

June 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 Morning Brew Concepts, LLC, dba Suite One Eleven, 6891 A St, Suite 111, requesting a class I-118152 liquor license. This is the former location of The Towers Event Center, which previously held a class I liquor license.

Jeffrey B. Coffey, President of Morning Brew Concepts, LLC, is requesting that he be approved as the manager of the liquor license. Mr. Coffey has not yet completed the required alcohol management training. He is scheduled to attend the training on June 9, 2016.

Suite One Eleven is a 250-300 person reception/event space, located in the Clocktower Shopping Center. The establishment will provide businesses and individuals a large space for events such as weddings and meetings.

Morning Brew Concepts, LLC Corporate Officers/Stockholders/Members:

Jeffrey B. Coffey – President (100%)

Jeffrey B. Coffey's driver history is as follows:

07-14-2015	Speeding 6-10 MPH over	Infraction
01-12-2015	No valid registration	Misdemeanor
10-07-2009	Violate school speed zone 6-10 MPH over	Infraction
08-21-2008	Violate school speed zone 6-10 MPH over	Infraction

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 27 2016		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES / NO	New/Replacing #	
Class Type I	118152	Initial RS

Applicant name Morning Brew Concepts, LLC
 Trade name Suite One Eleven
 Previous trade name N/A
 Contact email address jeff@suite1eleven.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.

Office use only PAYMENT TYPE <u>CR 1001</u> AMOUNT: <u>\$400</u> <u>Ret 168850</u> Received: <u>mm</u>	 1600010454
---	--

RECEIVED
MAY 27 2016
PAGE 1

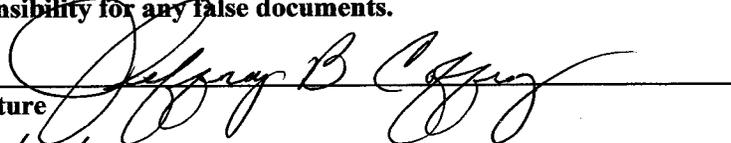
1. Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application.
2. Enclose application fee of \$400 (nonrefundable), check 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:
 - 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. 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.

RECEIVED

MAY 27 2015

**NEBRASKA LIQUOR
CONTROL COMMISSION**

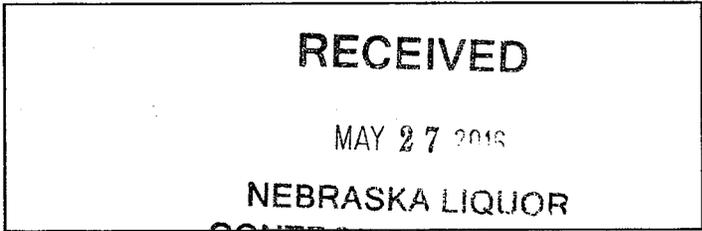
I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature 

Date 5/20/16

**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/



**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 Chris Bartling Phone number: (402) 421-1600
Firm Name Bartling & Hinkle Law Firm

RECEIVED

PREMISES INFORMATION

Trade Name (doing business as) Suite One Eleven MAY 27 2016

Street Address #1 6891 A Street NEBRASKA LIQUOR

Street Address #2 Suite 111 CONTROL COMMISSION

City Lincoln County Lancaster Zip Code 68510

Premises Telephone number (402) 417-6540

Business e-mail address jeff@suite1eleven.com

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

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

Name Suite One Eleven

Street Address #1 6891 A Street

Street Address #2 Suite 111

City Lincoln State NE Zip Code 68510

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 140' x width 45 in feet

Is there a basement? Yes No X If yes, length x width in feet

Is there an outdoor area? Yes X No If yes, length x width in feet

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

Attached

EXHIBIT "A"

