

February 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 Rachel Rice-Mattson, requesting a class I-116279 liquor license for Top Hat Tavern, 736 W Cornhusker Hwy. Ms. Rice-Mattson has purchasing Top Hat Tavern from JSCK, Inc., and is making application as an individual.

Ms. Rice-Mattson is requesting that she be approved as the manager of the liquor license. She has not yet completed the required alcohol management training. She is scheduled to attend on February 11, 2016.

Rachel Rice-Mattson's criminal and driver history is as follows:

08-12-2010	Violate speed limit 6-10 MPH over	Infraction
01-31-2004	Improper registration	Infraction
11-07-1995	Dog running at large	Misdemeanor
09-07-1992	Violate speed limit	Infraction
02-14-1990	Speed regulations	Infraction

Her application is included for your review.

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

<p><i>TOP None</i></p> <p>RECEIVED</p> <p>JAN 26 2016</p> <p>NEBRASKA LIQUOR CONTROL COMMISSION</p>	
Hot List: YES/NO	New/Replacing # <u>068889</u>
Class Type <u>I</u>	116279
Initial <u>bm</u>	

Applicant name Rachel Anne Rice - Mattson

Trade name Top Hat Tavern

Previous trade name Top Hat Tavern

Contact email address justlib_2@yahoo.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>1/26/2016</u> No. <u>168652</u>
	FROM <u>Randall Mattson / RMC Remodeling</u>
	FOR <u>New Liquor License</u>
	<div style="display: flex; align-items: center;">  <div> <input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>1380</u> <input type="checkbox"/> MONEY# _____ ORDER </div> <div style="margin-left: 20px; border: 1px solid black; padding: 2px;"> <u>\$400.00</u> </div> </div>
Received by <u>Shanna Nyhoff</u>	

Office use only PAYMENT TYPE <u>CR 1380</u> AMOUNT: <u>\$400</u> Received <u>mm</u>	 1600001997
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REV. 2/11/2015
PAGE 1

Rachel Rice-Mattson

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. N/A 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:
 - a. Provide a copy of the purchase agreement from the seller (must read applicants name)
 - b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
 - Enclose a list of the assets being purchased (furniture, fixtures and equipment)
7. N/A 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. *LLC upon approval of liquor license*
11. Submit a copy of your business plan.

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.

Rachel Anne Rice - Mattson
Signature

1-24-16
Date

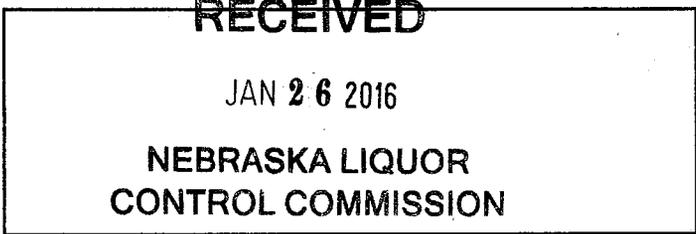
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NEBRASKA LIQUOR
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S)

Application Fee \$400 (nonrefundable)

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

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) *LLC upon approval*
- 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 Top Hat Tavern

