

June 26, 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 McFarland & Son's, 710 'P' Street requesting a class C liquor license.

Bryan McFarland has requested that he be approved as the manager of the liquor license.

Bryan McFarland was previously approved by Council.

The required training was completed on September 8<sup>th</sup> 2011.

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) McFarland & Son's

Street Address #1 710 P Street

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

#2

Zip Code 68508

Premise Telephone number 402-438-0710

Business e-mail address bam2468@gmail.com

JUN 4 2014

Is this location inside the city/village corporate limits:

YES

city

NEBRASKA LIQUOR CONTROL COMMISSION

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

Name McFarland & Son's

Street Address #1 3201 South Street

Street Address #2 #181

City Lincoln

State NE

Zip Code 68502

**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 90' x width 23' in feet

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

Is there an outdoor area? Yes  No NA If yes, length 23 x width 6 in feet

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

**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

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CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Bryan McFarland			see attached	

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.

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](http://www.lcc.ne.gov)

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**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 in the State of Nebraska
- ✓ Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.
- ✓ 21 years of age or older

**Corporation/LLC information**

Name of Corporation/LLC: Mo Chara, LLC

**Premise information**

Liquor License Number: \_\_\_\_\_ Class Type C  
(if new application leave blank)

Premise Trade Name/DBA: McFarland & Son's

Premise Street Address: 710 P Street

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: 402-438-0710

Email address: bam2468@gmail.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. Click on this link to see authorized individuals. [http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

*BAM Bryan W. [unclear] [unclear]*

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**  
(Faxed signatures are acceptable)

passport, voter reg, signed

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: McFarland First Name: Bryan MI: A
Home Address (include PO Box if applicable): 762 W Lakeshore Court
City: Lincoln County: Lancaster Zip Code: 68528
Home Phone Number: 402-261-8280 Business Phone Number: 402-438-0710
Social Security Number: Drivers License Number & State: NE
Date Of Birth: Place Of Birth: Oakland, CA
Email address: bam2468@gmail.com

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

[X] YES [ ] NO [X] LEGALLY SEPARATED

Spouse's information passport, voter reg, prints on file 4-15-13

Spouses Last Name: Holden McFarland First Name: Anita MI: K
Social Security Number: Drivers License Number & State: NE
Date Of Birth: Place Of Birth: Seattle, WA

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

Table with 6 columns: CITY & STATE, YEAR FROM, YEAR TO, CITY & STATE, YEAR FROM, YEAR TO. Rows include Lincoln, NE (2003-now), Henderson, NV (2001-2011), and (winter home in Arizona).

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**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2012	now	Mo Chara, LLC	self	402-525-8838
2000	2012	Bugeater Investments, Inc	Anita Holden McFarland	402-525-2811

**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
Bryan A McFarland			see attached	#1 in attachments

**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):

see #11 on application

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**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



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**NEBRASKA** www.dmv.ne.gov  
USA-NE  
**OPERATORS LICENSE**

4d License No. 3 DOB 9a End NONE 12 Rest. NONE 15 Sex M 16 Hgt 601 18 Eyes BLU 1 BRYAN A MCFARLAND 8 762 W LAKESHORE CT LINCOLN, NE 68528

4a ISS 4b EXP 9 Class O 17 Wgt 225 19 Hair BFO

Devs Heineman, Governor

DONOR 

*br*

*OK*

**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.ne.gov](http://www.lcc.ne.gov)

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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: Bryan A McFarland

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

Mo Chara, LLC

LLC Address: 762 W Lakeshore Court

City: Lincoln State: NE Zip Code: 68528

LLC Phone Number: 402-525-8838 LLC Fax Number \_\_\_\_\_

Name of Managing/Contact Member

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

Last Name: McFarland First Name: Bryan MI: A

Home Address: 762 W Lakeshore City: Lincoln

State: NE Zip Code: 68528 Home Phone Number: 402-261-8280

*[Handwritten Signature]*  
Signature of Managing/Contact Member

*OK*

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Lancaster

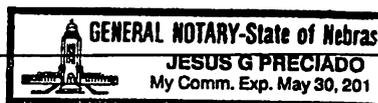
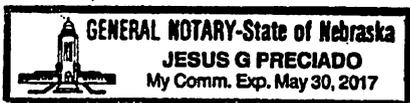
05/19/2014  
Date

The foregoing instrument was acknowledged before me this

by Bryan A. McFarland  
name of person acknowledge

*[Handwritten Signature]*

Affix Seal



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

Last Name: McFarland First Name: Bryan MI: A

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

Spouse Full Name (indicate N/A if single): Anita Kay Holden McFarland (legally separated)

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

Percentage of member ownership 100%

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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MI: \_\_\_\_\_

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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 \_\_\_\_\_



# LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

#1

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**RUN DATE: 05-23-2014**

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: **BRYAN ANDREW MCFARLAND** , Male, DOB:  
Date of listing: 05-23-2014

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

Arrested 12-14-1996	for (M)3RD DEG ASSAULT	Case	
Disposed 03-28-1997	as (M)DISTURBING THE PEACE	Cit#	Chg# 1
<b>FOUND GUILTY</b>			
01 YRS PROB DISCHARGED OFF PROBATION 03-27-98			
Cited on 01-02-1995	for (M)ASSAULT, STRIKE OR CAUSE BODILY INJURY		
Disposed 04-19-1995	as (M)DISTURBING THE PEACE	Cit#	Chg# 1
<b>FOUND GUILTY Fined \$100.00</b>			
Cited on 07-18-1992	for (M)CONSUME ALCOHOLIC LIQUOR IN PUBLIC	Case	
Disposed 09-30-1992	as (M)CONSUME ALCOHOLIC LIQUOR IN PUBLIC	Cit#	Chg# 1
<b>FOUND GUILTY Fined \$100.00</b>			
Cited on 07-18-1992	for (M)FAIL TO APPEAR IN COURT	Case	
Disposed 09-30-1992	as (M)FAIL TO APPEAR IN COURT	Cit	Chg# 2
<b>FOUND GUILTY Fined \$50.00</b>			
Arrested 08-23-1986	for (T)DRIVE DURING SUSPENSION - 1ST OFFENSE	Ca	
	as (T)DRIVE DURING SUSPENSION - 1ST		

Crim Hist

11

Disposed 02-13-1987	OFFENSE	Citi	Chg# 3
<b>FOUND GUILTY Fined \$250.00 &amp; Sentenced 10 DAYS</b>			
Cited on 03-28-1986	for (M)UNLAWFUL TO MAKE FALSE STATEMENT TO OFFIC	Case	
Disposed 05-09-1986	as (M)UNLAWFUL TO MAKE FALSE STATEMENT TO OFFIC	Cit#	Chg# 1
<b>FOUND GUILTY Fined \$100.00</b>			

\*\*\* END OF LISTING \*\*\*

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