

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 Brickway, LLC, DBA The Study, 728 Q Street, Suite B, requesting a class C-115919 liquor license. This is the former location of Cask, which held a class C liquor license.

Matthew Taylor, president of Brickway, LLC, is requesting that he be approved as the manager of the liquor license. Mr. Taylor also owns Tavern on the Square.

Mr. Taylor completed the required alcohol management training on September 12, 2013.

Mr. Taylor's driving and criminal history is as follows:

07-02-2007	Speeding 6-10 MPH over	Infraction
08-25-2006	Minor possess/sell/dispense/consume alcohol	Misdemeanor
02-11-2005	Disobey traffic control sign/device	Infraction
	Occupant protection system	Infraction
05-24-2002	Speeding 6-10 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
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

RECEIVED		
JAN 05 2016		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES <input type="radio"/> NO <input checked="" type="radio"/>	New/Replacing # <u>101018</u>	
Class Type <u>C</u>	115919	Initial <u>RS</u>

Applicant name Matthew Taylor
 Trade name Brickway LLC DBA (The Study) maybe
 Previous trade name The Cask
 Contact email address matthew_t_taylor@hotmail.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.

RECEIPT	DATE <u>1-5-2016</u> No. <u>168639</u>
	FROM <u>Brickway LLC</u>
	FOR <u>New Application</u>
	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>5026</u> \$ <u>400⁰⁰</u> <input type="checkbox"/> MONEY# _____ ORDER Received by <u>Randy Seiber</u>

Office use only	PAYMENT TYPE <u>CR 5026</u>	 1600000090
	AMOUNT: <u>\$400</u>	
Ret <u>1168639</u>		Received: <u>mm</u>

1. Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application.
2. Enclose application fee of \$400 (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:
 - Provide a copy of the purchase agreement from the seller (must read applicants name)
 - Provide a copy of alcohol inventory being purchased (must include brand names and container size)
 - 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.

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**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

**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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CONTROL COMMISSION

**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

Class K Catering license (requires catering application form 106) \$100.00

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

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (LLC) (requires form 3b & 3c)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application**

Name _____ Phone number: _____

Firm Name _____

PREMISES INFORMATION

Trade Name (doing business as) The Study

Street Address #1 728 Q St. Suite B

Street Address #2 _____

City Lincoln County Lincoln Zip Code 68508

Premises Telephone number (402) 202-7664

Business e-mail address matthew_t_taylor@hotmail.com

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

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

Name Matthew Taylor Attn: The Study

Street Address #1 816 P St.

Street Address #2 _____

City Lincoln State Nebraska Zip Code 68508

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NO JAN 05 2016
NEBRASKA LIQUOR CONTROL COMMISSION

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

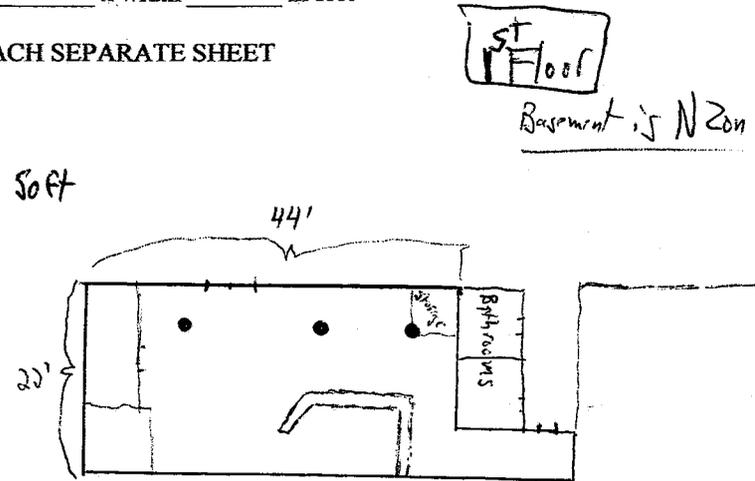
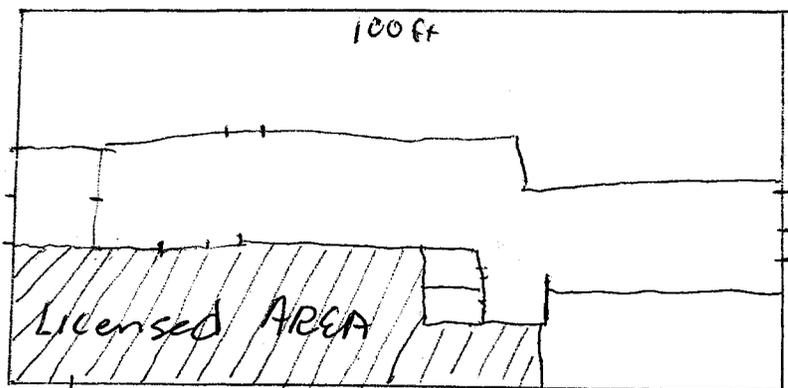
READ CAREFULLY

