



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

March 1, 2012

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 Venue, 4111 and 4107 Pioneers Woods requesting a class C/K liquor license and of Venue Banquet Room for a class I liquor license at 4107 Pioneer Woods Drive, Suite #107. *GER*

This business has been purchased and will be under new ownership.

Justin Cooksley has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Justin Cooksley was born in Germany. He attended Raymond Central High School graduating in 2000.

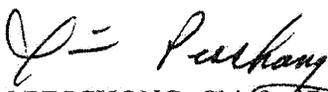
Justin Cooksley employment history is as follows:

2004 - Present	Manager, Venue	Lincoln, NE.
2002 - 2005	Bartender, Misty's	Lincoln, NE.

The required training will be completed on March 8th 2012.

Stockholder information has been 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

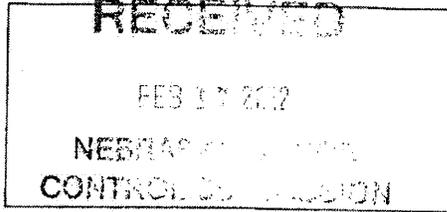


A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE
CATERING LICENSE**

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

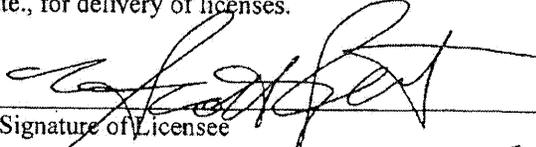


FEE \$100.00

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

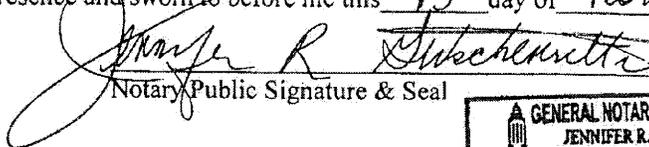
CLASS OF LICENSE AND NUMBER _____
NAME OF LICENSEE FUCOR, Inc.
TRADE NAME Venue Restaurant & Lounge.
PREMISE ADDRESS 4111 Pioneers Woods PL #100
CITY/STATE/ZIP CODE Lincoln, NE 68516

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

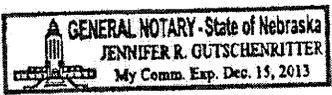


Signature of Licensee

Subscribed in my presence and sworn to before me this 15th day of February 2012

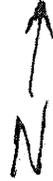


Notary Public Signature & Seal



Attachment:

Page 4: Description & Diagram



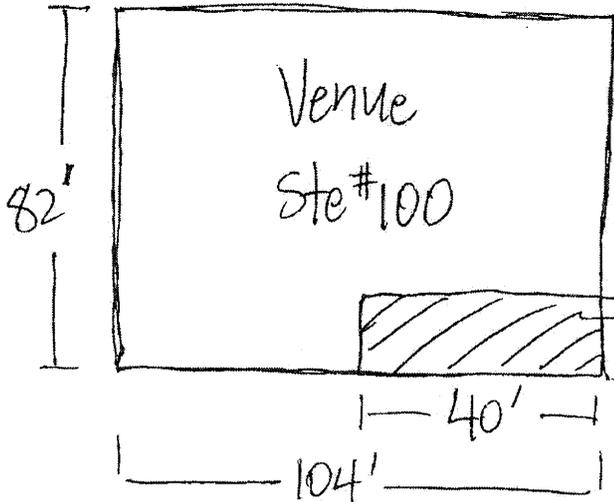
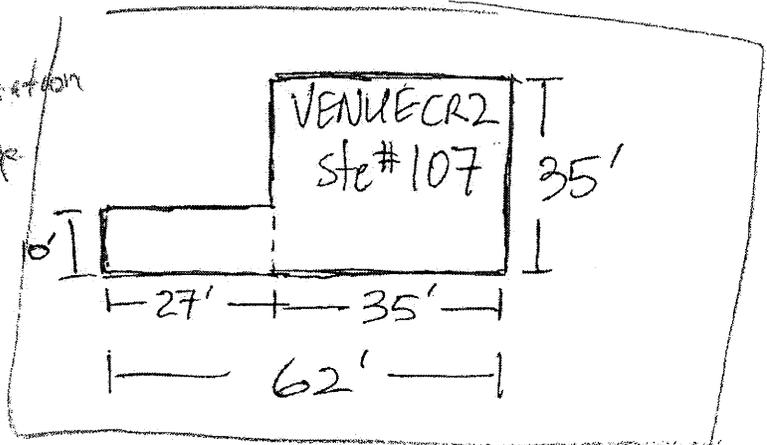
One story buildings:

