

Lincoln



Nebraska's Capital City

September 27, 2001

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Lorabelle Inc, d.b.a. The Grapevine, 2620 Stockwell.

The Grapevine has requested that Lorabelle Hanson be approved as the manager of the class I liquor license.

Background information on the applicant will be omitted as the Council approved Lorabelle Hanson in October 2000 as the owner of the establishment.

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.

A handwritten signature in black ink, appearing to read "Tom K. Casady".

THOMAS K. CASADY, Chief of Police



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



du55

Set date: 10-1-01
PH: 10-15-01

STATE OF NEBRASKA



~~CITY OF LINCOLN
'01 SEP 23 PM 9:46
CITY OF LINCOLN
NEBRASKA~~

NEBRASKA LIQUOR CONTROL COMMISSION
Forrest D. Chapman
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)

Mike Johanns
Governor

September 24, 2001

109715
409
'01 SEP 25 PM 9:52
CITY OF LINCOLN
NEBRASKA

City Clerk
County/City Bldg
555 South 10th Street
Lincoln NE 68512

RE: Manager Application Submittal

Dear Sir/Madam:

The enclosed Application for Manager is being submitted by Lorabelle Inc DBA The Grapevine located at 2620 Stockwell, Lincoln, NE 68502 (Lancaster County) which holds a Class I License #49068 the applicant's name is Lorabelle M. Hanson.

Please present this application to your City/County Council and return to us the results of the action taken. If you have any questions or comments, please give me a call.

Sincerely,

Michelle Petersen
Licensing Division

Enclosure

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Local (no) LIC
COPY RECEIVED

SEP 24 2001

Return to: Nebraska Liquor Control Commission, PO Box 95046
 301 Centennial Mall So., Lincoln NE 68509
 Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

NEBRASKA LIQUOR CONTROL COMMISSION

LIQUOR LICENSE INFORMATION				
NAME OF LICENSED CORPORATION <i>LORABELLE, INC.</i>		CLASS & LICENSE NUMBER <i>49068 CLASS I</i>		
TRADE NAME OF LICENSED PREMISE <i>THE GRAPEVINE</i>				
STREET ADDRESS OF LICENSED PREMISE <i>2620 STOCKWELL</i>	CITY <i>LINCOLN</i>	COUNTY <i>LANCASTER</i>	ZIP CODE <i>68502</i>	
On behalf of the corporation, I designate this individual as corporate manager. Signature of Corporate President/CEO: <i>Lorabelle M. Hanson</i> <i>Owner/Manager</i>				
APPLICANT INFORMATION (MUST BE 21 OR OVER)				
NAME (LAST, FIRST, MIDDLE, MAIDEN) <i>HANSON, LORABELLE MAXINE TURNER</i>	SEX <input checked="" type="radio"/> F <input type="radio"/> M	SOCIAL SECURITY NUMBER <i>507-50-6635</i>	DATE OF BIRTH <i>8-14-39</i>	PLACE OF BIRTH <i>LINCOLN NEBR</i>
HOME STREET ADDRESS <i>2831 No. 45th St.</i>	CITY <i>LINCOLN</i>	COUNTY <i>LANCASTER</i>	STATE <i>NE</i>	ZIP CODE <i>68504</i>
HOME TELEPHONE NUMBER <i>402 464-4950</i>	BUSINESS TELEPHONE NUMBER <i>402 421-8383</i>		DRIVERS LICENSE NUMBER & STATE <i>G02093397 NE</i>	
SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE NONE)				
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) <i>NONE Not Married</i>		SOCIAL SECURITY NUMBER <i>—</i>	DRIVERS LICENSE NUMBER & STATE <i>—</i>	
DATE OF BIRTH: <i>—</i>		PLACE OF BIRTH: <i>—</i>		

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 criminal charge? Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or 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

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

YES NO

LICENSE #:

*THE GRAPEVINE
 2620 STOCKWELL
 LINCOLN NE 68502*

DATE: *September 11 2002*

*ALREADY OWNER
 NOW APPLYING FOR
 OWNER/MANAGER*

