CITY OF
LINCOLN™
NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

June 16, 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 Aldi, 8701 South 28th Street requesting a class D liquor license.

Lisa Meierhoff has requested that she be approved as the manager of the liquor license.

No areas of concern were found.

The applicant has been informed on 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

PREMISE INFORMATION

Trade Name (doing business as) ALDI #27

Street Address #1 8701 S. 28th Street

Street Address #2

City Lincoln County Lancaster Zip Code 68516

Premise Telephone number

Business e-mail address 913-768-1119x116

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

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

RECEIVED

Name ALDI, Inc. (Kansas)

MAY 23 2014

Street Address #1 10505 S. K-7 Hwy

NEBRASKA LIQUOR

Street Address #2

CONTROL COMMISSION

City Olathe State KS Zip Code 66061

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.

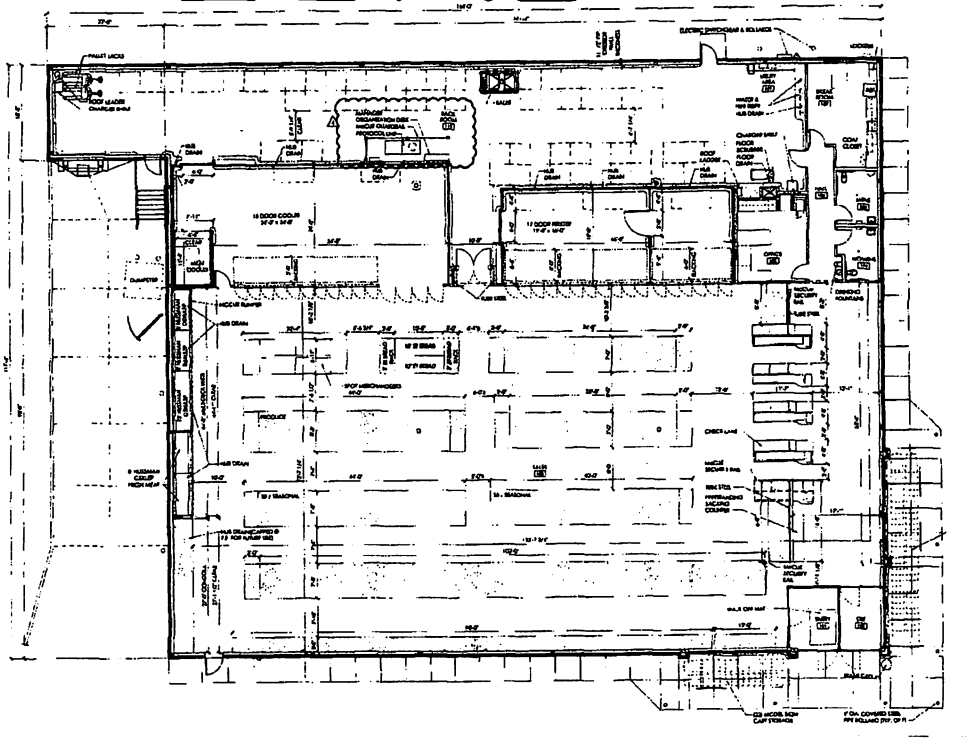
**For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 164' x width 117'4" 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_____ No X____ If yes, length____ x width _____ in feet

PROVIDE DIA



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June 16, 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 Aldi, 8350 'O' Street requesting a class D liquor license.

Lisa Meierhoff has requested that she be approved as the manager of the liquor license.

No areas of concern were found.

The applicant has been informed on 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

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MAY 23 2014

NEBRASKA LIQUOR CONTROL COMMISSION

PREMISE INFORMATION

Trade Name (doing business as) ALDI #25

Street Address #1 8350 O STREET

Street Address #2

City Lincoln County Lancaster Zip Code 68510

Premise Telephone number

Business e-mail address 913-768-1119x116

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

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

Name ALDI, Inc. (Kansas)

Street Address #1 10505 S. K-7 Hwy

Street Address #2

City Olathe State KS Zip Code 66061

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.