RECEIVED

FEB 17 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

Separate
License & Application
2 separate bldgs
2 addresses
Separate entrances



outdoor seating.

Liquor Application.
FUCOR, INC.
dba. Venue Restaurant & Lounge.



LANCASTER COUNTY SHERIFF'S OFFICE PUBLIC CRIMINAL HISTORY RECORD

This is a list of criminal citations and arrests by the Lancaster County Sheriff's Office for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "***END OF LISTING***" does not appear at the bottom of this report, then this list is not complete.

FOR: JUSTIN B COOKSLEY , Male, DOB: ██████████
Date of listing: 02-27-2012

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 04-06-2006	for (M)DUI-.08 (1ST OFF)	Case A6002617
Disposed 08-16-2006	as (M)DUI-.08 (1ST OFF)	Cit# SF137898
FOUND GUILTY Fined \$400.00		
09 MOS PROB		

*** END OF LISTING ***

Processor's Name / Title Printed

Processor's Signature



LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "END OF LISTING" does not appear at the bottom of this report, then this list is not complete.

FOR: JUSTIN B COOKSLEY , Male, DOB: [REDACTED]
Date of listing: 02-27-2012

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 09-30-2004	for (M)HAVE OPEN ALCOHOL CONTAINER	Case A4-109517
Disposed 11-02-2004	as (M)HAVE OPEN ALCOHOL CONTAINER	Cit# LA935912
FOUND GUILTY Fined \$50.00		

*** END OF LISTING ***

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.ne.gov

Office Use RECEIVED FEB 17 2012 NEBRASKA LIQUOR CONTROL COMMISSION

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 (2 cards per person)
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 (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Scott Ritter

Name of Corporation that will hold license as listed on the Articles FUCOR, Inc. 010068921

Corporation Address: 7510 Glynooks Dr.

City: Lincoln State: NE Zip Code: 68516

Corporation Phone Number: 402-730-5974 Fax Number 402-476-4915

Total Number of Corporation Shares Issued: 2000

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

Last Name: Ritter First Name: Michael MI: Scott

Home Address: 7510 Glynooks Dr. City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-730-5974

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska Lancaster County of

The foregoing instrument was acknowledged before me this

Date 2-15-12

by M. Scott Ritter

Date

name of person acknowledge

Signature of Notary Public

Affix Seal GENERAL NOTARY - State of Nebraska JENNIFER R. GUTSCHENRIJTER My Comm. Exp. Dec. 15, 2013

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

Last Name: Ritter First Name: Michael MI: Scott
Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Title: Pres. / Treas. Number of Shares 1000
Spouse Full Name (indicate N/A if single): Alison Ann Ritter
Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]

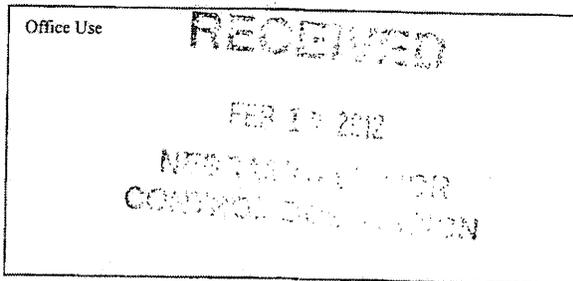
Last Name: Barday First Name: Jeffrey MI: K
Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Title: V.P. / Secy. Number of Shares 1000
Spouse Full Name (indicate N/A if single): [REDACTED]
Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]

~~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: _____~~

~~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: _____~~

**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.ne.gov



Corporate manager, including their 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) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Name of Corporation/LLC: FUCOR, Inc.

