CITY OF LINCOLN NEBRASKA

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

January 8, 2016

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 Boiler Brewing Company, LLC, DBA Boiler Brewing Company, 129 N 10th Street, Suite 8, requesting a class L-115903 (Craft Brewery) liquor license. Boiler Brewing Company, LLC is currently in the application process for its class C liquor license, having been approved by the City Council on December 14, 2015.

Thad Aerts is requesting that he be approved as the manager of the liquor license.

Monte Froehlich is the president of the corporation and currently has two other liquor licenses in Lincoln, The Grand Manse and Jasmine Room/Cellar at Grand Manse.

Mr. Froehlich completed the required management training on October 9, 2014.

Thad Aerts self-reported he was convicted in Storm Lake, IA of the following offense:

07-25-2010	Open container-passenger	Paid fine

Monte Froehlich's driving and criminal history is as follows:

10-18-2008	Handle, store, use liquids without permission	Misdemeanor
	Occupy premises w/o occupancy certification	Misdemeanor
07-26-2006	Violate speed limit 11-15 MPH over	Infraction
03-09-2001	Violate speed limit 11-15 MPH over	Infraction
07-03-2000	Violate speed limit 11-15 MPH over	Infraction

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
CRAFT BREWERY (BREWPUB)
CHECKLIST

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

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

1-6-16 Hobie
☒ Admin Review - Jerry
☒ Ne State Tax Bond
☒ Brewer's Notice

New

JM ✓

Applicant Name Boiler Brewing Company, LLC

E-Mail Address: jurquhart@usproperty.biz

Web Site Address: www.boilerbrewingcompany.com

115903

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.

crim hist reported on application | 147 submitted | 1-6-2016 entered into database

REQUIRED ATTACHMENTS

Ag, FM, NSP & local reports sent

Pd 1) Application fee $400 plus licensee fee $250
Total $650 (check payable to Nebraska Liquor Control Commission

____ 2) Copy of Federal Basic Permit issued by Alcohol and Tobacco Tax and Trade Bureau (TTB)

X 3) Alcoholic Liquor Tax Bond, $1,000 minimum including the Power of Attorney documentation (May use form 115)

X 4) Submit diagram to include:
   a. Facility dimensions and description
   b. Identify production area
   c. Any storage area

X 5) Copy of business plan

X 6) Name of Brew Master Tim Thomssen

   a. Phone number of Brew Master 402-610-1267

X 7) Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of $38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office or law enforcement agency listed in the enclosed fingerprint brochure.

No fees Submitted
Paid via Payport

1600000176

X 8) 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)

X 9) 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.

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

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.

Authorized Signature

Monte Froehlich

Print Name

(402) 202-1776

Contact Phone Number

Date

RECEIVED

DEC 16 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE
CRAFT BREWERY (BREWPUB)

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/

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

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

- [x] Class L Craft Brewery (Brew Pub) — Application fee $400 plus licensee fee $250
  Total $650 (checks payable to Nebraska Liquor Control Commission)
- [ ] Class K Catering license (requires catering application form 106) $100.00
- [ ] Copy of Federal Basic Permit
- [ ] Alcoholic Liquor Tax Bond minimum of $1,000 (form 115 may be used)

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

Term of license runs from May 1 – April 30
Catering license (K) expires same as craft brewery (brewpub) 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)
- [x] 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 Joy Urquhart, Analyst Phone number: (402) 805-4136

Firm Name U.S. Property

PREMISE INFORMATION

Trade Name (doing business as) Boiler Brewing Company

Street Address #1 129 N. 10th Street, Suite 8

Street Address #2

City Lincoln County Lancaster #2 Zip Code 68508

Premise Telephone number (402) 805-4136 - Joy (temporary)

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

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

Name Boiler Brewing Company

Street Address #1 c/o US Property

Street Address #2 129 N. 10th Street, Capitol Hall

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

Length 102'5" feet
Width 79' feet

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

ONE STORY AREA IN THE BASEMENT OF THE GRAND MANSE APPROXIMATELY 102'5" X 79'
See attached diagram.