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

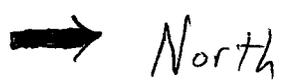
Building: length 100 x width 44 in feet
Is there a basement? Yes No If yes, length _____ x width _____ in feet
Is there an outdoor area? Yes No If yes, length _____ x width _____ in feet

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



Hide and Fur Building

728 Q St. Suite B



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.

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YES NO

If yes, please explain below or attach a separate page

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Matt Taylor	11/2006	Cherry County NE	Minor in Possession	
Matt Taylor			Traffic Violation Speeding	Over 10 years ago. Out of State.

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

YES NO

If yes, give name of business and liquor license number

Ironhorse LLC DBA the CasK License # 101018

- 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 The CasK License # 101018

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

YES NO

If yes:

- a) Attach temporary operating permit (TOP) (form 125)
- b) TOP will only be accepted at a location that currently holds a valid liquor license.

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

____ YES NO

If yes, list the lender(s) _____

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

____ YES NO

If yes, explain. (all involved persons must be disclosed on application)

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

____ YES NO

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

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.

Mutual of Omaha Bank - Matt Taylor, Angus Gutsche

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.

Matt Taylor, 816 P St. Lincoln Ne 68508 License # 088743

Current

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)
Matthew Taylor	Exp: 7/18/16	Food Handler Permit # FM002696
	Exp: 2/18/16	City Alcohol Training #0002220
	Exp: 2/18/16	State Alcohol Training #0016813

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

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Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Matt Taylor / Owner Manager	2010 - Present	Tavern on the Square
Matt Taylor / Manager	2006 - 2009	The Bar

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13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

Lease: expiration date August 2017
 Deed
 Purchase Agreement

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

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

16. What are the anticipated hours of operation? 4pm - 1am

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	
1416 S 14th St	2015	2016	Lincoln, NE		
3630 Wray St	2013	2015	Lincoln, NE		
732 Marshall St	2012	2013	"		
105 N 8th St Apt 306	2010	2012	"		
3601 Apple St.	2004	2008	"		

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.

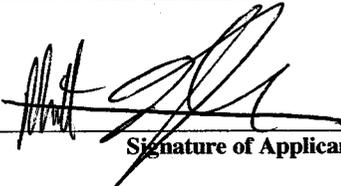
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person 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 guide for required signatures <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>

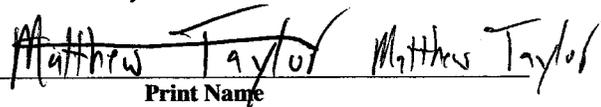
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**NEBRASKA LIQUOR
CONTROL COMMISSION**



Signature of Applicant



Print Name

Signature of Applicant

Print Name

Signature of Spouse

Print Name

Signature of Spouse

Print Name

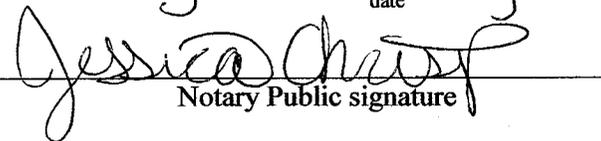
ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

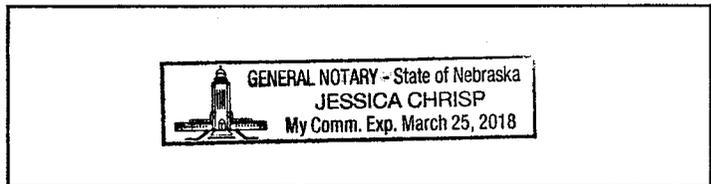
5th day of January 2016 by _____
date

The foregoing instrument was acknowledged before me this

Matthew Taylor
name of person(s) acknowledged (individual(s) signing)



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
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

Name of Registered Agent: Matthew Taylor

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

Rickway LLC 010198689

LLC Address: 728 Q St. Suite B

City: Lincoln State: Ne Zip Code: 68508

LLC Phone Number: (402) 202-7664 LLC Fax Number _____

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Taylor First Name: Matthew MI: T