Premise License Number: _____

Premise Trade Name/DBA: Venue Restaurant & Lounge
(if new application leave blank)

Premise Street Address: 4111 Pioneers Woods Pl.

City: Lincoln State: NE Zip Code: 68516

Premise Phone Number: 402-488-8368

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

Michael Scott Ritter

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Management information must be completed by the applicant. PLEASE PRINT OR TYPE.

Gender: MALE FEMALE

Last Name: Cooksley First Name: Justin MI: B

Home Address (include PO Box if applicable): 6015 Sumner St.

City: Lincoln County: Lancaster Zip Code: 68506

Home Phone Number: 402-580-2100 Business Phone Number: 402-488-8368

Social Security Number: [REDACTED] Drivers License Number & State: [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: Augsburg, Germany

[REDACTED]

YES NO

[REDACTED]

Spouses Last Name: Cooksley First Name: Megan MI: E

Social Security Number: [REDACTED] Drivers License Number & State: [REDACTED], NE

Date Of Birth: [REDACTED] Place Of Birth: Lincoln, NE

[REDACTED]

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>Lincoln, NE</u>	<u>2001</u>	<u>2012</u>	<u>Lincoln, NE</u>	<u>2003</u>	<u>2012</u>
			<u>Denver, CO</u>	<u>2001</u>	<u>2003</u>

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2004	2008	Misty's	Reg McNeer	402-466-8424
2002	2004	Red Lobster	Pat Leapley	402-466-8397

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
Justin Cooksley	June, 2010	Lincoln, NE	Speeding	guilty
"	June, 2007 ²⁰⁰⁷	Lincoln, NE	Speeding	guilty
"	April, 2006	Lincoln, NE	Dui 1 st offense	guilty
"	Nov., 2004	Lincoln, NE	open container	guilty

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.

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. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
 YES NO

5. List any alcohol related training and/or experience (when and where).

Scheduled for RHC Hosp. Risk Seminar, Lincoln, NE
March 8, 2012

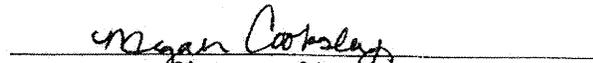
PER OATH AND CONSENT TO INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

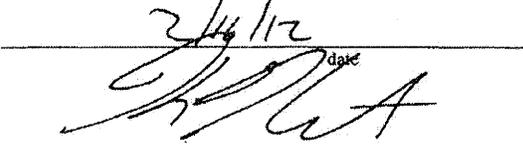
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

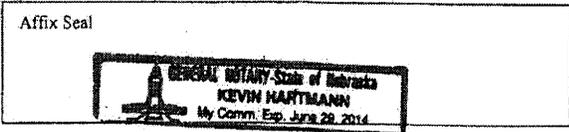

Signature of Manager Applicant


Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this
2/14/12 by Justin Cooksley and Megan Cooksley
date name of person acknowledged

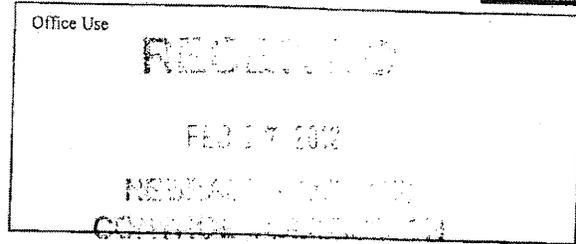

Notary Public signature



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**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 no direct or indirect interest, directly or indirectly, in the operation or profit of the business (§§3-125(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 of the business 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.