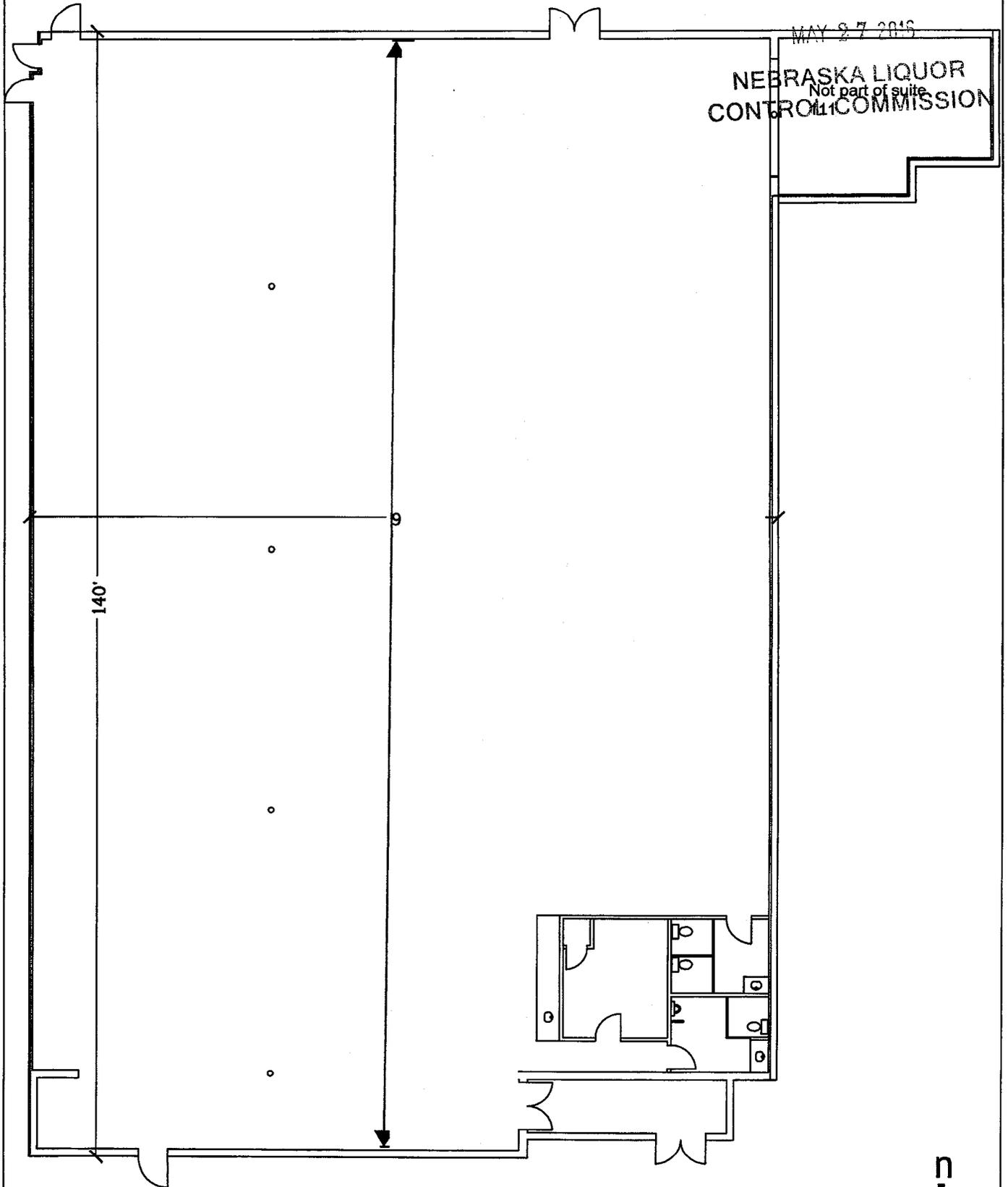
Clock Tower Shopping Center

6891 A Street Suite 111

RECEIVED

MAY 27 2016

NEBRASKA LIQUOR
CONTROL COMMISSION
Not part of suite



5,500 sf

scale: 1/16"=1-0'



