

March 13, 2014

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 Schillingbridge Cork & Tap, 575 Fallbrook Suite 109 requesting a class C/K liquor license.

Dallas Schilling has requested that he be approved as the manager of the liquor license.

An investigation on Mr. Schilling shows only two traffic violations 2008 – 2010.

The required training has not been completed.

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



PREMISE INFORMATION

Trade Name (doing business as) SCHILLINGBRIDGE CORK & TAP HOUSE

Street Address #1 575 FALLBROOK BLVD.

Street Address #2 SUITE 109

City LINCOLN

County LANCASTER

Zip Code 68521

Premise Telephone number CURRENTLY, 402-852-6255- CELL

Business e-mail address kmbletscher@gmail.com

Is this location inside the city/village corporate limits:

YES

NO

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

Name SchillingBridge Cork & Tap House

Street Address #1 62193 710th Road

Street Address #2 P.O. Box 307

City Pawnee City

State NE

Zip Code 68420

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

Building: length 70 x width 60 in feet

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

Is there an outdoor area? Yes X No ___ If yes, length 30 x width 70 in feet

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

Suite 109- Main floor, no access to the 2nd floor from the interior of our leased space

Highlighted Area – Area to be licensed for alcohol consumption

.....- Perimeter of the outdoor patio

A – Interior Door for patio access. No other entry to patio

B – Emergency egress gates for outdoor patio.

C1- Key Fob entry only door for employees. Emergency egress from inside

C2- Key Fob entry from employee only back hallway building common area. Emergency egress from inside

D- Cement wall storage area, access only from our kitchen

E- Building Stairwell. No access from the interior of our leased area.

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NEBRASKA LIQUOR CONTROL COMMISSION

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. Include traffic violations. 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. The 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

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Dallas Schilling	2009 (?)	Lincoln, NE	traffic violation	paid fine

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 _____

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

YES NO

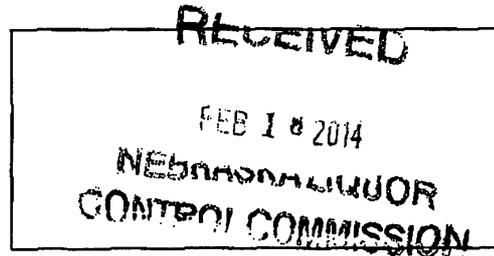
If yes:

- a) Attach temporary operating permit (TOP) (form 125)
- b) TOP will only be accepted at a location that currently holds a valid liquor license.

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NEBRASKA LIQUOR
CONTROL COMMISSION

**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 MSKDJ Inc.

TRADE NAME SchillingBridge Cork & Tap House

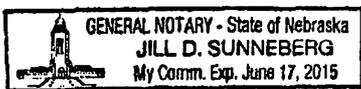
PREMISE ADDRESS 575 Fallbrook Blvd. Suite 109

CITY/STATE/ZIP CODE Lincoln, NE 68521 Lancaster County

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]
Signature of Licensee

Subscribed in my presence and sworn to before me this 12th day of February, 2014



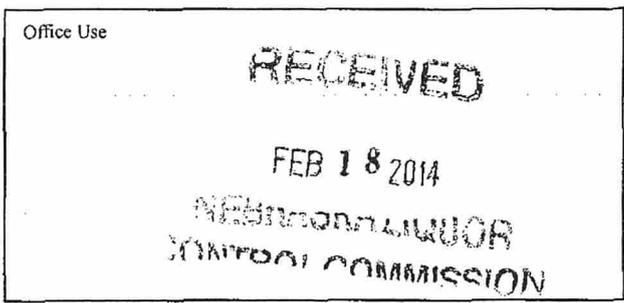
[Signature]
Notary Public Signature & Seal

OK

bst D

**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

Corporation/LLC information

Name of Corporation/LLC: MSKDJ Inc

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: SchillingBridge Cork & Tap House

Premise Street Address: 575 Fallbrook Blvd. Suite 109

City: Lincoln

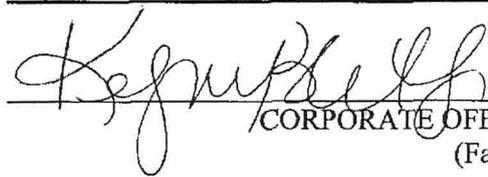
State: NE

Zip Code: 68521

Premise Phone Number: cell- 402-852-6255

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



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Voter req signed, BC, prints

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Schilling First Name: Dallas MI: M

Home Address (include PO Box if applicable): 7924 S. Sycamore Dr.

