



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



lincoln.ne.gov

June 7, 2007

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 Sharkwater Lounge, 140 North 12<sup>th</sup> Street requesting a class C liquor license.

This location was previously Cliff's Lounge which held a liquor license

Sharkwater Lounge has requested that Kolby Wood be approved as the manager of the liquor license.

Background information on the applicant will be omitted as the Council approved Mr. Wood as the manager of the liquor license for Christo's Pub in 2005.

Stockholder information has been included for your review.

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.

THOMAS K. CASADY, Chief of Police



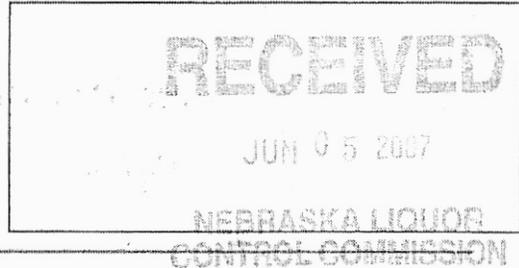
A nationally accredited law enforcement agency



THOMAS K. CASADY, Chief of Police

**APPLICATION FOR LIQUOR LICENSE**

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.nol.org/home/NLCC/



OFFICE USE ONLY

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES**  
**CHECK DESIRED CLASS(S)**

**RETAIL LICENSE(S)**

- A Beer, On Sale Only \$45.00
- B Beer, Off Sale Only \$45.00
- C Beer, Wine & Distilled Spirits, On & Off Sale \$45.00
- D Beer, Wine & Distilled Spirits, Off Sale Only \$45.00
- I Beer, Wine & Distilled Spirits, On Sale Only \$45.00

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

**MISCELLANEOUS**

			Bond
<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00 1,000 min.
<input type="checkbox"/>	O	Boat	\$ 95.00 N/A
<input type="checkbox"/>	V	Manufacturer, Beer, Wine & Distilled Spirits	\$ 45.00 10,000 min.
		(additional fee of \$100 to \$1,000-call for exact amount)	
<input type="checkbox"/>	W	Wholesale Beer	\$545.00 5,000
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00 5,000
<input type="checkbox"/>	Y	Farm Winery	\$295.00 1,000

All Class C licenses expire October 31st  
 All other licenses expire April 30<sup>th</sup>  
 Catering expire same as underlying retail license

**TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)**

- Individual License, requires insert form 1
- Partnership License, requires insert form 2
- Corporate License, requires insert form 3a and manager application 3b

**NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION**  
 (Commission will call this person with any questions we may have)

Name: N/A. Phone: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Firm address: \_\_\_\_\_

**PREMISE INFORMATION**

Trade Name (doing business as) SHARKWATER LOUNGE.

Street Address #1 140 NORTH 12TH STREET

Street Address #2 N/A.

City LINCOLN County LANCASTER. #2

Zip Code 68508

Telephone number at premise to be licensed (402) 476-0115

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

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: CB HOLDINGS, INC D/B/A SHARKWATER LOUNGE.

Street Address #1 140 NORTH 12TH STREET.

Street Address #2 N/A

City LINCOLN County LANCASTER.

Zip Code 68508.

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, 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 in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

SEE ATTACHED EXHIBIT "A"

ONE STORY IRREGULAR SHAPED 65' X 25'

ONE STORY IRREGULAR SHAPED 65' X 25'

BCM  
210 USF

NET  
55 USF

Drive  
6,899 USF

Parking  
1,290 USF

Tenant  
Snack Haven  
140 USF

FCM  
434 USF

Tenant  
Cookie Co.  
1,200 USF

Tenant  
Giff's  
1,740 USF

Snake Shop

Tenant  
Steak Escape  
2,040 USF

Tenant  
Footlose & Fancy  
1,155 USF

AU06671  
Vacant  
1,671 USF

BCM  
838 USF

FCM  
202 USF

FCM  
599 USF

AU06671  
Retail  
Wells Fargo  
6,627 USF

BCM  
118 USF

20 ft

Rampark Parking Garage - Street Level

← 25' →

65'

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

KOLBY ALEXANDER WOOD  
40 HRS PER WEEK

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

HOLD CLASS 4 HEALTH PERMIT  
MANAGER - CLUSTO'S PUB 8/5/05 TO 4/5/06  
BARTENDER - CLIFF'S LOUNGE 6/5/06 TO PRESENT

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

Lease: expiration date 5/31/2012  
 Deed  
 Purchase Agreement

15. When do you intend to open for business? AUGUST 1, 2007

16. What will be the main nature of business? What are the anticipated hours of operation? LOUNGE - 4 PM TO 1 AM

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

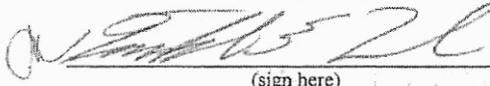
Applicant Name	From: Year	To: Year	City/State
<u>TODD FUNK</u>			
<u>7001 VERMONTA LAWREN, NE</u>	<u>2001</u>	<u>2007</u>	<u>LINCOLN, NE</u>
<u>1735 RIDGE HAVEN #4</u>	<u>1998</u>	<u>2001</u>	<u>LINCOLN, NE</u>

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

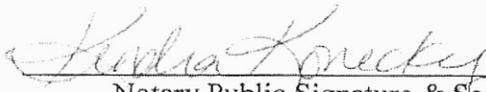
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

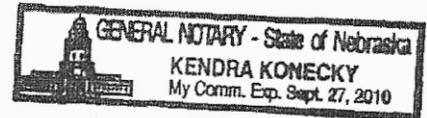
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