RECEIVED

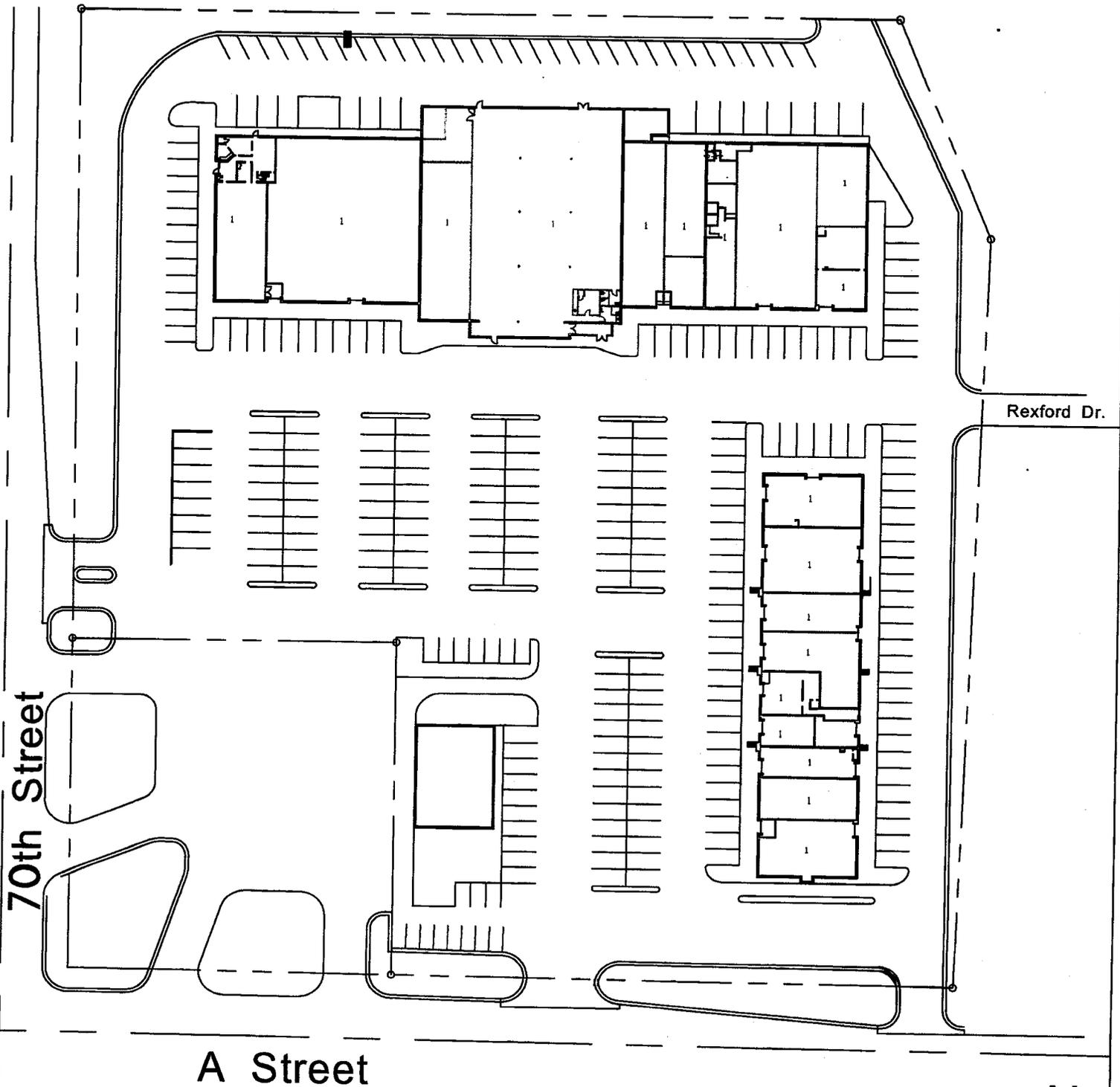
Exhibit "A"

