

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

May 28, 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 Zell's Lounge, 1011 W. Dawes requesting a class I liquor license.

This location was previously known as Point After Bar which held a class I liquor license.

Kristina Mattox has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kristina Mattox was born in Urbana, Illinois. She graduated from Centennial High School in 1995.

Kristina Mattox employment history is as follows:

2014 - Present	Analyst, Allstate	Lincoln, NE.
2008 - Present	Bartender, Parkers Smokehouse	Lincoln, 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) Zell's Lounge ~~ETC~~

Street Address #1 1011 W Dawes Ave

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68521

Premise Telephone number N/A E-mail N/A

Is this location inside the city/village corporate limits: YES NO

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

Name Kristina Mattox

Street Address #1 4715 Pawnee

Street Address #2 _____

City Lincoln State NE Zip Code 68506

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

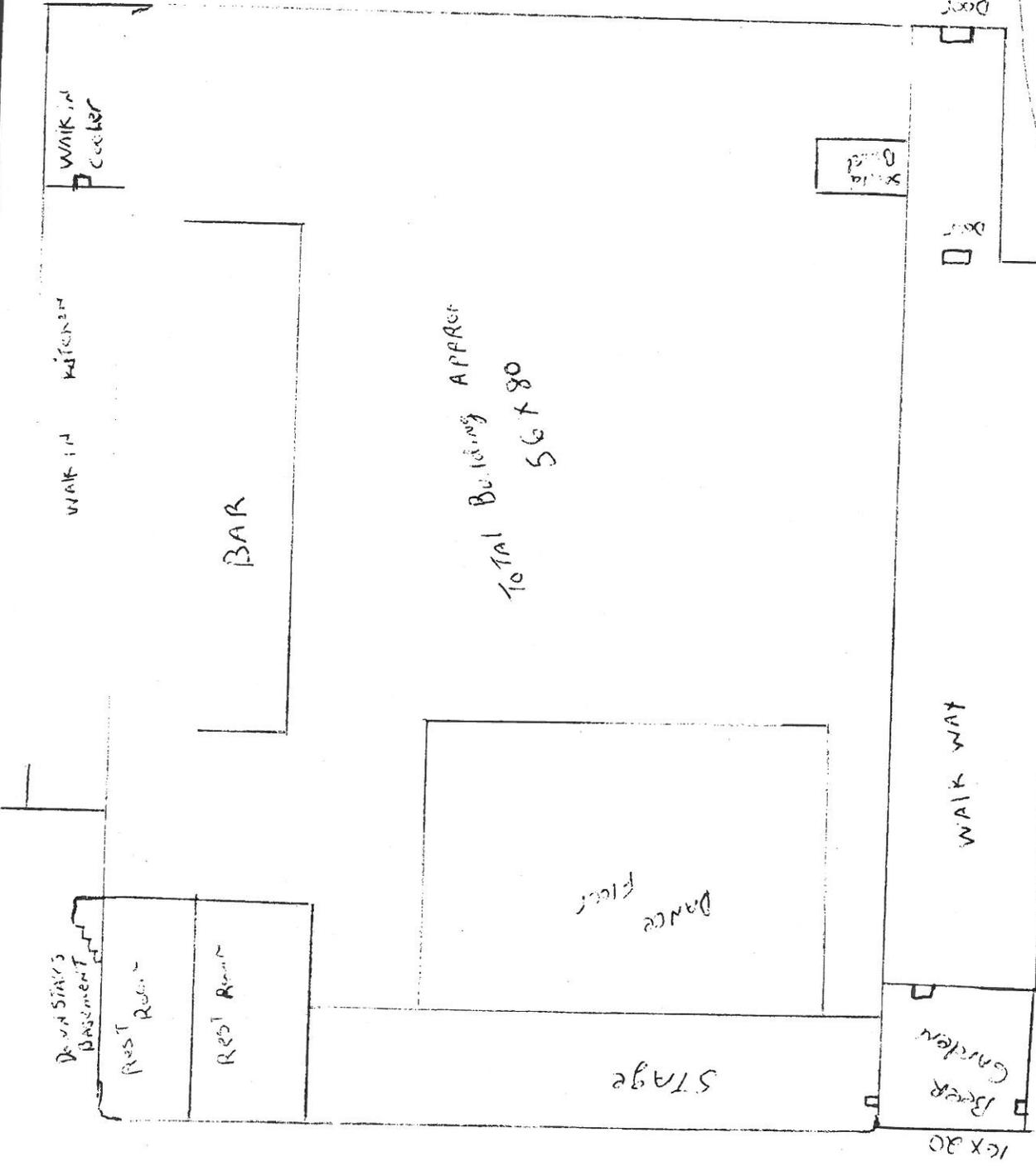
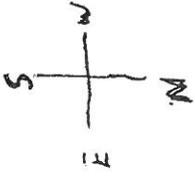
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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 56 feet
Width 80 feet