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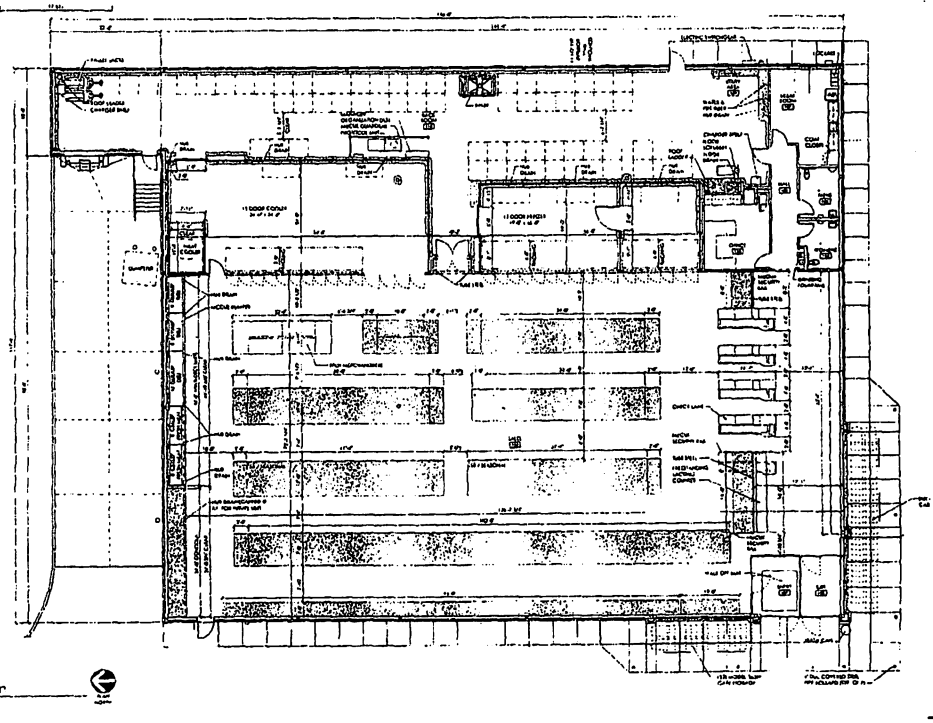
Is there a basement to be licensed? Yes____ No X____ If yes, length _____ x width _____ in feet

Is there an outdoor area? Yes_____ No X____ If yes, length____ x width___ in feet

PROVIDE DIAG



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

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CONTROL COMMISSION

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.

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

Office Use

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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: CT Corporate

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

ALDI, Inc.

Corporation Address: 10505 S. K-7 Hwy

City: Olathe State: KS Zip Code: 66061

Corporation Phone Number: 913-768-1119x116 Fax Number 913-768-1069

Total Number of Corporation Shares Issued: 10,000

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

Last Name: Youngstrom First Name: Charles MI: E

Home Address: 4000 Winberie Ave. City: Naperville

State: IL Zip Code: 60564 Home Phone Number: 630-978-4681

Charles E. Youngstrom

Signature of President/CEO

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Illinois
County of Kane

The foregoing instrument was acknowledged before me this

8th day of May 2014 by Charles E. Youngstrom

Date **name of person acknowledge**

Amy Renae Smith

Affix Seal

"OFFICIAL SEAL"
AMY RENAE SMITH
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Jan. 13, 2018

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

Last Name: Youngstrom First Name: Charles MI: E

Social Security Numbe.. _____ Date of Birth: _____

Title: President Number of Shares 0

Spouse Full Name (indicate N/A if single): Sandra Jean Youngstrom

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: _____

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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: _____

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Lisa First Name: Meierhoff MI: ____

Home Address (include PO Box if applicable): 2001 Dana Lane

City: Papillion County: Sarpy Zip Code: 68133

Home Phone Number: 402-592-2364 Business Phone Number: 402-408-0889

Social Security Number. ____ Drivers License Number & State: NE

Date Of Birth: ____ Place Of Birth: Emporia, Kansas

Email address: n/a

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: ____ 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
Papillion, NE	1997	Present			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1992	Present	ALDI		

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

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

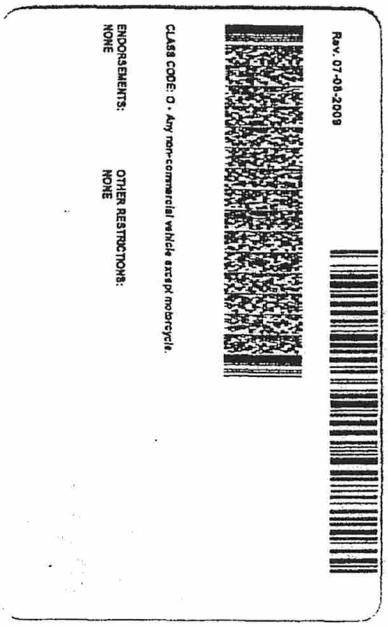
   ☐YES ☒NO

   IF YES, list the name of the premise(s):