MAY 27 2016

Clocktower Shopping Center

6891 A Street Suite 111

NEBRASKA LIQUOR
CONTROL COMMISSION

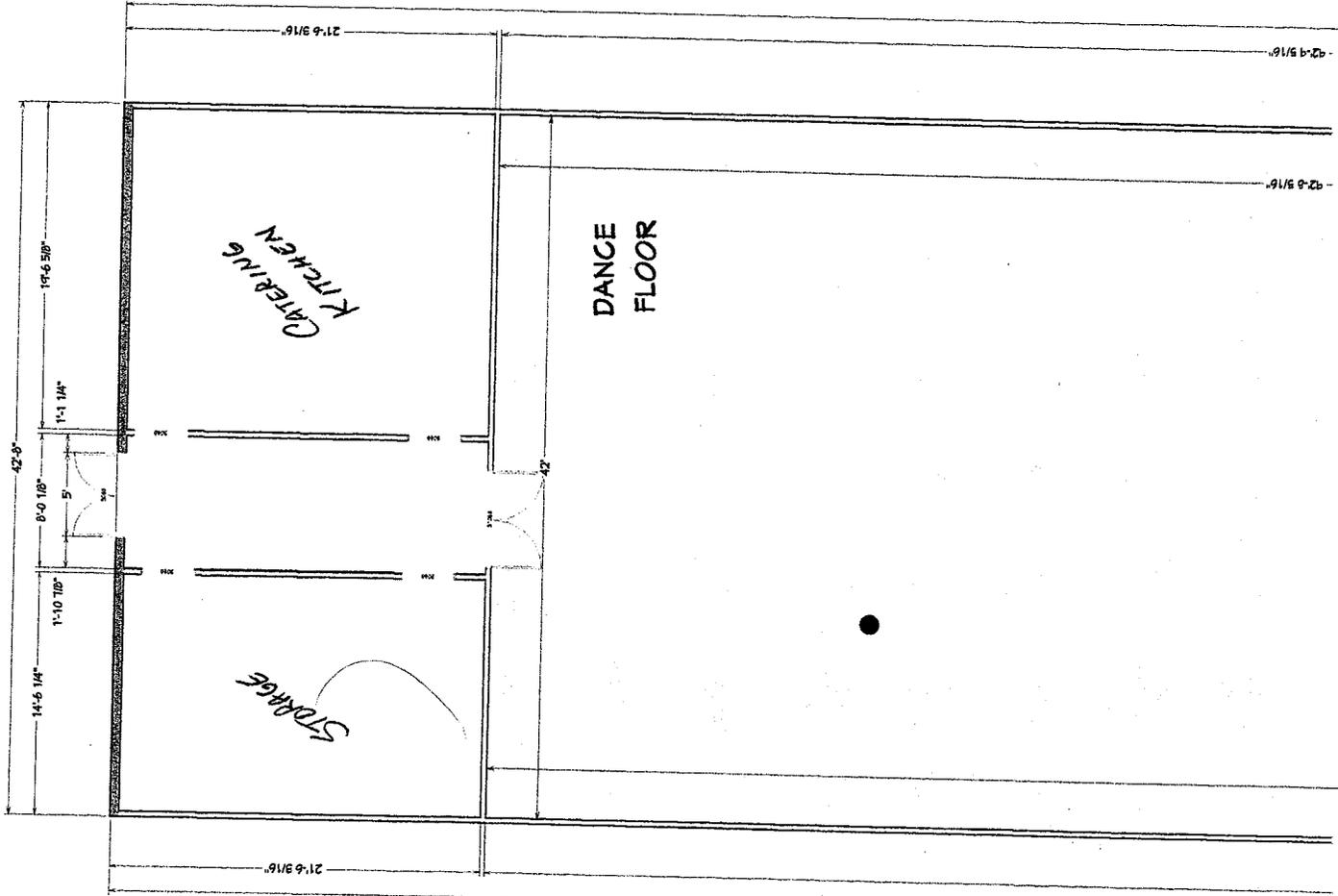


70th Street

A Street

Rexford Dr.

