CITY OF LINCOLN NEBRASKA

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

February 9, 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 Lakes Venture, LLC, DBA Fresh Thyme Farmers Market, 5220 O Street, requesting that Roger Addison be approved as the manager of the class C-115892 liquor license.

Mr. Addison has not yet completed the required alcohol management training. He is scheduled to attend the training on February 11, 2016.

Roger Addison's driver history is as follows:

02-19-2007	Speeding 6-10 MPH over	Infraction
12-17-2005	Traffic control signal; turn on red	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

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

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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: Lakes Venture, LLC

Premise information

Liquor License Number: 115892 Class Type C (if new application leave blank)

Premise Trade Name/DBA: Fresh Thyme Farmers Market

Premise Street Address: 5220 O Street

City: Lincoln County: Lancaster Zip Code: 68510

Premise Phone Number: (402) 417-1135

Email address: fwindsor@freshthyme.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

Fran Windsor

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

1600001832

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Addison First Name: Roger MI: E

Home Address (include PO Box if applicable): 8150 Hascall Street

City: Omaha County: Douglas Zip Code: 68124

Home Phone Number: (402) 201-9290 Business Phone Number:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Phoenxville, PA

Email address: rogeraddison@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: Heath First Name: Rosanagh MI:

Social Security Number: Spousal Affidavit filed 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
Omaha, NE	2005	Present	Omaha, NE	2008	Present
			Ralston	2005	2008

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CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	2015	Walmart	Joe McBreen	(402) 393-9560
2008	2013	Walmart	Andy Friemel	(402) 697-1054

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
Roger Addison	approximately2004-2006	Omaha NE area	3 or 4 speeding tickets	fines

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

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CONTROL COMMISSION

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

Signed up for February 11, 2016 class

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Roger Addison, Assistant Manager	2008-2015	Walmart-1606 South 72nd Street, Omaha, NE

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES ☐ NO

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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.

Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this February 3, 2016 (date) by Roger E Addison & Rosanagh M Heath (name of person acknowledged)

Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
STEPHANIE N NELSON
My Comm. Exp. January 19, 2019

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

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

Rosanagh Heath
Printed name of spouse asking for waiver

State of Nebraska
County of Lancaster

Feb 3, 2016
date

The foregoing instrument was acknowledged before me this
by Rosanagh Heath
name of person acknowledged

Notary Public signature

Affix Seal
GENERAL NOTARY-State of Nebraska
STEPHANIE N NELSON
My Comm. Exp. January 19, 2019

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

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

Roger Addison
Printed name of applying individual

State of Nebraska
County of Lancaster

Feb 3, 2016
date

The foregoing instrument was acknowledged before me this
by Roger Addison
name of person acknowledged

Notary Public signature

Affix Seal
GENERAL NOTARY-State of Nebraska
STEPHANIE N NELSON
My Comm. Exp. January 19, 2019

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008