Home Address: 1416 S 14th St. City: Lincoln

State: Ne Zip Code: 68502 Home Phone Number: (402) 202-7664

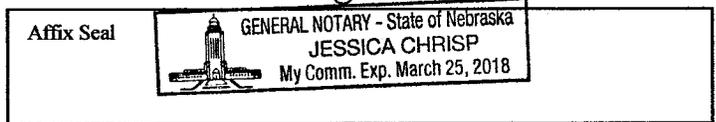
[Signature] [Signature]
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

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

5th day of January 2016 by Matthew Taylor
Date name of person acknowledge

Jessica Christ



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

Last Name: Taylor First Name: Matthew MI: T

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 _____

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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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 _____

Is the applying Limited Liability Company controlled by another corporation/company:

YES

NO

If yes, complete controlling corporation insert form 185

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

Starting Date: January - December Ending Date: _____

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

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**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

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**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: Brickway LLC

Premise information

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

Premise Trade Name/DBA: The Study

Premise Street Address: 728 Q St. Suite B

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: (402) 202-7664

Email address: matthew_t_taylor@hotmail.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: Taylor First Name: Matthew MI: T

Home Address (include PO Box if applicable): 1416 S 14th Street

City: Lincoln County: Lincoln Zip Code: 68508

Home Phone Number: (402) 202-7664 Business Phone Number: _____

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

Date Of Birth: _____ Place Of Birth: Mons, Belgium

Email address: Matthew_t_taylor@hotmail.com

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

YES NO

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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	2004	Current			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	Current	TopSpin LLC	I am the Owner	(402) 202-7664
2006	2009	Twisted Steel LLC	Neal Grummert	Deceased

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. **RECEIVED** If more than one party, please list charges by each individual's name.

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YES NO

NEBRASKA LIQUOR CONTROL COMMISSION

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
- Matthew Taylor	I know	I have had some speeding tickets but		
	it has	been a while (10+ years)		
- Matthew Taylor	10/2006	Cherry County, Ne	MIP	

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):

Tavern on the Square / The Other Room - TopSpin LLC

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: #LNKAM-0034982 Name on Certificate: Matthew Taylor

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Matthew Taylor	Expires 7/18/16	Food Handler Permit # FM002696
"	Expires 2/18/16	City Alcohol Training Permit # 0002220
"	"	State " Permit # 0016813
RBST	EXA 9/12/16	#LNKAM-0034982
RBST	9/12/16	#RB-0034981

*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:
Matt Taylor / Owner	2010 - Current	Tavern on the Square / The Other Room

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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.

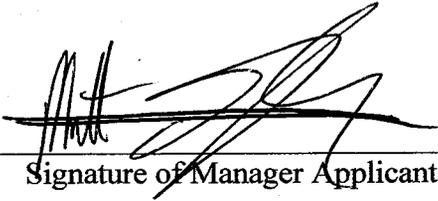
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**


Signature of Manager Applicant


Signature of Spouse

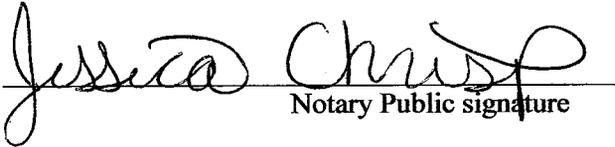
ACKNOWLEDGEMENT

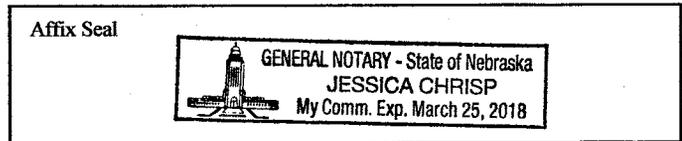
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

5th day of January 2016
date

Matthew Taylor
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.