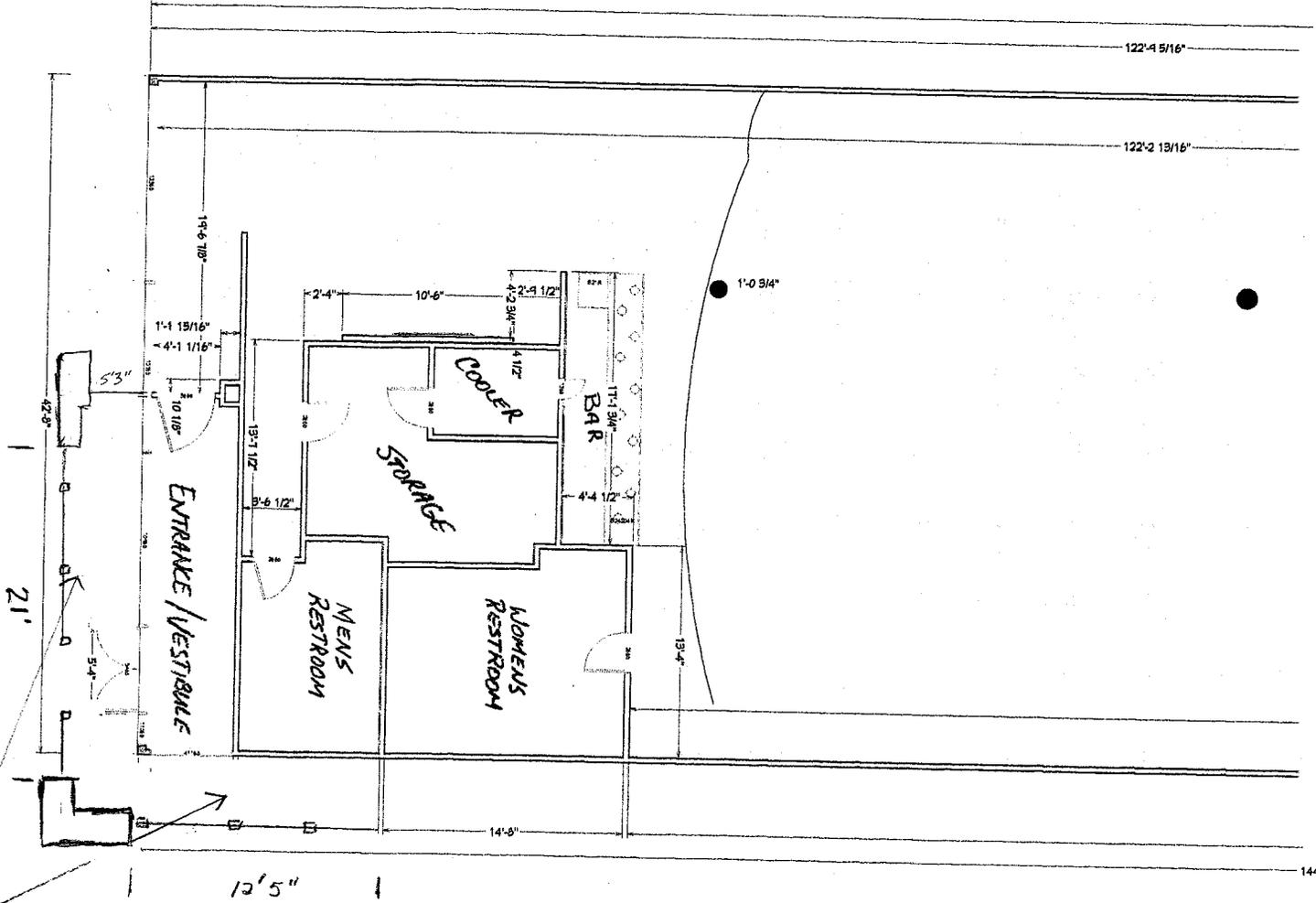




RECEIVED

MAY 27 2016

NEBRASKA LIQUOR
CONTROL COMMISSION



OUTSIDE
SMOKING AREA
INCLUDED IN LICENSE 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 **RECEIVED** **MAY 27 2015**. 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 X 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
Jeffrey B. Coffey	9/11/08	Lincoln, NE	Speeding ^{school zone} 6-10	Guilty Plea/waiver \$50
Jeffrey B Coffey	11/9/09	Lincoln, NE	Speeding ^{school zone} 6-10	Guilty Plea/waiver \$50
Jeffrey B Coffey	1/20/15	Papillion, Ne	No Valid Registration	Guilty Plea/waiver \$25
Jeffrey B Coffey	8/21/15	Lincoln, NE	Speeding 75 in 65	Guilty Plea/waiver \$25

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

 YES X 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?

 X YES NO

If yes, give name and license number THE TOWERS EVENT CENTER Liq. License #
095405

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

 YES X 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) Elizabeth A Coffey RECEIVED
MAY 27 2016

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)

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.

US Bank JEFF COFFEY

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.

JEFF COFFEY, COFECO INC, 7928 W. DODGE Rd.
President

dba 7-Eleven Store # 106

Sold Business in 1988

RECEIVED

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.

NEBRASKA LIQUOR CONTROL COMMISSION

NLCC certified training program completed:

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

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 3-31-2021

Deed

Purchase Agreement

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

15. What will be the main nature of business? Event center, meetings, receptions etc.

16. What are the anticipated hours of operation? As necessary, typically 9am - 12pm

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	
<u>Jeff Coffey, Lincoln NE</u>	<u>1991</u>	<u>present</u>	<u>Susan Coffey, Lincoln NE</u>	<u>1991</u>	<u>present</u>

If necessary attach a separate sheet.