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

Alison Ritter
Printed name of spouse asking for waiver

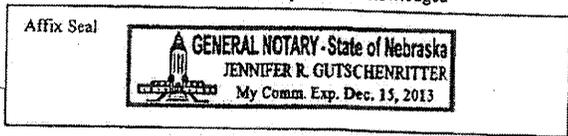
State of Nebraska

County of Lincoln

The foregoing instrument was acknowledged before me this
by Alison Ritter
name of person acknowledged

2-15-12
date

Jennifer R. Gutschentritter
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 §3-125(13) of the Commission may cancel or revoke the liquor license.

M. Scott Ritter
Signature of individual involved with application
(Spouse of individual listed above)

M. Scott Ritter
Printed name of applying individual

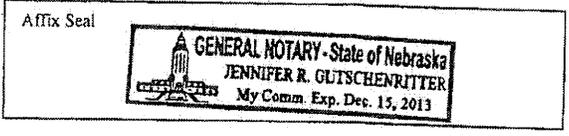
State of Nebraska

County of Lincoln

The foregoing instrument was acknowledged before me this
by M. Scott Ritter
name of person acknowledged

2-15-12
date

Jennifer R. Gutschentritter
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.



DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

Verification of Birth Abroad

of a Citizen of the United States of America

This is to certify that according to records on file in this Office

*** Justin Blaire COOKSLEY***

Sex male was born at Augsburg, Bavaria, Germany

on [REDACTED] Report of birth recorded on [REDACTED]

In Witness Whereof, I have herewith subscribed my name and affixed the seal of the Consular Service of the United States of America at Munich, Bavaria, Germany

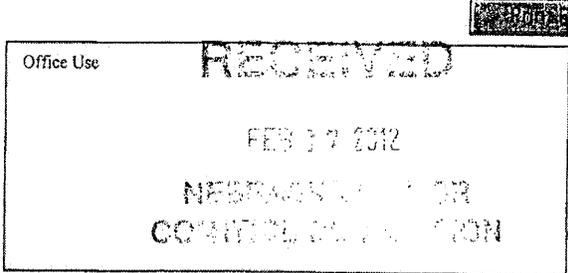
this [REDACTED] day of [REDACTED] 19 [REDACTED]

(SEAL)
Brian M. Flora
Brian M. Flora
American Consul
of the United States of America

WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the Office of Issuance.

**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 no have any interest, direct or indirect, in the operation or profit of the business (S.B. 125(1)(b)) of the Liquor Control Commission. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or manager, nor will I participate in the day-to-day operations of this business in any capacity. I understand my signature will not be required, however, I am obligated to sign and disclose any information on all applications needed for a license application.

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

MEGAN COOKSLEY
Printed name of spouse asking for waiver

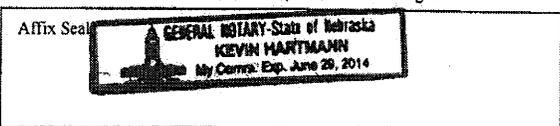
State of Nebraska

County of Lancaster

2/16/12
date

[Signature]
Notary Public signature

The foregoing instrument was acknowledged before me this
by Megan Cooksley
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 S.B. 125(1)(b) the Commission may cancel or revoke the liquor license.

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

Justin Cooksley
Printed name of applying individual

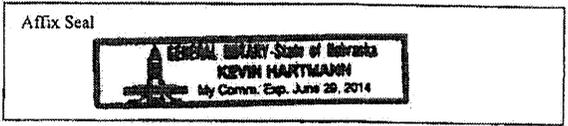
State of Nebraska

County of Lancaster

2/16/12
date

[Signature]
Notary Public signature

The foregoing instrument was acknowledged before me this
by Justin Cooksley
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.