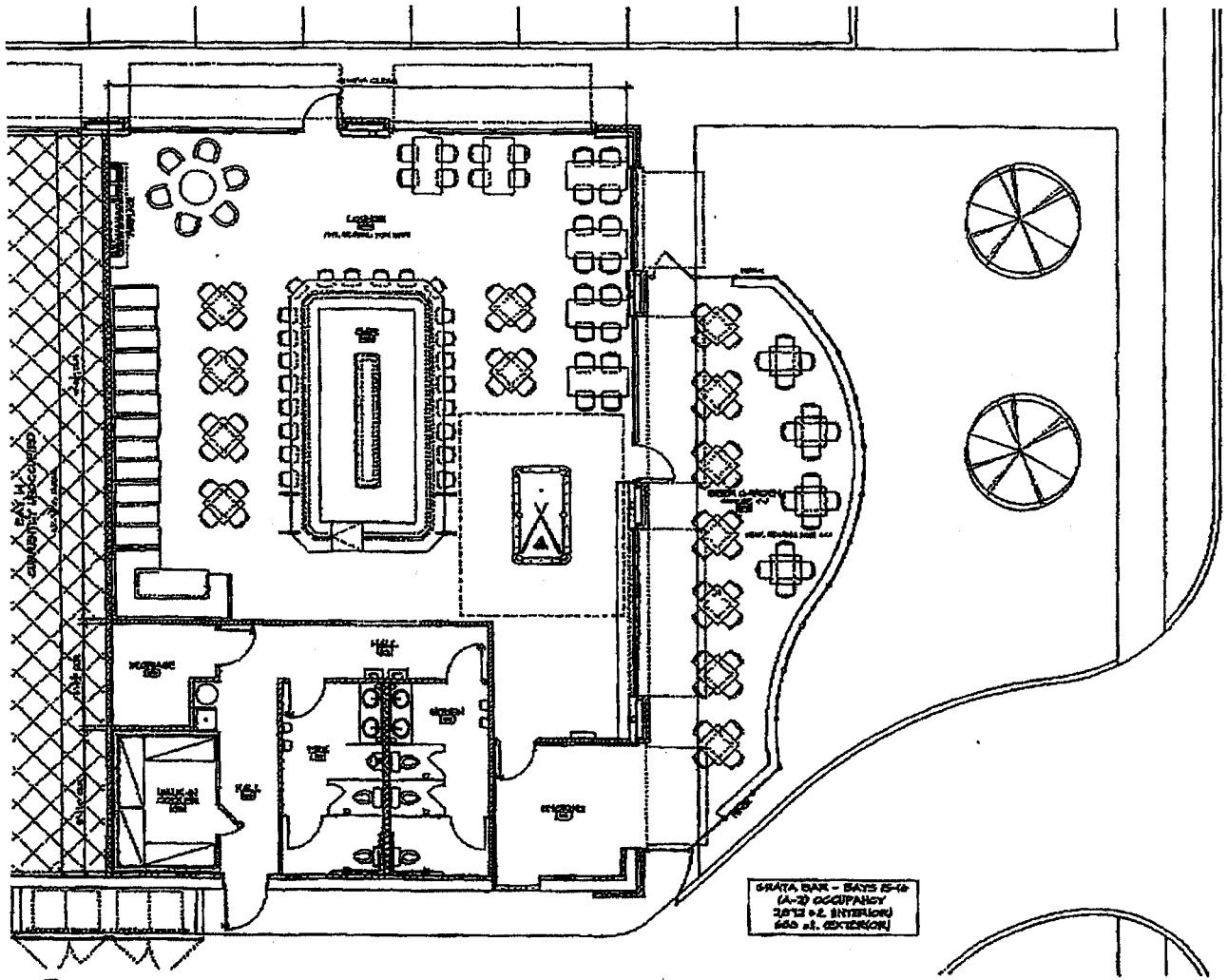
EXHIBIT "A-1"
ADDITIONAL SPACE



1. **SITE PLAN**
SCALE: 1" = 40'-0"