RECEIVED

MAY 9 7 2016

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>


Signature of Applicant

JEFFREY B COFFEY
Print Name

Signature of Spouse

Print Name

Signature of Applicant

Print Name

Signature of Spouse

Print Name

ACKNOWLEDGEMENT

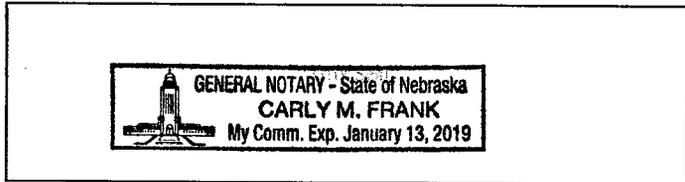
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

5/20/16 date

by Jeffrey B Coffey
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

Office Use
RECEIVED
MAY 27 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Tim Hinkle

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

Morning Brew Concepts, LLC

LLC Address: 6891 A Street, Suite 111

City: Lincoln State: NE Zip Code: 68510

LLC Phone Number: (402) 417-6540 LLC Fax Number _____

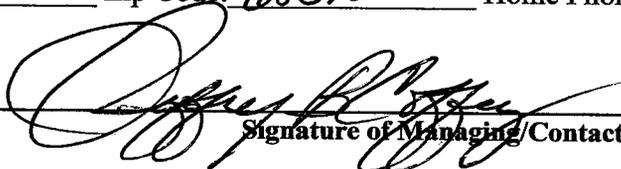
Name of Managing/Contact Member

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

Last Name: COFFEY First Name: JEFFREY MI: B

Home Address: 5901 Margo Dr. City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: (402) 202-6773


Signature of Managing/Contact Member

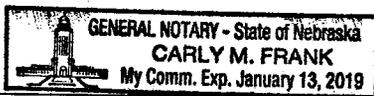
ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

5/27/16
Date

by Carly M. Frank
name of person acknowledge

Affix Seal


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

Last Name: COFFEY First Name: JEFFREY MI: B

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): SUSAN M. COFFEY

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

RECEIVED

Last Name: _____ First Name: MAY 2 MI: NEB

Social Security Number: _____ Date of Birth: NEBRASKA LIQUOR

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

RECEIVED

MAY 27 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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?

RECEIVED

YES

NO

MAY 27 2016

If yes, provide the following:

- 1) Name of corporation NEBRASKA LIQUOR CONTROL COMMISSION
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: 1/1/2016 Ending Date: 12/31/2016

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

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

Office Use	RECEIVED
	MAY 27 2015
	NEBRASKA LIQUOR CONTROL COMMISSION

MUST BE:

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration 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: Morning Brew Concepts, LLC

Premise information

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

Premise Trade Name/DBA: Suite One Eleven

Premise Street Address: 6891 A Street, suite 111

City: Lincoln County: Lancaster Zip Code: 68510

Premise Phone Number: (402) 417-6540

Premise Email address: jeff@suite1eleven.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](#).

Applicant

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

MAY 27 2016

Manager's information must be completed below. PLEASE PRINT NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: Coffey First Name: Jeffrey MI: B

Home Address: 5901 Margo Dr.

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: (402) 202-6773

Driver's License Number & State:

Social Security Number:

Date Of Birth: Place Of Birth: Aurora, Ill.

Email address: jeff.coffee@hotmail.com

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

[X] YES [] NO

Spouse's information

Spouses Last Name: Coffey First Name: Susan MI: M

Social Security Number:

Driver's License Number & State:

Date Of Birth: Place Of Birth: Council Bluffs, 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
Lincoln, NE	1991	Present	Lincoln, NE	1991	Present
JEFFREY B COFFEY			SUSAN M COFFEY		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005 Present	BULLER FIXTURE	MARY PAT VEYS	(402) 592-2601
1991 2005	NE DEPT OF CORRECTIONS	JAN LEAMKUHLE	(402) 479-5718

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.