Is there a basement? Yes No

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

All attached diagram



TOTAL BUILDING APPROX
56 X 80

one story building approx 56x80 including
outdoor area approx 16 X 20

Basement *
not included
living quarters

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
Kristina Mattox	09/2008	Lincoln, NE	Speeding	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

no alcohol being purchased

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

YES NO

If yes, give name and license number The Point After 018079

expired 4-30-13

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) _____

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

Office Use

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

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: Kristina Mattox

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

Zell's Lounge L.L.C.

LLC Address: 4715 Pawnee

City: Lincoln State: NE Zip Code: 68506

LLC Phone Number: (402) 730-2569 LLC Fax Number N/A

Name of Managing/Contact Member

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

Last Name: Mattox First Name: Kristina MI: E

Home Address: 4715 Pawnee City: Lincoln

State: NE Zip Code: 68506 Home Phone Number: (402) 730-2569

Kristina E Mattox

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

Date April 26, 2013

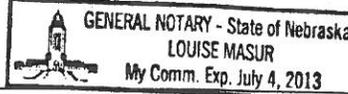
Date

Louise Masur

The foregoing instrument was acknowledged before me this

by Kristina E Mattox
name of person acknowledge

Affix Seal



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

Last Name: Mattox First Name: Kristina MI: E

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

*signed
print
letter reg
BC*
Spouse

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 _____

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 _____

**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

Office Use

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

BC *voter reg* *sponsored*

Corporation/LLC information

Name of Corporation/LLC: Zell's Lounge L.L.C

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Zell's Lounge

Premise Street Address: 1011 W Dawes

City: Lincoln

State: NE

Zip Code: 68521

Premise Phone Number: N/A

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

Justina E. Mattox

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Mattox First Name: Kristina MI: E

Home Address (include PO Box if applicable): 4715 Pawnee

City: Lincoln County: Lancaster Zip Code: 68506

Home Phone Number: (402) 730-2569 Business Phone Number: N/A

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

Date Of Birth: Place Of Birth: Urbana, IL

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

YES NO

Spousal

Spouse's information

Spouses Last Name: Mattox First Name: Kevin MI: L

Social Security Number: - - - Drivers License Number & Stat.: NE

Date Of Birth: Place Of Birth: Lincoln, NE

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	1996	2013	Lincoln, NE	1973	2013

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2004	Current	Allstate	Kali Kravig	(402) 730-4899
2008	Current	Parker's Smokehouse	Savannah Laughlin	(402) 467-5110

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
Kristina Mattox	09/2008	Lincoln, NE	Speeding	Paid fine

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 prints enclosed

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

Parker's Smokehouse 10/2008 - present



CHAMPAIGN COUNTY, ILLINOIS

CERTIFICATION OF BIRTH

BIRTH NUMBER:

NAME: KRISTINA ERIN NICHOLAS

DATE OF BIRTH:

SEX: FEMALE

PLACE OF BIRTH: URBANA, CHAMPAIGN COUNTY, ILLINOIS

DATE FILED: JUNE 1, 1977

DATE ISSUED: JUNE 1, 1993

This is to certify that this is a true and correct abstract from the official record which is on file in the office of the County Clerk, Urbana, Illinois.

Not valid without the embossed seal of Champaign County

Dennis R. Bing
DENNIS R. BING
CHAMPAIGN COUNTY CLERK

OK