   _____

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

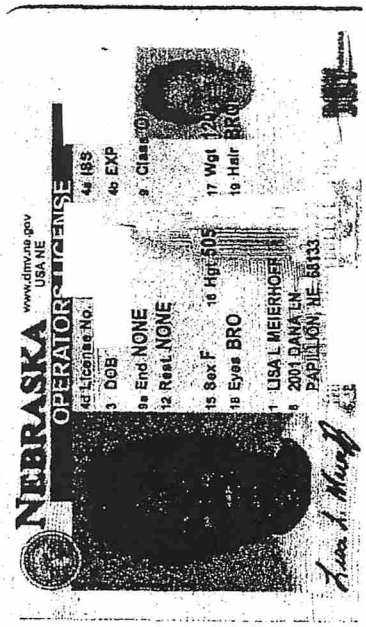


Rev. 07-08-2008

CLASS CODE: O - Any non-commercial vehicle except motorcycle.

ENDORSEMENTS: NONE

OTHER RESTRICTIONS: NONE



NEBRASKA
www.dmv.ne.gov
USA NE
OPERATOR LICENSE
4d License No.
4a ISS
4b EXP
3 DOB
9a End NONE
9 Class O
12 Rest NONE
15 Sex F
16 Hgt 505
17 Wgt 120
18 Eyes BRO
19 Hair BRO
1 LISA L MEIERHOF
8 2001 DANA LN
PAPILLION NE 68133

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CONTROL COMMISSION

CERTIFICATE OF LIVE BIRTH

KANSAS STATE DEPARTMENT OF HEALTH
Division of Vital Statistics

49-1

NOV 9 1966

Registrar's Number 431-T

(Do Not Write In This Box)
66
BIRTH NUMBER

1. PLACE OF BIRTH
a. County: Lyon 0562
b. City, Town, or Location: Emporia
c. Name of Hospital or Institution (If Not in Hospital, Give Street Address): Newman Memorial
d. Is Place of Birth Inside City Limits? Yes [X] No [ ]

2. USUAL RESIDENCE OF MOTHER
a. State: Kansas
b. County: Lyon 0562
c. City, Town, or Location: Emporia
d. Street Address: 935 Oxford Dr.
e. Is Residence Inside City Limits? Yes [X] No [ ]
f. Is Residence on a Farm? Yes [ ] No [X]

THE CHILD

3. FULL NAME (Type or Print): First Lisa; Middle LeAnn; Last Meierhoff

4. SEX: Female

5a. THIS BIRTH: Single [X] Twin [ ] Triplet [ ]

5b. IF TWIN OR TRIPLET (this child born): 1st [ ] 2nd [ ] 3rd [ ]

6. DATE OF BIRTH (Month) (Day) (Year)

FATHER OF CHILD

7. FULL NAME: First David; Middle Arnold; Last Meierhoff

8. COLOR OR RACE: White

9. AGE (At time of this birth): 19 Years

10. BIRTHPLACE (state or foreign country): Council Grove, Kansas

11a. USUAL OCCUPATION: U. S. Navy

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: First Carolyn; Middle Sue; Last Timbrook

13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 Years

15. BIRTHPLACE (State or foreign country): Emporia, Kansas

16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this child)
a. How many other children are now living? 1
b. How many other children were born alive but are now dead? 0
c. How many fetal deaths (fetuses born dead at ANY time after conception)? 0

17a. MOTHER'S MAILING ADDRESS: 935 Oxford Dr., Emporia, Kansas

17b. PARENT'S VERIFICATION
I hereby certify that the above information is correct to the best of my knowledge and belief: X Carolyn Meierhoff
Signature

Date

I hereby certify that this child was born alive on the date stated above.

18a. Signature: Charles R Hoppe

18b. Attendant At Birth: M. D. [X] D. O. [ ] OTHER (Specify)

18c. Address: Emporia, Kansas

18d. Date Signed: 10-6-66

19. Date Rec'd By Local Registrar: 11-4-66

20. Registrar's Signature: T. Newcomer

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