80 X 103

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR CONTROL COMMISSION

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

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
Monte Froehlich	2000 - 2006	NE	3 speeding tickets	
Monte Froehlich	2008	NE	Building violations at Warehouse #4	

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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

☐ YES ☒ NO

If yes, give name of business and liquor license number_____

a) Submit a copy of the sales agreement
b) Include a list of alcohol being purchased, list the name brand, container size and how many
c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as a liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number No, but there are other licenses in the building.

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

☐ YES ☒ NO

If yes:
a) Attach temporary operating permit (form 125)
b) T.O.P. 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_____

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

☐ YES ☒ NO

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

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

☐ YES ☒ NO

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

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

Pinnacle Bank, 1401 N Street, Lincoln NE; Thad Aerts, Tap Room Manager

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.

None

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR
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:

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

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Monte Froehlich, Manager		Experience: Owner of Grand Manse Events & Lodging, LLC which holds a liquor license.

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 8/31/2025
- [ ] Deed
- [ ] Purchase Agreement

14. When do you intend to open for business? February 2016

15. What will be the main nature of business? Craft brewery and taproom

16. What are the anticipated hours of operation? 4:00 p.m. - 12:00 a.m., Wednesday - 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
Monte Froehlich: Lincoln, NE	1996	present	same	1996	present

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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

Signature of Applicant	**Signature of Spouse**
Signature of Applicant	**Signature of Spouse**
Signature of Applicant	**Signature of Spouse**
Signature of Applicant	**Signature of Spouse**
Signature of Applicant	**Signature of Spouse**

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this December 15, 2015 (date) by Monte & Lisa Froehlich (name of person acknowledged)

Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
JOY URQUHART
My Comm. Exp. Nov. 9, 2016

RECEIVED
DEC 16 2015
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.

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

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR CONTROL COMMISSION

Office Use Only

Class: L License #: 115903

Applicant Name: Boiler Brewing Company, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: Boiler Brewing Company
(Doing Business As)

(402) 805 - 4136 jurquhart@usproperty.biz
Phone Number 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: Monte Froehlich Title: Manager of LLC

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

2. Name: Thad Aerts Title: Tap Room Manager

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): Monte Froehlich Title: Manager

Signature: _____ Date: 11/4/15

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

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
DEC 16 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: Boiler Brewing Company, LLC

Premise information

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

Premise Trade Name/DBA: Boiler Brewing Company

Premise Street Address: 129 N. 10th St., Suite 8

City: Lincoln County: NE Zip Code: 68508

Premise Phone Number: (402) 805-4136

Email address: jurquhart@usproperty.biz

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: Aerts First Name: Thad MI: M.

Home Address (include PO Box if applicable): 4611 Eagle Ridge Road

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: (402) 420-7013 Business Phone Number: ---

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

Date Of Birth: _____ Place Of Birth: Fort Collins, CO

Email address: taerts@boilerbrewingcompany.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: Aerts First Name: Amy MI: M.

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

Date Of Birth: _____ Place Of Birth: Greeley, Colorado

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	Pre-2004	Present	Lincoln, NE	Pre-2004	Present

RECEIVED

DEC 16 2015

NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1997	Current	Omni Behavioral Health	Shannon Sieck	(402) 319-3429
2007	Current	Grata	Andrew Johnson	(402) 525-1607

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
Thad M. Aerts	7/25/10 ticket	Storm Lake, IA	Open container-passenger	Paid fine

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):
Grand Manse Events & Lodging - Grand Hall, Jasmine Room

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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)
Thad M. Aerts		See Attached

*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:
Thad M. Aerts/Bartender	2007 - current	Grata Bar & Lounge, Lincoln, NE

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES ☐ NO

RECEIVED

DEC 16 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

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

DEC 16 2015

NEBRASKA LIQUOR CONTROL COMMISSION

Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

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

10/26/2015 by Thad Aerts
date name of person acknowledged

Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
JOY URQUHART
My Comm. Exp. Nov. 9, 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.

