

July 16, 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 Breezy Island, 350 Canopy Street, Suite 120 requesting a class I/E liquor license.

Brandon Hart has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

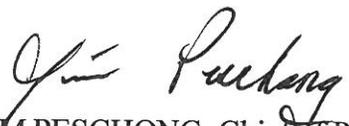
Brandon Hart was born in Des Moines, Iowa. He graduated from the University of Nebraska in 2005.

Brandon Hart employment history is as follows:

2008 - Present	Interior Completions, Duncan Aviation	Lincoln, NE.
2003 - 2005	Bar, Hi Mark Golf Course	Lincoln, NE.
2002 - 2005	Bar, Bison Witches	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

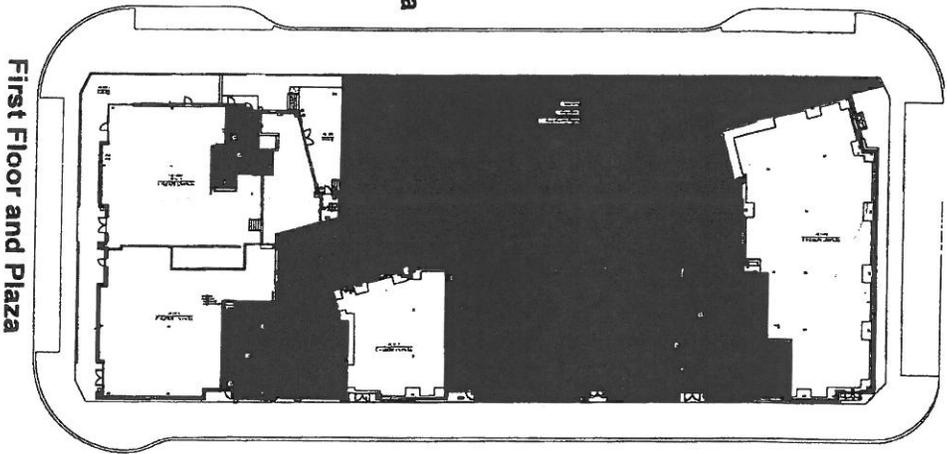


A nationally accredited law enforcement agency

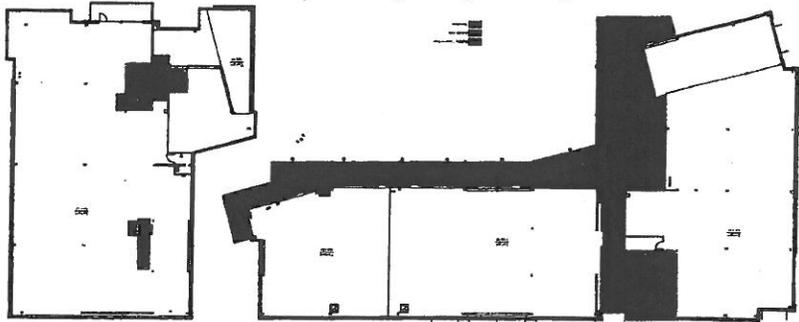


Exhibit A2 Public Market

- Premises
- ▨ Outdoor Patio Area
- Building Common Area



Second Floor



Third Floor

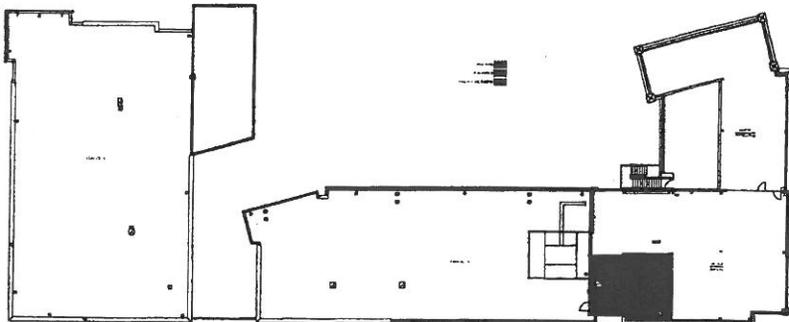
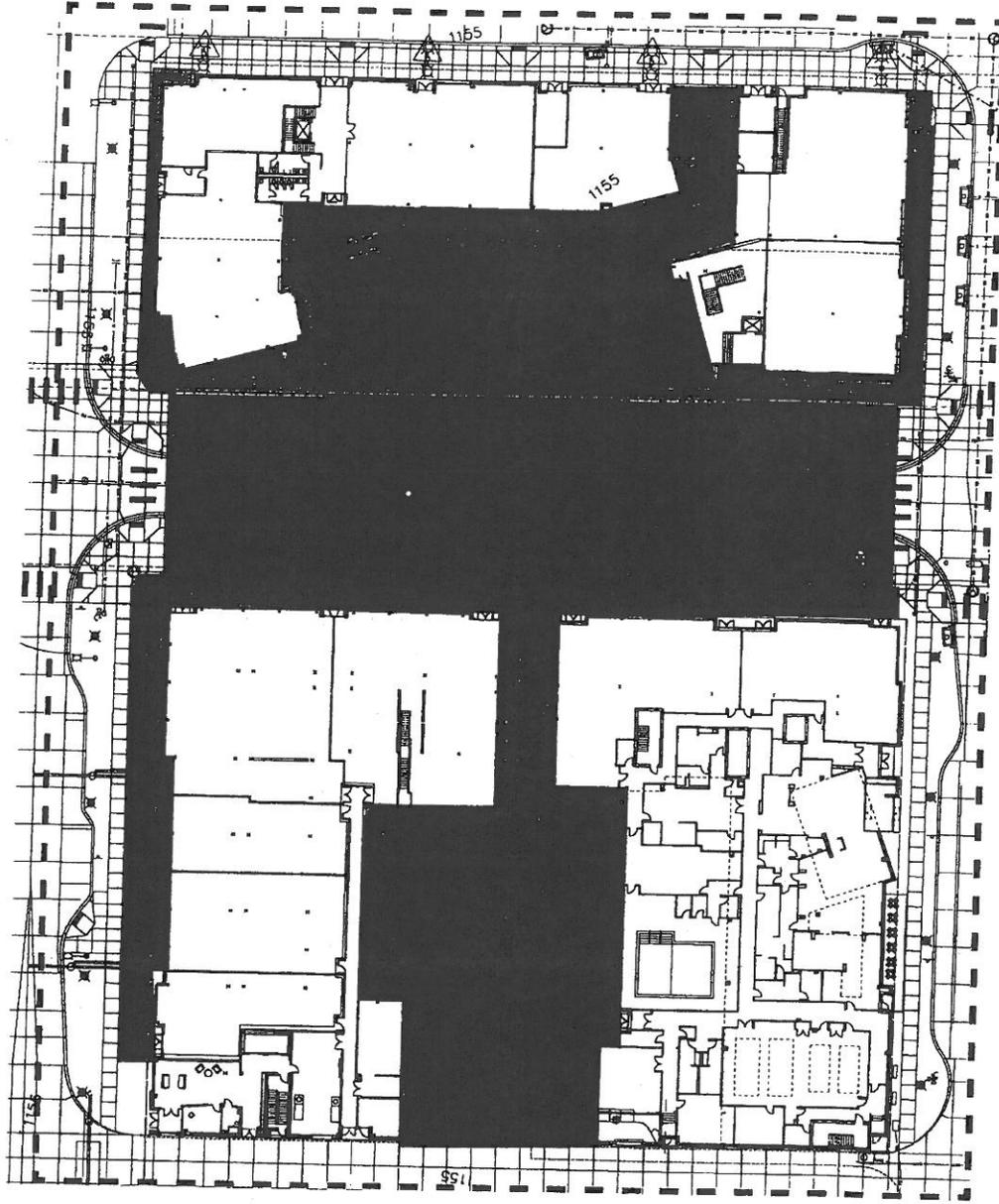


Exhibit A3 Entertainment District Site Plan

■ Entertainment District

■ Railyard Entertainment Area

■ Special District License Area



PREMISE INFORMATION

Trade Name (doing business as) BREEZY ISLAND ICE

Street Address #1 350 CANOPY STREET

Street Address #2 ~~SATE #176~~

City LINCOLN County LANCASTER Zip Code 68508

Premise Telephone number 402 617 1851

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

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

Name BRANDON HART

Street Address #1 640 W JENNIFER DR.

Street Address #2 _____

City LINCOLN State NE Zip Code 68521

**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 79 feet
Width 52 feet

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

SEE ATTACHED SHEET

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

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 (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: BRANDON HART

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

BREEZY ISLAND LLC

LLC Address: 640 W JENNIFER DR.

City: LINCOLN State: NE Zip Code: 68521

LLC Phone Number: 402 617 1851 LLC Fax Number N/A

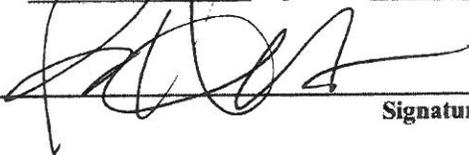
Name of Managing/Contact Member