City: Lincoln County: Lancaster Zip Code: 68506

Home Phone Number: 402-852-6255 Business Phone Number: currently using cell: 402-852-6255

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Lincoln, NE 68506

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

YES NO

Not Married

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

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2009	Current			
Pawnee City, NE	1988	2009			

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NEBRASKA
CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2014	SchillingBridge Winery & Microbrewery	Mike Schilling	402-852-2400
2008	2009	Glenn's CarStar Auto Repair Shop	Alan	402-475-8441

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
Dallas Schilling	2009 (?)	Lincoln, NE	minor traffic violation	paid fine
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				FEB 18 2014
				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.

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).

past 5 years working for SchillingBridge Winery & Microbrewery - tasting room, retail sales, wholesale sales, tasting events

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

DATE OF ISSUANCE
AUG 23 1988
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH 128--

CHILD - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (Month, Day, Year)		MOUSE
1. Dallas Michael Schilling					Male	30		31. 3:20 P
HOSPITAL - NAME (If not in hospital, give street and number)				INSIDE CITY LIMITS (Specify Year or No.)	CITY, TOWN, OR LOCATION OF BIRTH			COUNTY OF BIRTH
2. St. Elizabeth Comm. Health Cntr				4b. Yes	4c. Lincoln, Nebraska			4d. Lancaster
I certify that the stated information concerning this child is true to the best of my knowledge and belief.					DATE SIGNED (Month, Day, Year)		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
3a. (Signature) <i>Y. K. Davenport, M.D.</i>					5b. 7-9-88		5c.	
CERTIFIER - NAME AND TITLE (Type or print)					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
6a. Y. K. Davenport M.D.					6b. 1530 South 70th Lincoln, Nebraska 68506			
REGISTRAR - SIGNATURE					RECEIVED MONTH DAY YEAR			
7a. <i>M. Jane Ford</i>					7b. JUL 12 1988			
MOTHER - MARRIAGE NAME		FIRST	MIDDLE	LAST	AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
8a. Sharon Louise Kelley					8b. 26	8c. Omaha, Nebraska		
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION, (Include zip code)			INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER		
9a. Nebraska	9b. Pawnee	9c. Pawnee City 68420			9d. Yes	9e. 1335 C		
MOTHER'S MAILING ADDRESS - Enter if not same as residence								
FATHER - NAME		FIRST	MIDDLE	LAST	AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
10. Michael John Schilling					11a. 27	11c. Pawnee City, Nebraska		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.							RELATION TO CHILD	
11a. (Signature of Parent) <i>Sharon A. Schilling</i>							12b. mother	
12a. other informant								

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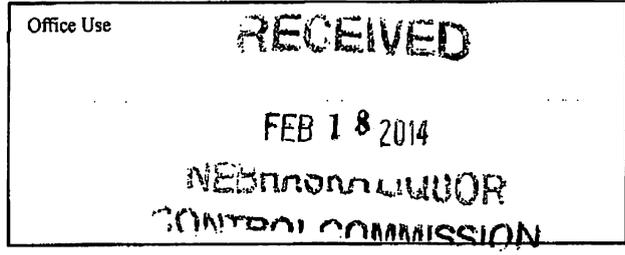
FEB 18 2014

NEBRASKA DIVISION
 CONTROL COMMISSION

original

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



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: Kelly M. Bletscher

Name of Corporation that will hold license as listed on the Articles
MSKDJ Inc.

