

May 31, 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 Hooksbiz, Inc., dba Tanner's Bar & Grill, 6940 A St, requesting a class I-118130 liquor license. This is the previous location of Grandmother's, which held a class C liquor license.

Brett Clure, President of Hooksbiz, Inc., is requesting that he be approved as the manager of the liquor license. Mr. Clure completed the required alcohol management training on October 10, 2013.

Mr. Clure is the president of a number of corporations owning at least seven other liquor licensed establishments in Lincoln, Omaha and Ralston. He is currently the approved liquor license manager at Tanner's Bar & Grill, 8600 S 30th St, Suites B1-B3, in Lincoln, Nebraska.

Hooksbiz, Inc. Corporate Officers/Stockholders/Members:

Member 1: Brett Clure – President (44%)
Member 2: Brent Geissinger – Shareholder (16%)
Member 3: Andrew Forney – Shareholder (12%)
Member 4: Vernon Goff – Shareholder (10%)
Member 5: Cody Wickham – Shareholder (10%)
Member 6: Pat Kelley – Shareholder (5%)
Member 7: Matt Clure – Shareholder (3%)

Brett Clure's criminal and driver history is as follows:

10-21-2015	Speeding 11-15 MPH over	Infraction
05-02-2013	No valid registration	Misdemeanor
03-10-2010	DUI >=.15 – No prior	Misdemeanor
	Speeding 6-10 MPH over	Infraction
10-30-2009	Speeding 16-20 MPH over	Infraction
10-28-2008	Speeding 11-15 MPH over	Infraction
08-12-2005	No valid registration	Misdemeanor



06-12-2005	Speeding 21+ MPH over	Infraction
08-23-2001	Urinating in public	Misdemeanor
	Open alcohol container in motor vehicle (Arrest warrant issued)	Misdemeanor
12-23-1997	Speeding 11-15 MPH over	Infraction

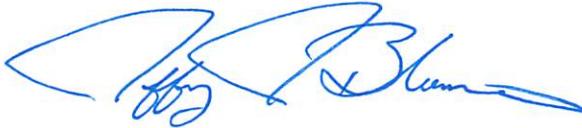
Mr. Clure self-reported the following misdemeanor convictions:

08-22-2005 to 10-24-2005	Driving under suspension (TX)
09-14-2005 to 10-24-2005	Driving under suspension (NE)
02-03-2009 to 02-05-2009	Driving under suspension (NE)

Mr. Clure's DUI conviction has been reviewed and addressed by the Nebraska Liquor Control Commission.

The 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.



JEFFREY J. BLIEMEISTER, 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		
MAY 19 2016		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES / <input checked="" type="radio"/> NO	New/Replacing #	
Class Type <u>I</u>	118130	Initial <u>RS</u>

Applicant name HOOKSBIZ, INC.

Trade name Tanner's Bar & Grill

Previous trade name n/a

Contact email address brettclure@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.

<p>Office use only</p> <p>PAYMENT TYPE <u>CK 10028</u></p> <p>AMOUNT: <u>\$ 400</u></p> <p>Received: <u>mm</u></p>	 <p>1600009682</p>
--	--

RECEIVED

mm

1. m file 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 PAYPORT.
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. n/a If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6. n/a 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)
 c. 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. n/a 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
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.

RECEIVED

MAY 19 2016

**NEBRASKA LIQUOR
CONTROL COMMISSION**

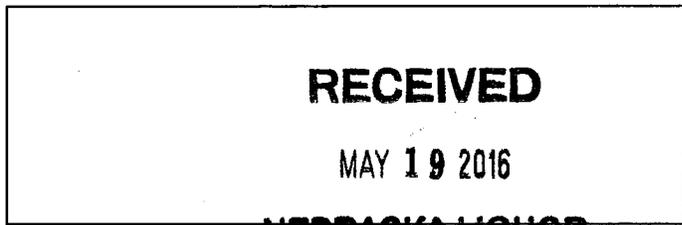
I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Brett Cline
 Signature

5-9-16
 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/



**NEBRASKA LIQUOR
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 1 FORM 104)
- Partnership License (requires insert 2 FORM 105)
- Corporate License (requires insert 3a FORM 101 & 3c FORM 103)
- Limited Liability Company (LLC) (requires form 3b FORM 102 & 3c FORM 103)