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

Last Name: HART First Name: BRANDON MI: D

Home Address: 640 W JENNIFER DR. City: LINCOLN

State: NE Zip Code: 68521 Home Phone Number: 402 617 1851

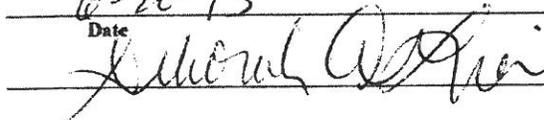


Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of LINCOLN

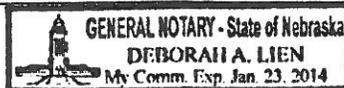
6-20-13
Date



The foregoing instrument was acknowledged before me this

by Brandon Hart
name of person acknowledge

Affix Seal



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

Last Name: HART First Name: ERIN MI: E
Social Security Num: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): BRANDON HART
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 30

Last Name: HART First Name: BRANDON MI: D
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): ERIN HART
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 40

Last Name: HART First Name: ERIC MI: D
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): BARBARA HART
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 30

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's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: HART First Name: BRANDON MI: ID

Home Address (include PO Box if applicable): 640 W JENNIFER DR.

City: LINCOLN County: LANCASTER Zip Code: 68521

Home Phone Number: 402-617-1851 Business Phone Number: 402-617-1851

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

Date Of Birth: _____ Place Of Birth: DES MOINES IA

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

YES NO

Spouse's information

Spouses Last Name: HART First Name: ERIN MI: E

Social Security Number _____ Drivers License Number & State _____

Date Of Birth _____ Place Of Birth: NEBRASKA

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	2002	CURRENT	LINCOLN, NE	2003	CURRENT

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2008	CURRENT	DUNCAN AVIATION	POD WHITEHEAD	402.475.2611
2008	2008	HIMARK GOLF COURSE	AMY WIESLER	402.488.7888

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

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).

BOTH HAVE MANY YEARS BARTENDING EXPERIENCE