Corporation Address: 62193 710th Road

City: Pawnee City State: NE Zip Code: 68420

Corporation Phone Number: 402-852-6327 Fax Number: _____

Total Number of Corporation Shares Issued: 1000

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

Last Name: Bletscher First Name: Kelly MI: M

Home Address: 70820 657 Ave City: Falls City

State: NE Zip Code: 68355 Home Phone Number: 402-245-3880

[Handwritten Signature]
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Pawnee

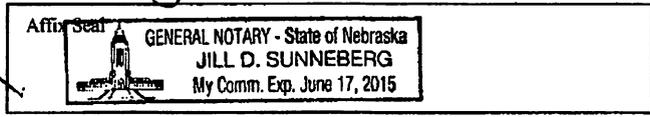
The foregoing instrument was acknowledged before me this

12th day of February, 2014
Date

by Kelly Bletscher
name of person acknowledge

g/p

[Handwritten Signature]
Notary Signature



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

Last Name: Bletscher First Name: Kelly MI: M

Social Security Number: _____ Date of Birth: _____

Title: President, Secretary/Treasurer Number of Shares 50%

Spouse Full Name (indicate N/A if single): Mitchell Ray Bletscher *spousal*

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Schilling First Name: Dallas MI: M

Social Security Number: _____ Date of Birth: _____

Title: Vice President Number of Shares 50%

Spouse Full Name (indicate N/A if single): NA Not Married

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: _____

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: _____

*Signed
BL
with 10/13*

*Signed
BL
with 10/13
10/13*

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CONTROL COMMISSION

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DATE OF ISSUANCE
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 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH 126- 86

CHILD—NAME FIRST MIDDLE LAST Kelly Michelle Schilling			SEX 2. female	DATE OF BIRTH (Month, Day, Year) 3a. April 9, 1986	HOUR 3b. 6:07 P
HOSPITAL—NAME (If not in hospital, give street and number) 4a. Pawnee County Memorial Hosp.		INSIDE CITY LIMITS (Specify Yes or No) 4b. yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Pawnee City		COUNTY OF BIRTH 4d. Pawnee
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) <i>George Voigtlander</i>			DATE SIGNED (Month, Day, Year) 5b. April 9, 1986	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
CERTIFIER—NAME AND TITLE (Type or print) 6a. George Voigtlander, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 701 I St. Pawnee City, NE 68420		
REGISTRAR—SIGNATURE 7a. <i>Stanley S. Cooper</i>				RECEIVED MONTH DAY YEAR 7b. APR 14 1986	
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 8a. Sharon Louise Kelley			AGE (At time of this birth) 8b. 23	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Lincoln, NE	
RESIDENCE—STATE 9a. Nebraska	COUNTY 9b. Pawnee	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Pawnee City, 68420	INSIDE CITY LIMITS (Specify Yes or No) 9d. yes	STREET AND NUMBER 9e. 1335 C St.	
MOTHER'S MAILING ADDRESS—Enter if not same as residence					
FATHER—NAME FIRST MIDDLE LAST 10a. Michael John Schilling			AGE (At time of this birth) 10b. 25	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 10c. Pawnee City, NE	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent) 11a. <i>Sharon Louise Schilling</i>				RELATION TO CHILD 11b. <i>Mother</i>	

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 NEBRASKA BUREAU OF
 VITAL STATISTICS

Interior Design/Layout & Exterior Patio design

1/12/2013 8:08:42 AM

Business Plan

INTERIOR SEATING

Table	No.	Seats
6 Tops	4	24
4 Tops	26	104
Bar	10	10
Total	40	138

EXTERIOR SEATING

Table/Chair	No.	Seats
Fire Table	1	12
4 Tops	6	24
Adirondack	16	16
Bench	Varies	
Total	23	52