**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 Sean Kelley Phone number: 402-397-1898
Firm Name Kelley and Terram PC LLO

PREMISES INFORMATION

Trade Name (doing business as) Tanner's Bar & Grill

Street Address #1 0940 A St

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68510

Premises Telephone number TBD

Business e-mail address brettclure@yahoo.com

RECEIVED

Is this location inside the city/village corporate limits: YES X NO MAY 19 2016

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

NEBRASKA LIQUOR CONTROL COMMISSION

Name Brett Clure

Street Address #1 15505 Ruggus St, Suite 100

Street Address #2 _____

City Omaha State NE Zip Code 68110

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

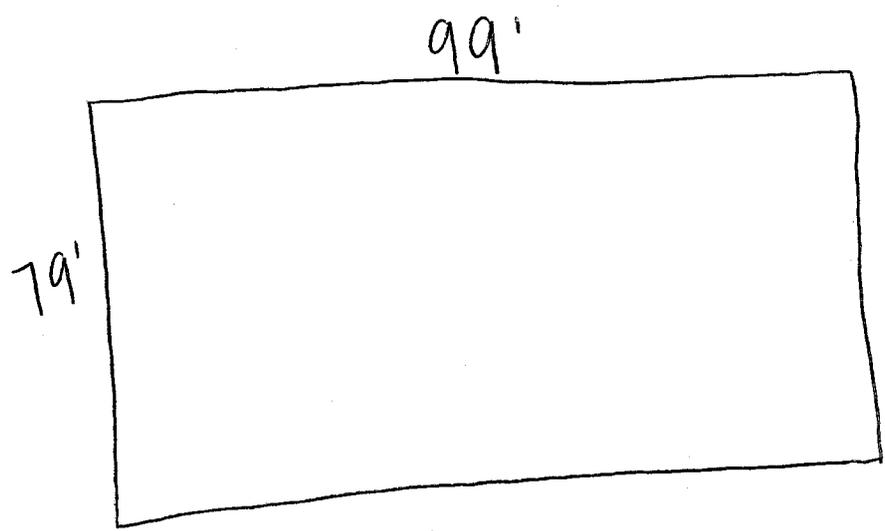
READ CAREFULLY

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 79 x width 99 in feet
Is there a basement? Yes X No _____ If yes, length 79 x width 99 in feet
Is there an outdoor area? Yes _____ No X If yes, length _____ x width _____ in feet

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



one story building approx 79' x 99' including basement area

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 * See additional sheet

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Brett Clure	3/2010	Omaha NE	DUI	1 year probation
Brett Clure	10/2008	Omaha NE	speeding ticket	
Brett Clure	10/2009	Omaha NE	speeding ticket	
Vern Goff	9/1999	Lincoln NE	DUI	1 year probation
Vern Goff	9/2011	Omaha NE	DUI 1st	9 mos probation

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 liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number Grandmother's C-010785

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.

RECEIVED

MAY 19 2016

NEBRASKA LIQUOR CONTROL COMMISSION

Additional criminal history on Brett Clure

01/07/98 Douglas County – Speeding 11-15mph over, \$75

8/29/01 Lancaster County - Urinating in Public \$50, Open Container \$50. Warrant issued 10/3/01 and recalled on 10/9/01

07/08/05 Sarpy County – Speeding 21+ mph over, \$200

8/29/05 Douglas County – Registration, \$25, Class 3 misdemeanor

6/6/13 Sarpy County – Registration, \$25, Class 3 misdemeanor

3 DUS (failure to comply)

- 1) TX case #0129606, NE DUS 8/22/05-10/24/05
- 2) NE DUS 09/14/05-10/24/05
- 3) NE DUS 02/03/09-02/05/09

RECEIVED

MAY 19 2016

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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) Mutual of Omaha Bank

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 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)

Provide letter of support or opposition, see FORM 134 – church or FORM 135 - campus

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 a) Brett Ciure

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.

see attached

Nebraska Liquor Control Commission - Positive Matches

Results

Below is a listing of all possible matches to your search criteria. To view the full license information click on the "Details" button located to the right of the search listing.

