

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

September 19, 2012

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 Woodees Bar, 2001 West 'O' Street requesting a class C liquor license.

Heather Pavich has purchased this business which currently holds a class C liquor license.

Ms. Pavich has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

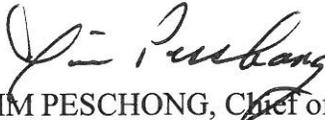
Heather Pavich was born in Lincoln, Nebraska. She attended Southeast High School graduating in 1987.

Heather Pavich employment history is as follows:

2011 - Present	Bartender, Woodees .	Lincoln, NE.
2006 - Present	Controller, Lambert Investments	Lincoln, NE.
2005 - 2006	Accountant	Lincoln, NE.

The required training was completed on September 13th 2012.

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) Wooddees Bar

Street Address #1 2001 W O St

Street Address #2 _____

City Lincoln

County Lancaster #2

Zip Code 68528

Premise Telephone number (402) 261-3223

Is this location inside the city/village corporate limits:

YES

NO

CITY

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

Name Heather m. Pawich

Street Address #1 7372 Merry Lane

Street Address #2 _____

City Hickman

State NE

Zip Code 68372

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 _____ feet

Width _____ feet

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

See attached

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NEBRASKA LIQUOR CONTROL COMMISSION

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
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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 *closing date*
- 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 Andrew Hubka 84739

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) _____

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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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

Corporation/LLC information

Name of Corporation/LLC: Talexmo LLC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Woodlee's Bar

Premise Street Address: 2001 W O St

City: Lincoln State: NE Zip Code: 68528

Premise Phone Number: (402) 261-3223

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

Leather M. Pawick manager

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Pavich First Name: Heather MI: M

Home Address (include PO Box if applicable): 7372 mercy Lane

City: Hickman County: NE Zip Code: 68372

Home Phone Number: (402)730-0517 Business Phone Number: _____

Social Security Number _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Lincoln, NE

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: N/A First Name: N/A MI: N/A

Social Security Number: N/A Drivers License Number & State: N/A

Date Of Birth: N/A Place Of Birth: N/A

APPLICANT & SPOUSE MUST LIST RESIDENCY(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Hickman, NE	2009	Present	RECEIVED SEP 7 2012 NEBRASKA LIQUOR CONTROL COMMISSION		
Lincoln, NE	2002	2009			

MANAGER'S LAST EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2006	Present	Lambert Management	Albert Lambert	(402)466-6688
2006	2006	Perot Systems	Dan	?

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.

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).
 RHC - Hospitality Risk Seminar - Lincoln NE 9/13/12

prints enclosed

PERSONAL OATH AND CONSENT OF INVESTIGATION

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, a spousal 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.

Heather M Pawich
Signature of Manager Applicant

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Signature of Spouse
NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

September 6, 2012
date

by Heather Pawich
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
HEATHER SWENSON
My Comm. Exp. November 21, 2015

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

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

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DATE OF ISSUANCE
JAN 5 1998
 LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 HEALTH AND HUMAN SERVICES SYSTEM

SEP 7 2012
 NEBRASKA LIQUOR CONTROL COMMISSION

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH ¹²⁶⁻ ⁶⁹
 P-120

1. CHILD - NAME FIRST: Heather MIDDLE: Michelle LAST: Pavich			2a. DATE OF BIRTH (MONTH, DAY, YEAR) 6-22-69		BIRTH NUMBER		
2. SEX Female		3. THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single		4. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		5. COUNTY OF BIRTH Lancaster	
6. CITY, TOWN, OR LOCATION OF BIRTH Lincoln			7. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		8. HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) St. Elizabeth Hospital		
9. MOTHER - MAIDEN NAME FIRST: Susan MIDDLE: Annette LAST: Rowch			10. AGE (AT TIME OF THIS BIRTH) 19		11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Electra, Texas		
12. RESIDENCE - STATE Nebraska		13. COUNTY Lancaster		14. CITY, TOWN, OR LOCATION Lincoln		15. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
16. FATHER - NAME FIRST: John MIDDLE: Frank LAST: Pavich			17. AGE (AT TIME OF THIS BIRTH) 21		18. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Lincoln, Nebraska		
19. INFORMANT - NAME OR SIGNATURE Mrs. John Frank Pavich					20. RELATION TO CHILD Mother		
21. SIGNATURE <i>N. I. Simon M.D.</i>			22. DATE SIGNED (MONTH, DAY, YEAR) 6/22/69		23. ATTENDANT - M.D., D.O., OTHER (SPECIFY) M.D.		
24. CERTIFIER - NAME N. I. Simon M.D.			25. MAILING ADDRESS Lincoln, Nebraska 68509				
26. REGISTRAR - SIGNATURE <i>[Signature]</i>					27. DATE RECEIVED BY LOCAL REGISTRAR MONTH: SEP YEAR: 1969		

Precinct: Hickman Polling Place: Hickman Community Building 115 Locust St (South Door -> Comm Rm.) Hickman U.S. Congressional District 1 Legislative District 30 Southeast Com College At Large Norris School Dist 160 City of Hickman	Lancaster County, State of Nebraska Heather M Pavich 7372 Mercy Ln Hickman, NE 68372
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FOR WALLETS SIZE - FOLD HERE

OK

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

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

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CONTROL COMMISSION

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: TALEXMO LLC

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

TALEXMO LLC

LLC Address: 2001 W "O" St

City: Lincoln State: NE Zip Code: 68528

LLC Phone Number: (402) 261-3223 LLC Fax Number _____

Name of Managing/Contact Member

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

Last Name: Pavich First Name: Heather MI: m

Home Address: 7372 mercy Ln City: Hickman

State: NE Zip Code: 68372 Home Phone Number: (402) 730-0517

Heather M. Pavich

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

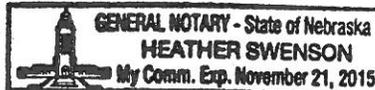
The foregoing instrument was acknowledged before me this

September 6, 2012 by Heather Pavich

Date

name of person acknowledge

Affix Seal



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

Last Name: Pavich First Name: Heather MI: m

Social Security Number: _____ Date of Birth: _____

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

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

Percentage of member ownership 100%

*Signed
prints
BC
water neg*

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 _____

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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 _____