

October 23, 2013

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 Whole Foods Market, 6055 'O' Street requesting a class C liquor license.

Sherry Moore has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

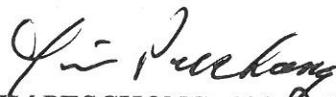
Sherry Moore was born in Council Bluffs, Iowa. She graduated from Burke High School in 1980.

Sherry Moore employment history is as follows:

2005 - Present	Manager, Whole Foods Market	Omaha, NE.
1979 - 2005	Bakers Supermarket	Omaha, NE.

The applicant has been informed about the required training.

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



PREMISE INFORMATION

Trade Name (doing business as) Whole Foods Market

Street Address #1 6055 O Street

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68510

Premise Telephone number Not yet assigned

E-mail Ryan.Bissett@wholefoods.com

Is this location inside the city/village corporate limits:

YES

NO

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

Name Whole Foods Market, ATTN: Licensing Team

Street Address #1 P.O. Box 684786

Street Address #2 _____

City Austin

State TX

Zip Code 78768

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 See attached feet

Width See attached feet

Is there a basement? Yes No

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

One story building, including mezzanine, no basement

Approx. 187'3" x 222'1"

See attached

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

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
Albert E. Percival	02/1997	New York, NY	Littering	Dismissal after successful deferred adjudication

RECEIVED

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

NOV 11 2013
 NEW YORK LIQUOR
 CONTROL COMMISSION

3. Was this premise licensed as liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number _____

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

YES NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. 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) _____

RECEIVED

7/1/2013

Manager's information must be completed below PLEASE PRINT CLEARLY

CONTROL COMMISSION

Prints

Last Name: Moore First Name: Sherry MI: L

Home Address (include PO Box if applicable): 17067 Corby St.

City: Omaha County: Douglas Zip Code: 68116

Home Phone Number: (402) 359-1498 Business Phone Number: (402) 393-1200

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

Date Of Birth: _____ Place Of Birth: Council Bluffs, IA

Email address: Sherry.Moore@wholefoods.com

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

YES NO

Spousal Affidavit

Spouse's information

Spouses Last Name: Moore First Name: Myron MI: R

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

Date Of Birth: _____ Place Of Birth: Carroll, 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
Omaha, NE	2003	Present	Omaha, NE	2003	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005	Present	Whole Foods Market		(402) 393-1200
1979	2005	Bakers Supermarket		(402) 496-9200

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
Sherry Moore	None			
Myron Moore	May have had a speeding ticket but cannot remember details			

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):

Whole Foods Market, Omaha, NE ; My-T Mart, 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

STATE OF IOWA

County Record

Certificate of Live Birth

RECEIVED

OCT 12 2013

HEALTH AND HUMAN SERVICES
CONTROL COMMISSION

Certificate No.

NAME **SHERRY LEE RODENBURG**
DATE OF BIRTH _____ SEX **FEMALE** HOUR OF BIRTH **2:00 AM**

BIRTH PLACE **POTTAWATTAMIE** **COUNCIL BLUFFS** **MERCY HOSPITAL**
County City, Town or Location Facility of Residence

MOTHER'S FULL MAIDEN NAME **PATRICIA LEE ALLEN**

BIRTH PLACE **IOWA** DATE OF BIRTH **X** or AGE **24**
State or Foreign Country

FATHER'S FULL NAME **ROBERT CARL RODENBURG**

BIRTH PLACE **IOWA** DATE OF BIRTH **X** or AGE **25**
State or Foreign Country

PARENTS' RESIDENCE STATE **IOWA** RESIDENCE COUNTY **POTTAWATTAMIE**

Date Received by Registrar **NOVEMBER 18, 1961** "X" indicates not shown on record

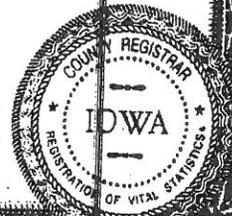
NOTATIONS

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.



NOV 17 1999
DATE ISSUED
C0675755
FORM #588-0328C (1999)

BY John F. Sciortino OF POTTAWATTAMIE
COUNTY REGISTRAR OF VITAL RECORDS COUNTY



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