5 matches were found.

Class	License Number	Name	Doing Business As	Full License
I	079623	TB&G NEBRASKA INC	TANNER'S BAR & GRILL	
I	096135	TB&G NEBRASKA INC	TANNER'S BAR & GRILL	
I	104574	HOOKS LINCOLN INC	TANNER'S BAR & GRILL	
I	105935	HOOKSBIZ INC	TANNER'S BAR & GRILL	
I	112134	TB&G NEBRASKA INC	TANNERS BAR & GRILL	

Change Criteria

Tanner's Bar & Grill - Wisconsin

301 Centennial Mall South
PO Box 95046
Lincoln, NE 68509-5046
P: 402-471-2571
F: 402-471-2814

RECEIVED

MAY 19 2016

**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:

- 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 material)

RECEIVED
MAY 19 2016
NEBRASKA LIQUOR
CONTROL COMMISSION

List of NLCC certified training programs

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Brett Clure / manager	2010 present	Tanner's, Omaha, NE

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

Lease: expiration date October 31, 2024
 Deed
 Purchase Agreement

14. When do you intend to open for business? upon issuance of license

15. What will be the main nature of business? bar & grill

16. What are the anticipated hours of operation? 11am - 2am

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
Brett Clure			Meagan Clure		
Omaha, NE	2003	2016	Omaha, NE	2010	2016
			Des Moines, IA	2003	2010

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 guideline for required signatures

Brett Clure

Signature of Applicant

Brett Clure

Print Name

Signature of Applicant

Print Name

**see spousal affidavit*

Signature of Spouse

Print Name

Signature of Spouse

Print Name

RECEIVED

MAY 19 2016

NEBRASKA LIQUOR CONTROL COMMISSION

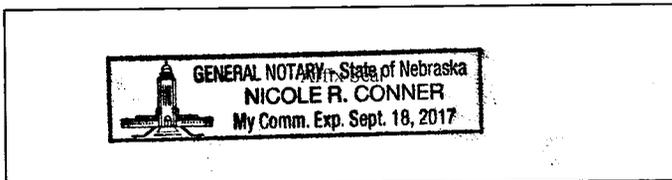
ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

5-13-2016
date

The foregoing instrument was acknowledged before me this
by Brett Clure
name of person(s) acknowledged (individual(s) signing)

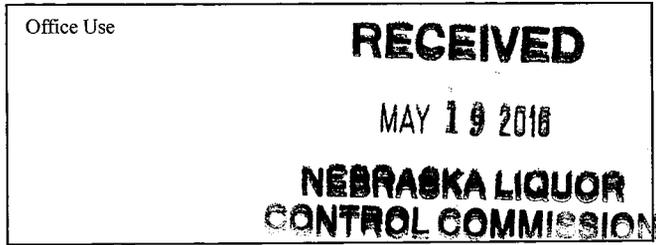
Nicole Conner
Notary Public signature



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 CORPORATION INSERT - FORM 3a

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



Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Officers, directors and stockholders 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 Incorporation (must show electronic stamp or barcode receipt by Secretary of States Office)

Name of Registered Agent: Aimee Cizek

Name of Corporation that will hold license as listed on the Articles
Hooksbiz, Inc. 010127314

Corporation Address: 13011 S 119th St

City: Omaha State: NE Zip Code: 68144

Corporation Phone Number: 402-884-5100 Fax Number: _____

Total Number of Corporation Shares Issued: 100

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Clure First Name: Brett MI: C

Home Address: 1520 S 182nd Circle City: Omaha

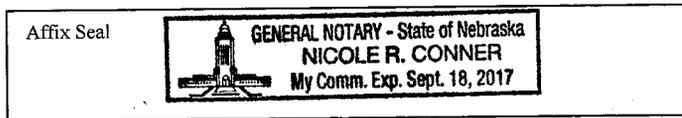
State: NE Zip Code: 68130 Home Phone Number: 402-871-3168

Brett Clure
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas
5-9-18
Date
Nicole Conner

The foregoing instrument was acknowledged before me this
by Brett Clure
name of person acknowledge