 _____	_____
(sign here)	(sign here)
_____	_____
(sign here)	(sign here)
_____	_____
(sign here)	(sign here)
_____	_____
(sign here)	(sign here)
_____	_____
(sign here)	(sign here)

Todd E Funk  
Subscribed in my presence and sworn to before me this

4 day of June, 2007

  
\_\_\_\_\_  
Notary Public Signature & Seal

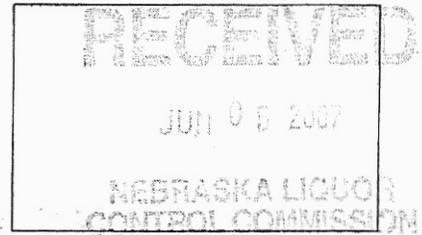


In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC 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.nol.org/home/NLCC](http://www.nol.org/home/NLCC)



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

C B HOLDINGS, INC.

Corporate Street Address: 140 NORTH 12TH

City: LINCOLN State: NE Zip Code: 68508

Corporate Telephone Number (402) 476-0115

Total number of shares issued (if corporation) 10,000

Is this a Non Profit Corporation?  YES  NO

If yes, what is your Federal ID #? 26-0283210

Name of Registered Agent MILES JOHANSTON

Name of Proposed Manager KOLBY ALEXANDER WOOD

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: FUNK First Name: TODD MI E.

Address Street 1544 NEWANA ST. City LINCOLN

State NE Zip Code 68520 Home Phone number (402) 580-3495

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

State NE Zip Code 68520 Home Phone number (402) 580-3495

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name FUNK First Name TODD

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

Title PRESIDENT Number of Shares 8,000

Spouse Name (indicate N/A if single) N/A

Spouse Social Security Number N/A Date of Birth N/A

Title N/A Number of Shares N/A

Last Name SEOWNE First Name FRANK

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

Title SEC./TREAS. Number of Shares 2,000

Spouse Name (indicate N/A if single) N/A

Spouse Social Security Number N/A Date of Birth N/A

Title N/A Number of Shares N/A

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Name (indicate N/A if single) \_\_\_\_\_

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

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Is this Corporation or Limited Liability Company controlled by another Corporation?

Yes  No

If yes, give name of corporation and supply organizational chart

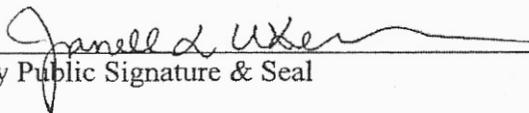
N/A

Indicate tax year with the IRS

Starting Date 8/1 Ending Date 12/31



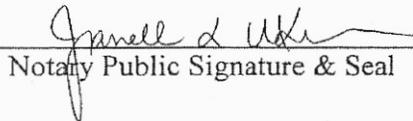
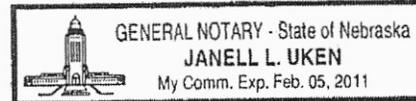
Signature of President/Managing Member



Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

4<sup>th</sup> day of June, 2007

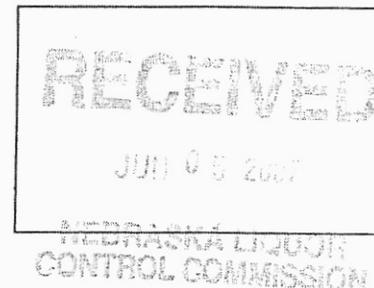


Notary Public Signature & Seal

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**APPLICATION FOR LIQUOR LICENSE  
CORPORATION MANAGER - FORM 3b  
\*MUST BE A NEBRASKA RESIDENT\***

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.nol.org/home/NLCC/](http://www.nol.org/home/NLCC/)



**LIQUOR LICENSE INFORMATION**

NAME OF LICENSED CORPORATION CB HOLDINGS, INC.  
CLASS & LICENSE NUMBER CLASS C  
TRADE NAME SHALLOWATER LOUNGE  
STREET ADDRESS 140 NORTH 12TH CITY LINCOLN, NE. 68508

**SIGNATURE OF CORPORATION PRESIDENT/CEO**

**APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)**

NAME Kolby Wood  
ADDRESS 1223 N. 9TH #114  
CITY Lincoln STATE NE ZIP CODE 68508  
HOME PHONE NUMBER 402-617-0868 BUSINESS PHONE NUMBER 402-617-0868  
SEX  MALE  FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH Lincoln Ne.  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

**SPOUSES INFORMATION (IF NOT MARRIED INDICATE)**

SPOUSE NAME N/A  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

**SPOUSES INFORMATION (IF NOT MARRIED INDICATE)**

**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.

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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

Christo's pub

8-1-05

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

YES  NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES  NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

YES  NO

**RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Denton Ne	1982	2000			
Lincoln Ne	2000	2007			

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
8-05 4-06	Christo's Pub	Randy Christo	402-649-0223
6-06 7-07	Cliffs lounge	Leslie Cozart	402-970-0770

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

**PERSONAL OATH AND CONSENT OF INVESTIGATION  
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

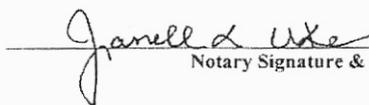
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

Subscribed in my presence and sworn to before me this 4<sup>th</sup>  
day of June, 2007

Subscribed in my presence and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_

  
\_\_\_\_\_  
Notary Signature & Seal

\_\_\_\_\_  
Notary Signature & Seal