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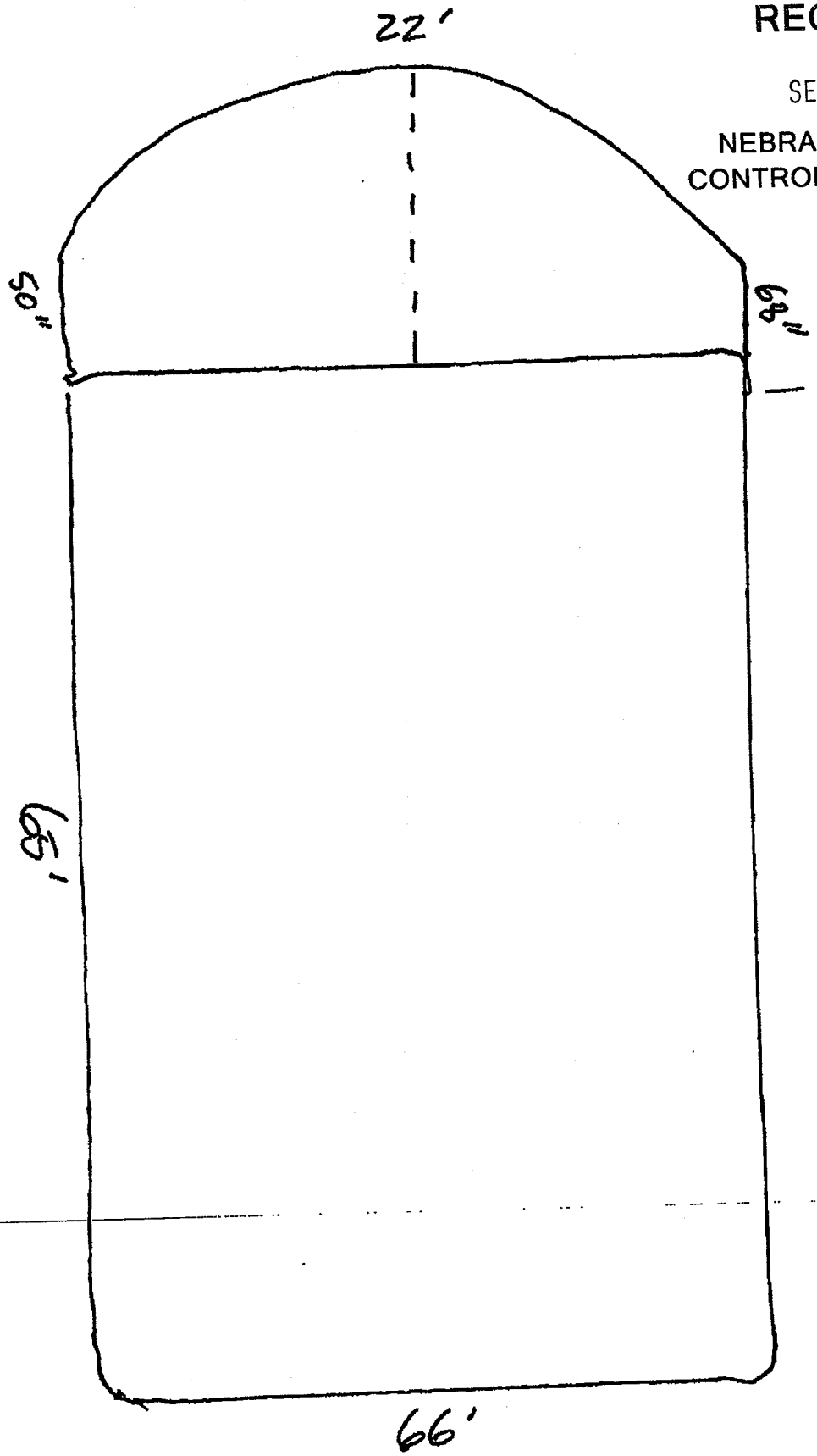

Outside dimentions of Lease space
2755 Sanie Ln #15 Lincoln NE
68516

Temporary Operating Permit

Nebraska Liquor Control Commission

15 – 782
Class CK

Issued: 9/16/2015 – Expires: 12/15/2015
Lincoln Leisure Club, LLC
DBA: The Local, 2755 Jamie Lane, Lincoln, NE 68516
Description: One story building approx 64' x 67' including outdoor area approx 19' x 50'

Hobert B Rupe - Executive Director
Nebraska Liquor Control Commission
301 Centennial Mall South, 5th Floor
Lincoln, NE 68509
(402) 471 – 2571

*** NO EXTENSIONS OF THIS PERMIT WILL BE ALLOWED***