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Clure First Name: Brett MI: C *
Social Security Number: _____ Date of Birth: _____ ^{usa}
Title: President Number of Shares 43.44 - 44
Spouse Full Name (indicate N/A if single): Meagan Clure
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Geissinger First Name: Brent MI: C
Social Security Number: _____ Date of Birth: _____
Title: Shareholder Number of Shares 15.93 - 16
Spouse Full Name (indicate N/A if single): Megan Geissinger
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Forney First Name: Andrew MI: D
Social Security Number: _____ Date of Birth: _____
Title: Shareholder Number of Shares 12.43 - 12
Spouse Full Name (indicate N/A if single): Leigh Ann Forney
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Goff First Name: Vernon MI: L
Social Security Number: _____ Date of Birth: _____
Title: Shareholder Number of Shares 10
Spouse Full Name (indicate N/A if single): Allison Arlene Authier Goff
Spouse Social Security Number: _____ Date of Birth: _____

RECEIVED
MAY 19 2016
NEBRASKA LIQUOR
CONTROL COMMISSION
REV. JUNE 2015
12 of 4

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Wickham First Name: Cody MI: A

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 10

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Kelley First Name: Pat MI: L

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 5

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Clure First Name: Matt MI: W

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 3

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

RECEIVED
MAY 19 2016
NEBRASKA LIQUOR
CONTROL COMMISSION

Is the applying corporation 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 Corporation'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

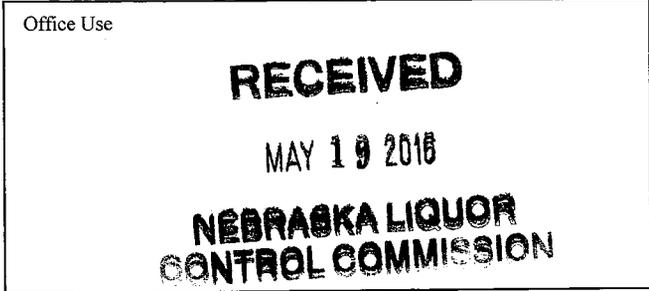
MAY 19 2016

**NEBRASKA LIQUOR
CONTROL COMMISSION**

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

**MANAGER APPLICATION
INSERT - FORM 3c**

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



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 card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: HOOKSBIZ, INC.

Premise information

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

Premise Trade Name/DBA: Tanner's Bar & Grill

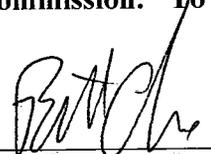
Premise Street Address: 0940 A St

City: LINCOLN County: Lancaster Zip Code: 68510

Premise Phone Number: TBD

Premise Email address: brettcclure@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. To see authorized officers or members search your license information here.



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

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Clure First Name: Brett MI: C

Home Address: 1520 S 182nd Circle

City: Omaha County: Douglas Zip Code: 68130

Home Phone Number: 402-871-3168

Driver's License Number & State: _____

Social Security Number: _____

Date Of Birth: _____ Place Of Birth: Omaha, NE

Email address: brettclure@yahoo.com

RECEIVED

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

YES NO

MAY 19 2016

NEBRASKA LIQUOR CONTROL COMMISSION

Spouse's information

Spouses Last Name: Clure First Name: Megan MI: M

Social Security Number: _____

Driver's License Number & State: _____

Date Of Birth: _____ Place Of Birth: Onawa, IA

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>Brett Clure</u>	<u>2003</u>	<u>2016</u>	<u>Megan Clure</u>	<u>2010</u>	<u>2010</u>
<u>Omaha, NE</u>			<u>Omaha, NE</u>	<u>2003</u>	<u>2010</u>
			<u>Des Moines, IA</u>		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	2010	Tanner's	Self	402-871-3108
2000	2010	Self-employed	Self	402-871-3108

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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. 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. **see additional sheet*

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Brett Clure	3/2010	Omaha NE	DUI	1 year probation
Brett Clure	10/2008	Omaha NE	speeding ticket	
Brett Clure	10/2009	Omaha NE	speeding ticket	
				RECEIVED
				MAY 19 2016

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

NEBRASKA LIQUOR CONTROL COMMISSION

YES NO

IF YES, list the name of the premise(s):

see attached

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)
		RECEIVED
		MAY 19 2016
		NEBRASKA LIQUOR CONTROL COMMISSION

*For list of NLCC Certified Training Programs see [training](#)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Brett Clure / manager	2010 - present	Tanner's Omaha NE

5. Have you enclosed form 147 regarding fingerprints?

YES NO prints on file

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.