RECEIVED
 APR 27 2016
 NEBRASKA LIQUOR CONTROL COMMISSION

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
JEFFREY B COFFEY	9/11/08	Lincoln, NE	Speeding School Zone 6-10	Guilty Plea/Waiver \$50. Fine
JEFFREY B COFFEY	11/9/09	Lincoln, NE	Speeding School Zone 6-10	Guilty Plea/Waiver \$50. Fine
JEFFREY B COFFEY	1/20/15	Papillion, NE	No valid Registration	Guilty Plea/waiver \$25. Fine
JEFFREY B COFFEY	8/01/15	Lincoln, NE	Speeding 75 in 65	Guilty Plea/waiver \$25. Fine

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

YES NO

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

7-Eleven Store #106 7928 W. Dodge Rd., Omaha NE

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.

RECEIVED

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

MAY 27 2016

NEBRASKA LIQUOR

CONTROL COMMISSION

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

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
JEFFREY B COFFEY / owner manager	1976-1988	7-Eleven Stores, 7928 W. Dodge, Omaha Owner / Operator

5. Have you enclosed form 147 regarding fingerprints?

YES NO

RECEIVED

PERSONAL OATH AND CONSENT OF INVESTIGATION

MAY 27 2016

NEBRASKA LIQUOR CONTROL COMMISSION

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.

Jeffrey Coffey
Signature of Manager Applicant

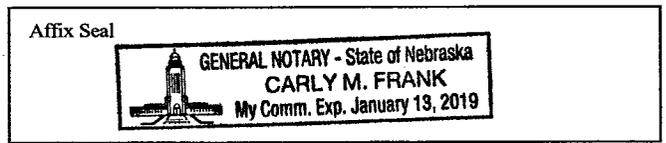
Susan M. Coffey
Signature of Spouse

ACKNOWLEDGEMENT

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

5/20/16 date by Jeffrey Coffey + Susan Coffey
NAME OF PERSON BEING ACKNOWLEDGED

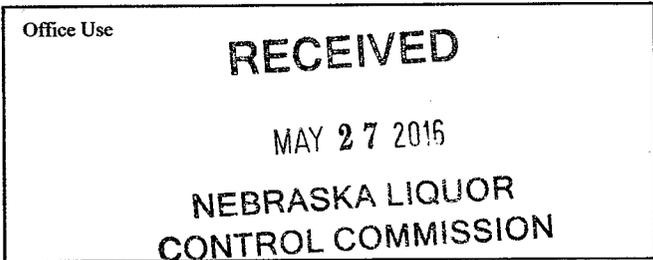
Carly M Frank
Notary Public signature



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.

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.

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

SUSAN M. COFFEY
Printed name of spouse asking for waiver

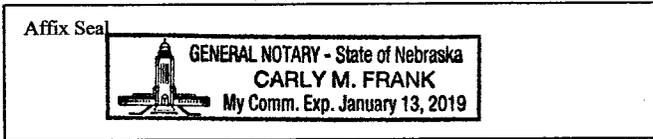
State of NEBRASKA

County of LANCASTER

5/20/16
date

[Signature]
Notary Public signature

The foregoing instrument was acknowledged before me this
by Susan M Coffey
name of person acknowledged



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

JEFFREY B. COFFEY
Printed name of applying individual

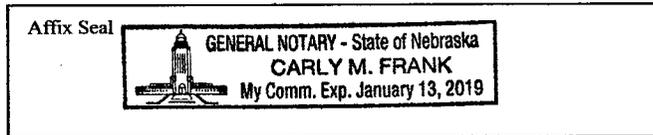
State of NEBRASKA

County of LANCASTER

5/20/16
date

[Signature]
Notary Public signature

The foregoing instrument was acknowledged before me this
by Jeffrey B Coffey
name of person acknowledged



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.

RECEIVED

**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

DATE RECEIVED MAY 27 2016
NEBRASKA LIQUOR
CONTROL COMMISSION

Office Use Only

Class: _____

License #: _____

Applicant Name:

Morning Brew Concepts, LLC

(Corporation, LLC, Partnership or Individual)

Trade Name:

Suite One Eleven

(Doing Business As)

(402) 471-6540

Phone Number

jeff@suite1eleven.com

Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Guidelines / Brochures". **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- 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).
- **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.
- Fee payment of **\$28.75 per person** **must** be made **directly** to the NSP;
It is recommended to make 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
- 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.
- 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.

Please complete information on the following pages for EACH person fingerprinted.