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
DEC 16 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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

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

Amy M. Aerts
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

10/26/15
date

The foregoing instrument was acknowledged before me this

by Amy M. Aerts
name of person acknowledged

Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
CRYSTAL J. MEREDITH
My Comm. Exp. Sept. 12, 2016

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)

Thad M. Aerts
Printed name of applying individual

State of Nebraska

County of Lancaster

10/26/15
date

The foregoing instrument was acknowledged before me this

by Thad M. Aerts
name of person acknowledged

Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
CRYSTAL J. MEREDITH
My Comm. Exp. Sept. 12, 2016

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 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

Office Use

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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: Monte Froehlich

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

Boiler Brewing Company, LLC

LLC Address: 129 N. 10th Street, Capitol Hall

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: (402) 805-4136 LLC Fax Number (402) 476-4616

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

Last Name: Froehlich First Name: Monte MI: L.

Home Address: 129 N. 10th Street, #414 City: Lincoln

State: NE Zip Code: 68508 Home Phone Number: (402) 202-1776

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

11/4/2015
Date

by Monte Froehlich
name of person acknowledge

Affix Seal

GENERAL NOTARY - State of Nebraska
JOY URQUHART
My Comm. Exp. Nov. 9, 2016

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

Last Name: Froehlich First Name: Monte MI: L

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): Lisa R. Froehlich * spouse

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 75%

Last Name: Alpha Brewing Operations, LLC (separate 3b submitted for Alpha) 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 25%

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

RECEIVED

DEC 16 2015

NEBRASKA LIQUOR 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 Ending Date: December

Is this a Non Profit Corporation?

☐ YES ☒ NO

If yes, provide the Federal ID #._____

RECEIVED

DEC 16 2015

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.

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
DEC 16 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.

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

Lisa Froehlich
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

11/10/15
date

by Lisa Froehlich
name of person acknowledged

Joy Urquhart
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
JOY URQUHART
My Comm. Exp. Nov. 9, 2016

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)

Monte Froehlich
Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

11/10/15
date

by Monte Froehlich
name of person acknowledged

Joy Urquhart
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
JOY URQUHART
My Comm. Exp. Nov. 9, 2016

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.

FORM 35-4178
Revised 1/2008

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

Office Use

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR CONTROL COMMISSION

1

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: Matthew C. Rennerfeldt

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

Alpha Brewing Operations, LLC

LLC Address: 5831 N. 58th, Suite 1

City: Lincoln State: NE Zip Code: 68507

LLC Phone Number: (402) 474-2739 LLC Fax Number n/a

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

Last Name: Rennerfeldt First Name: Matthew MI: C.

Home Address: 8033 S. 57th St. City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: (402) 580-1663

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

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

28th day of October, 2015 **by** Matthew Rennerfeldt
Date **name of person acknowledge**

Affix Seal

GENERAL NOTARY - State of Nebraska
JOY URQUHART
My Comm. Exp. Nov. 9, 2016

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

Last Name: Marco First Name: Jon 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: Kelly First Name: Melisa 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: Glenn First Name: James 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: Wiemann First Name: Alan 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 _____

RECEIVED
DEC 16 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

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

1

Last Name: Pickinpaugh First Name: Micah 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 _____

RECEIVED

DEC 16 2015

NEBRASKA LIQUOR
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 Ending Date: December

Is this a Non Profit Corporation?