Brett Clure

Signature of Manager Applicant

**see spousal affidavit*

Signature of Spouse

RECEIVED

MAY 19 2016

NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

5-9-16

date

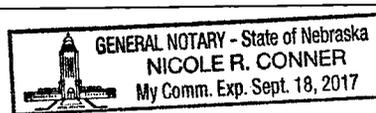
by

Brett Clure

NAME OF PERSON BEING ACKNOWLEDGED

Nicole R. Conner
Notary Public signature

Affix Seal



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.

**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

MAY 19 2016

**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.

Megan M. Clure
Signature of spouse asking for waiver
(Spouse of individual listed below)

Megan Clure
Printed name of spouse asking for waiver

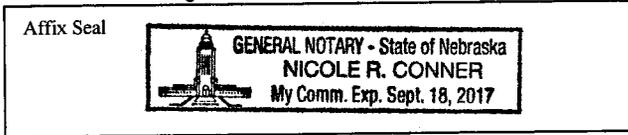
State of Nebraska

County of Douglas

5-12-16
date

The foregoing instrument was acknowledged before me this
by Megan Clure
name of person acknowledged

Nicole Conner
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.

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

Brett Clure
Printed name of applying individual

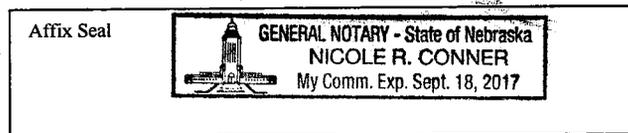
State of Nebraska

County of Douglas

5-9-16
date

The foregoing instrument was acknowledged before me this
by Brett Clure
name of person acknowledged

Nicole Conner
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.

32034

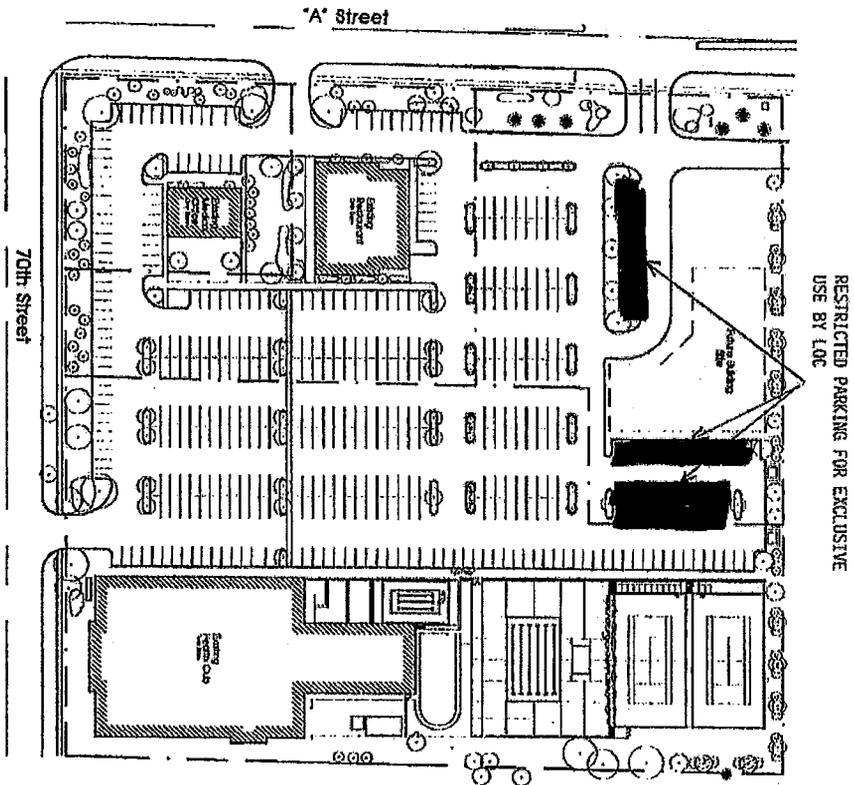


EXHIBIT " A "