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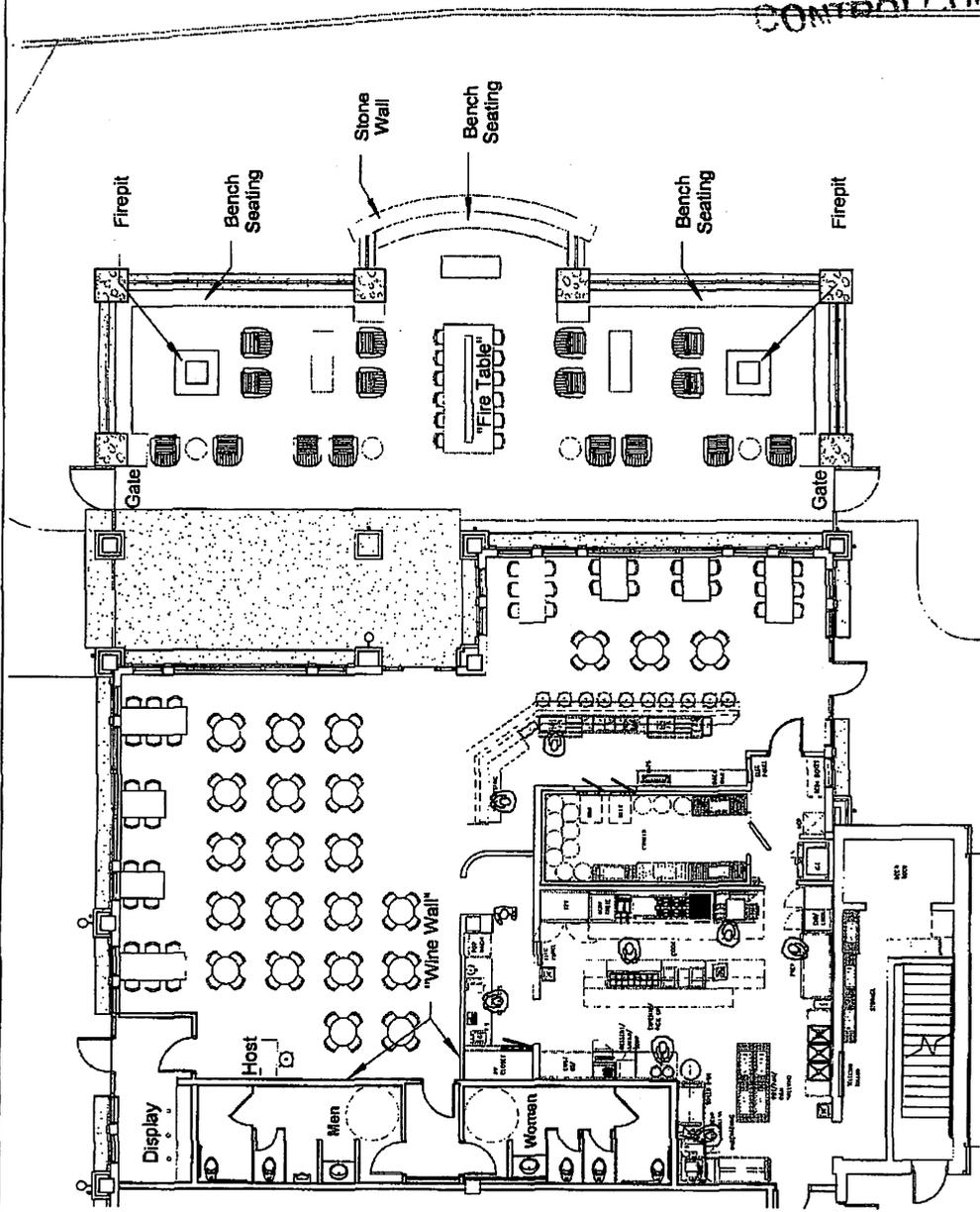
FEB 18 2014

NEEDHAM ALCOHOL CONTROL COMMISSION

Option B3
Patio Plan
1/16" = 1'

SINCLAIR *hille* architects

Fallbrook 575 - Schilling Bridge Winery



sinclairhille.com

November 21, 2013