Street Address #1 736 W. Cornhusker Hwy

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68521

Premises Telephone number 402-479-9935

Business e-mail address justlib-2@yahoo.com

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

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

Name Rachel A. Rice - Mattson

Street Address #1 7101 Holdrege Street

Street Address #2 _____

City Lincoln State Ne Zip Code 68505

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.**

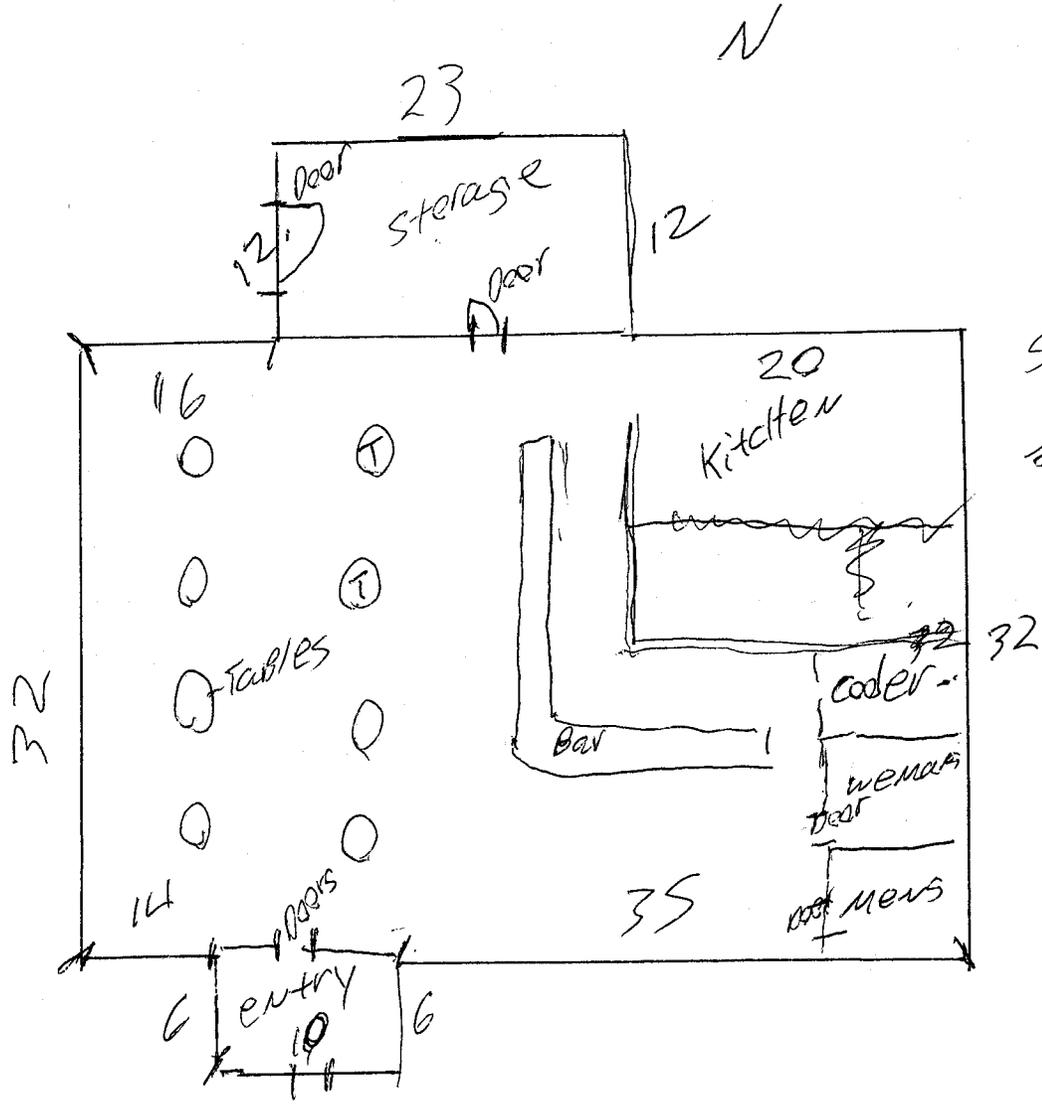
****For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length 59 x width 50 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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CONTROL COMMISSION



slab on grade
single storey

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corn Husker
Hwy

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 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
Rachel A. Rice-mattson				
These are to the best of my knowledge, there may be more I do not recall - See attached also	Vine	Lincoln Ne	Speeding	
	South St.	Lincoln, Ne	Speeding School Zone	
	40th + Old Cheney	Lincoln Ne	Speeding	
	College View	Lincoln, Ne	Speeding	
	Expired Tags	Lincoln, Ne		
	Headlight ticket	Lincoln, Ne		

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

YES NO

If yes, give name of business and liquor license number 068889, Top Hat Tavern

- 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 068889, Top Hat Tavern

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

YES NO

NO TOP

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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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)

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. Valley Vending - Pool Table, Video games,
Juke Box

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.

Cornhusker Bank Rachel Anne Rice - Mattson

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)
Rachel A Rice-mattson	03/2013	Responsible Beverage Service Training

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
Rachel A. Rice-mattson	08/10/16	Kelli's Pub
	8 yrs	1318 N. 16th
		Lincoln, Ne 68505

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 _____
 Deed _____
 Purchase Agreement

14. When do you intend to open for business? ASAP

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

16. What are the anticipated hours of operation? Tam-2am 7 days a week

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Rachel A. Rice-mattson Lincoln, Ne	1971	2016	Randy Mattson	1998	2016

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If necessary attach a separate sheet.

JAN 26 2016

**NEBRASKA LIQUOR
CONTROL COMMISSION**

FORM 100
REV MAY 2015
PAGE 7

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>

Rachel A. Rice-Mattson
Signature of Applicant

Randy J Mattson
Signature of Spouse

Rachel A. Rice-mattson
Print Name

Randy J Mattson
Print Name

Signature of Applicant

Signature of Spouse

Print Name

Print Name

ACKNOWLEDGEMENT

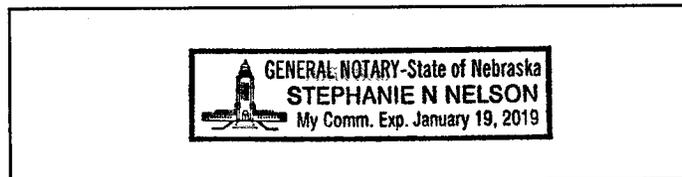
State of Nebraska,
County of Lancaster

The foregoing instrument was acknowledged before me this

12-25-16
date

by Rachel A Rice-Mattson & Randall J Mattson
name of person(s) acknowledged (individual(s) signing)

Stephanie Nelson
Notary Public signature



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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
INDIVIDUAL
INSERT - FORM 1

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

Individual applicants, including spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate, INS papers or US Passport
- 4) Fingerprints are required. See Form 147 for further information, this form MUST be included with your application
- 5) Must sign the signature page of the Application for License form
- 6) Applicant may be required to take a training course
- 7) Be a registered voter in the State of Nebraska, include a copy of voter registration card with application