**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

JAN 05 2016

**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

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

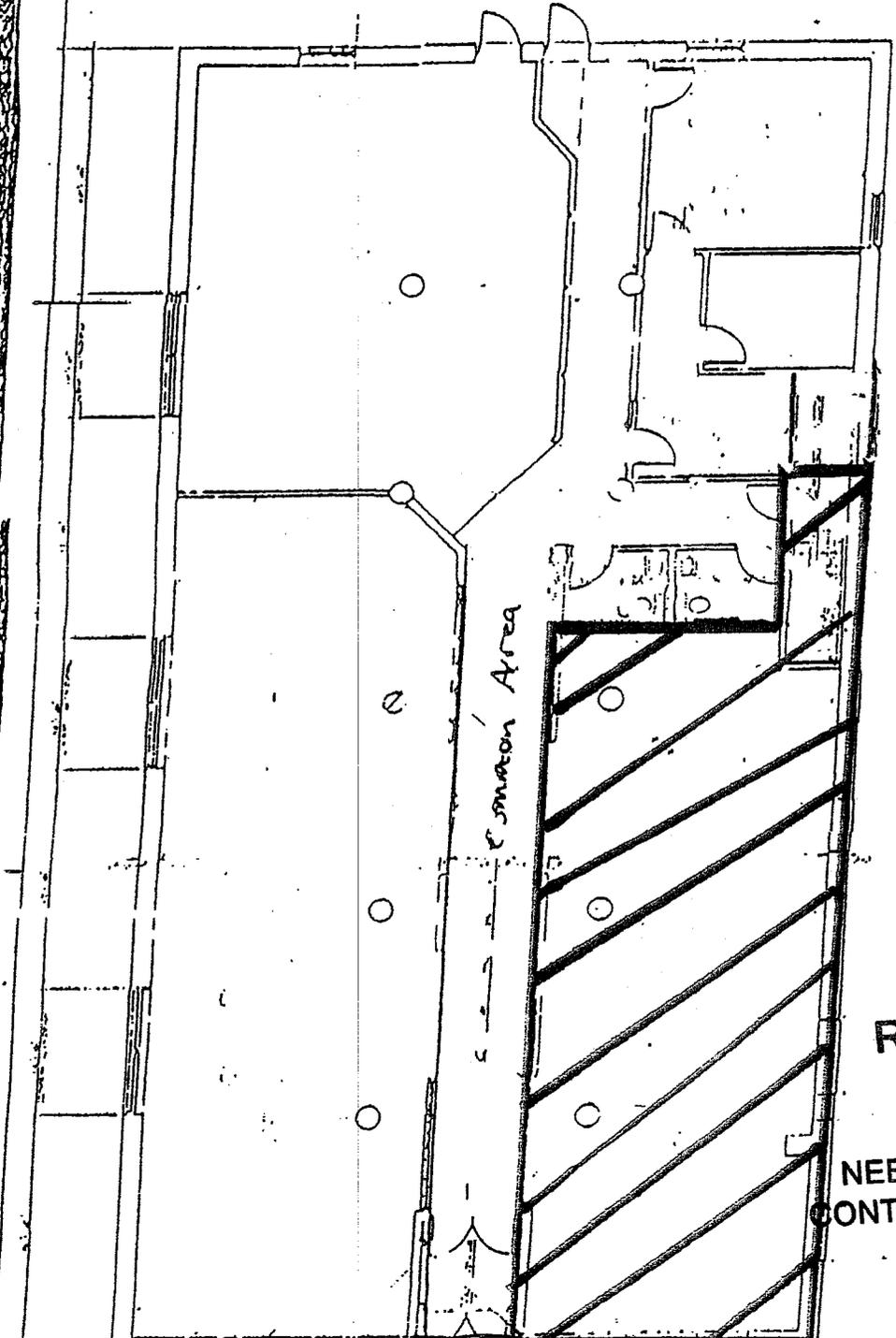
- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

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

EXHIBIT
"A"
Richard E. Reeves AIA

RICHARD E. REEVES AIA
ARCHITECT
1000 S. 10th Street
Lincoln, NE 68502
402.441.1111
www.richardereeves.com



FIRST FLOOR PLAN

RECEIVED

JAN 05 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

**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	
JAN 05 2016	
NEBRASKA LIQUOR CONTROL COMMISSION <small>Office Use Only</small>	
Class:	License #:

Applicant Name: Brickway LLC (Matthew Taylor)
(Corporation, LLC, Partnership or Individual)

Trade Name: The Study
(Doing Business As)

(402) 202 - 7664
Phone Number

matthew_t_taylor@hotmail.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; ** Taken 12/28/15 1:40pm NSP*
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: Matthew Taylor Title: Owner/Manager

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

RECEIVED
JAN 05 2015

4. Name: _____ Title: NEBRASKA LIQUOR CONTROL COMMISSION

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: _____

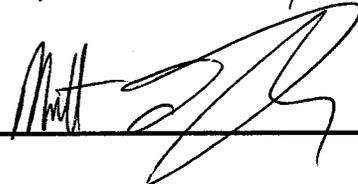
How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

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): Matthew Taylor Title: Owner

Signature:  Date: 12/29/15