

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

November 26, 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 Luckie's Lounge and BBQ, 5250 Cornhusker Highway requesting a class C liquor license.

This location was previously known as Guesthouse Inn which held a class I liquor license

Jesse Osborne, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager.

The required training has been completed.

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



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NEBRASKA LIQUOR CONTROL COMMISSION

PREMISE INFORMATION

Trade Name (doing business as) Luckies Lounge & BBQ

Street Address #1 5250 Cornhusker HWY

Street Address #2

City Lincoln NE

County Lancaster

Zip Code 68504

Premise Telephone number 800-230-4134

Contact 402/805-0985

Is this location inside the city/village corporate limits:

YES

NO

Chris

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

Name Jesse Osborne

Street Address #1 5250 Cornhusker Hwy

Street Address #2

City Lincoln

State NE

Zip Code 68504

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

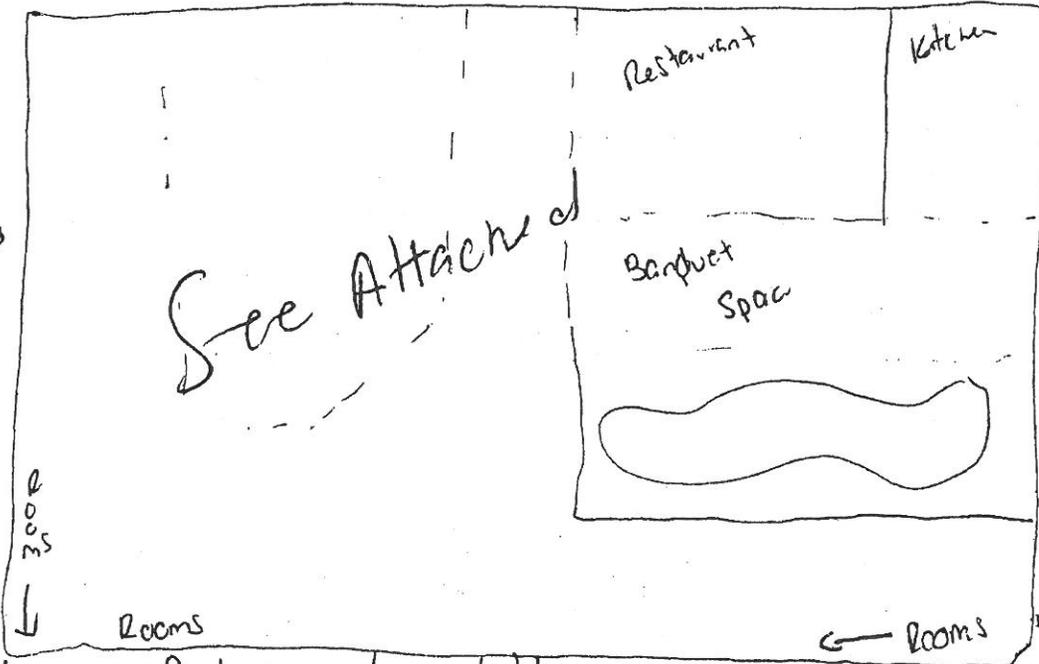
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length \_\_\_\_\_ feet  
Width \_\_\_\_\_ feet

12,500 Sq Ft

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



Main floor of two story bldg approx 150' x 90'

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

*PRINTS*

Last Name: Osborne First Name: Jesse MI: D.

Home Address (include PO Box if applicable): 206 W. Leon Dr

City: Lincoln County: Lancaster Zip Code: 68504

Home Phone Number: 402-310-1443 Business Phone Number: 402-474-1101

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ (NE)

Date Of Birth: \_\_\_\_\_ Place Of Birth: YORK NE

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

YES  NO

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~~Spouse's information~~

~~Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_~~

~~Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_~~

~~Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_~~

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	2012	Self Employed	Jesse Osborne	402-310-7443
2010	2012	R.P.C.	Tim Cowell	402-239-9471

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
				NOV 19 2012
				NEBRASKA LIQUOR CONTROL COMMISSION

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.

Wickers Lounge + Grill 1101 W. Bend 68521

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).

Liq Commission Control 10/10/2011 Lincoln NE

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

10/28/2010

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
 STANLEY S. COOPER  
 ASSISTANT STATE REGISTRAR  
 DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF LIVE BIRTH

80

Surname changed February 26, 1997 in Dist. of Pawnee County, Nebraska.  
 Amended April 30, 1997.

1. CHILD - NAME FIRST MIDDLE LAST Jesse Dean Osborne			2. SEX Male	3. DATE OF BIRTH (Month, Day, Year)	4. HOUR 3:05 P. M.
5. HOSPITAL - NAME (If not in hospital, give street and number) York General Hospital Inc.		6. INSIDE CITY LIMITS (Specify Yes or No) Yes	7. CITY, TOWN, OR LOCATION OF BIRTH York		8. COUNTY OF BIRTH York
9. CERTIFIER NAME AND TITLE (Type or print) S. R. Thomas MD REGISTRAR - SIGNATURE		10. DATE SIGNED (Month, Day, Year)	11. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER		
12. REGISTER - SIGNATURE <i>Joseph M. Latta</i>		13. MAJING ADDRESS York Medical Clinic York NE 68467		14. DATE RECEIVED (Month, Day, Year) July 3, 1980	
15. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Cheryl Anne Dodson			16. AGE (in Year of this birth)	17. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)	
18. RESIDENCE - STATE COUNTY CITY, TOWN, OR LOCATION Nebraska York York 68467			19. STREET AND NUMBER	20. STREET AND NUMBER 129 Lincoln Avenue	
21. MOTHER'S MAJING ADDRESS - Enter if not same as 18.			22. RELATION TO CHILD Mother		
23. OTHER INFORMATION Cheryl A. Dodson			24. SIGNATURE OF PERSON		

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NEBRASKA LIQUOR  
 CONTROL COMMISSION

**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:

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

Name of Registered Agent: Christopher Beecham

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

BBQ LLC, LLC # 10168638

LLC Address: 5250 Cornhusker HWY

City: Lincoln State: NE Zip Code: 68504

LLC Phone Number: \_\_\_\_\_ LLC Fax Number: \_\_\_\_\_

Name of Managing/Contact Member

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

Last Name: Osborne First Name: Jesse MI: D.

Home Address: 806 W. Leon Dr City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 402-310-1443



Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Lancaster

The foregoing instrument was acknowledged before me this

November 13, 2012

by Jesse Osborne  
name of person acknowledged

Date

Heather M. Pavich

Affix Seal



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

Last Name: Osborne First Name: Jesse MI: D.

*Prints*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: NA Date of Birth: 6/26/80

Percentage of member ownership 45.5%

Last Name: Beecham First Name: Christopher MI: \_\_\_\_\_

*Prints*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*affidavit*

Percentage of member ownership 35

Last Name: Martney First Name: Jeremy MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 19.5

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 \_\_\_\_\_

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