☐ YES ☒ NO

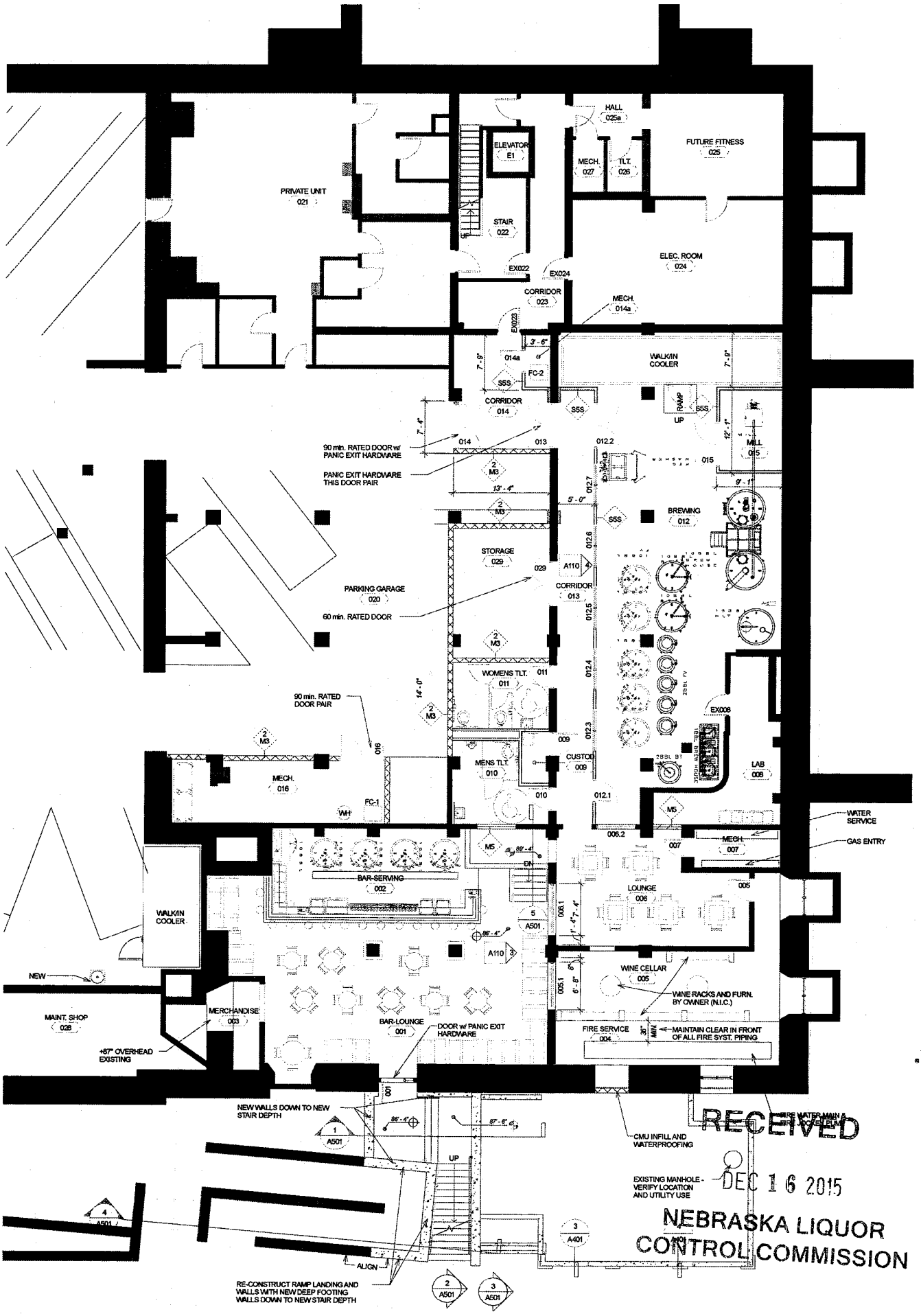
If yes, provide the Federal ID #._____

RECEIVED

DEC 16 2015

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.



RECEIVED
DEC 16 2015
NEBRASKA LIQUOR
CONTROL COMMISSION