Name of individual applicant who will hold license

Last Name: Rice - Mattson

First Name: Rachel MI: A

Home Address: 7101 Holdrege St. City: Lincoln Zip Code: 68505

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: 402-450-1588

Driver's License Number: _____ State: Nebraska

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

YES

NO

If yes, provide your spouse's information below

Spouses Last Name: Mattson

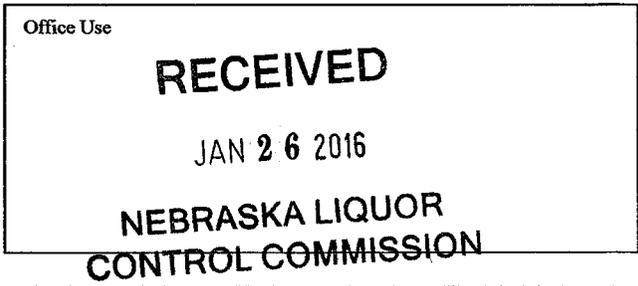
Spouses First Name: Randy MI: J

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: Nebraska

**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



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.

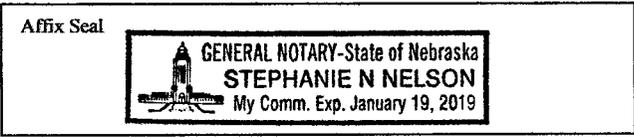
Randal J Mattson
Signature of spouse asking for waiver
(Spouse of individual listed below)

Randal J Mattson
Printed name of spouse asking for waiver

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this
by Randall J Mattson
name of person acknowledged

1-25-16 date
Stephanie N Nelson
Notary Public signature



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.

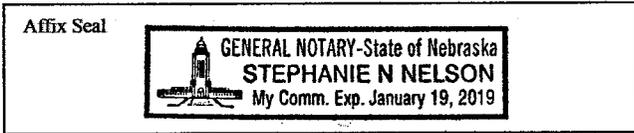
Rachel A Rice-Mattson
Signature of individual involved with application
(Spouse of individual listed above)

Rachel A. Rice -mattson
Printed name of applying individual

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this
by Rachel A Rice-mattson
name of person acknowledged

1-25-16 date
Stephanie N Nelson
Notary Public signature



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.

**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
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JAN 26 2016	
NEBRASKA LIQUOR CONTROL COMMISSION	
Class:	License #:

Applicant Name: Rachel A. Rice-Mattson
(Corporation, LLC, Partnership or Individual)

Trade Name: Top Hat Tavern
(Doing Business As)

(402) 450-1588
Phone Number

justlib-2@yahoo.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.

INDIVIDUAL APPLICANT - NOT NEEDED

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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**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

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
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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: Top Hat Tavern

Premise information

Liquor License Number: 068889 Class Type _____ (if new application leave blank)

Premise Trade Name/DBA: Top Hat Tavern

Premise Street Address: 736 W Cornhusker

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: 402-479-9935

Email address: justlib-2@yahoo.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: Rice-mattson First Name: Rachel MI: A

Home Address (include PO Box if applicable): 7101 Holdrege Street

City: Lincoln County: Lancaster Zip Code: 68505

Home Phone Number: 402-450-1588 Business Phone Number: _____

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

Date Of Birth: _____ Place Of Birth: Lincoln, Nebraska

Email address: justlpb-2@yahoo.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: mattson First Name: Randy MI: J

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

Date Of Birth: _____ Place Of Birth: Ventura, California

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
<u>Lincoln, Nebraska</u>	<u>1971</u>	<u>2016</u>	<u>Lincoln, Nebraska</u>	<u>1998</u>	<u>2016</u>

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NEBRASKA LIQUOR
CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2016	Keill's Pub	Chris Kodad	402-499-6247
1991	2016	A-1 Linoleum ^e Carpet	Jack Rice	402-525-3040

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
Rachel A Rice-Mattson				
	Vine	Lincoln, Ne	Speeding	
Do not recall dates	South Street	Lincoln, Ne	Speeding School Zone?	
	40th & Old Cheney	Lincoln, Ne	Speeding	
	College View	Lincoln, Ne	Speeding	
		Lincoln	Expired Tags	?

Lincoln Headlight Ticket?

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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JAN 26 2016

**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: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Rachel A. Rice-Mattson	3/13	Responsible Beverage Training

*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:
Rachel A. Rice-Mattson	1/8 - 1/16	Kelli's Pub 1318 N. 66th Lincoln, Ne 68505

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.

Rachel A. Rice - Mattson
Signature of Manager Applicant

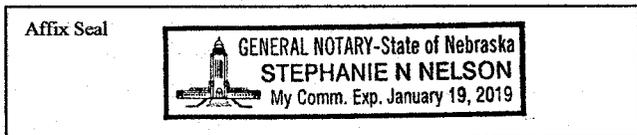
Randy J Mattson
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lamar
1-25-16
date

The foregoing instrument was acknowledged before me this
by Rachel A Rice - Mattson & Randall J Mattson
name of person acknowledged

Stephanie N Nelson
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.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**