



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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 31, 2011

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 Crave, 2801 Pine Lake Road Suite W requesting a class C liquor license.

Marcy Hollenbeck, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Marcy Hollenbeck was born in Osmond, Nebraska. She attended the University of Nebraska graduating in 1996.

Marcy Hollenbeck employment history is as follows:

1998 - 2008	Manager, Gap	Lincoln, NE.
1996 - 1998	Asst. Manager, Gymboree	Lincoln, NE.
1995 - 1996	Sales, Buckle	Lincoln, NE.

The applicant has been informed about the required training.

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 CASADY, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

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Trade Name (doing business as) Crave MAY 19 2011

Street Address #1 2801 Pine Lake Rd Suite W

Street Address #2 \_\_\_\_\_ NEBRASKA LIQUOR  
CONTROL COMMISSION

City Lincoln County Lancaster Zip Code 68516

Premise Telephone number 402.465.4944

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

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

Name Hollenbeck Farms LLC

Street Address #1 7030 S 61st

Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68516

**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 89 feet  
Width 22 feet

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

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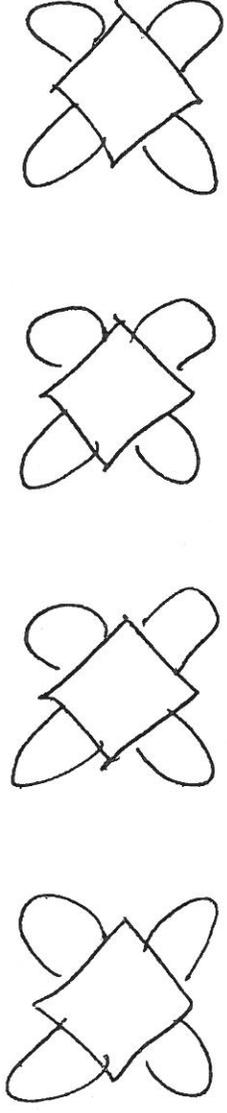
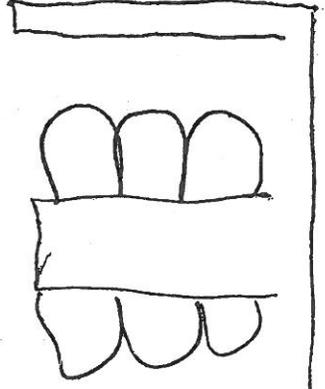
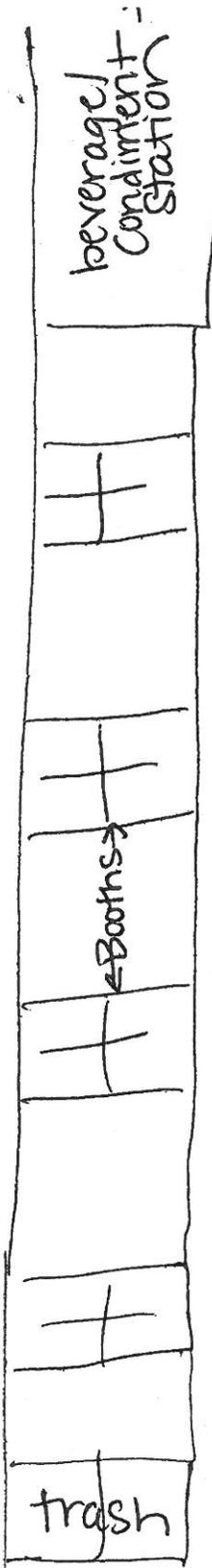
MAY 19 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION

89 ft

~~89~~

beverage/  
Condiment  
Station



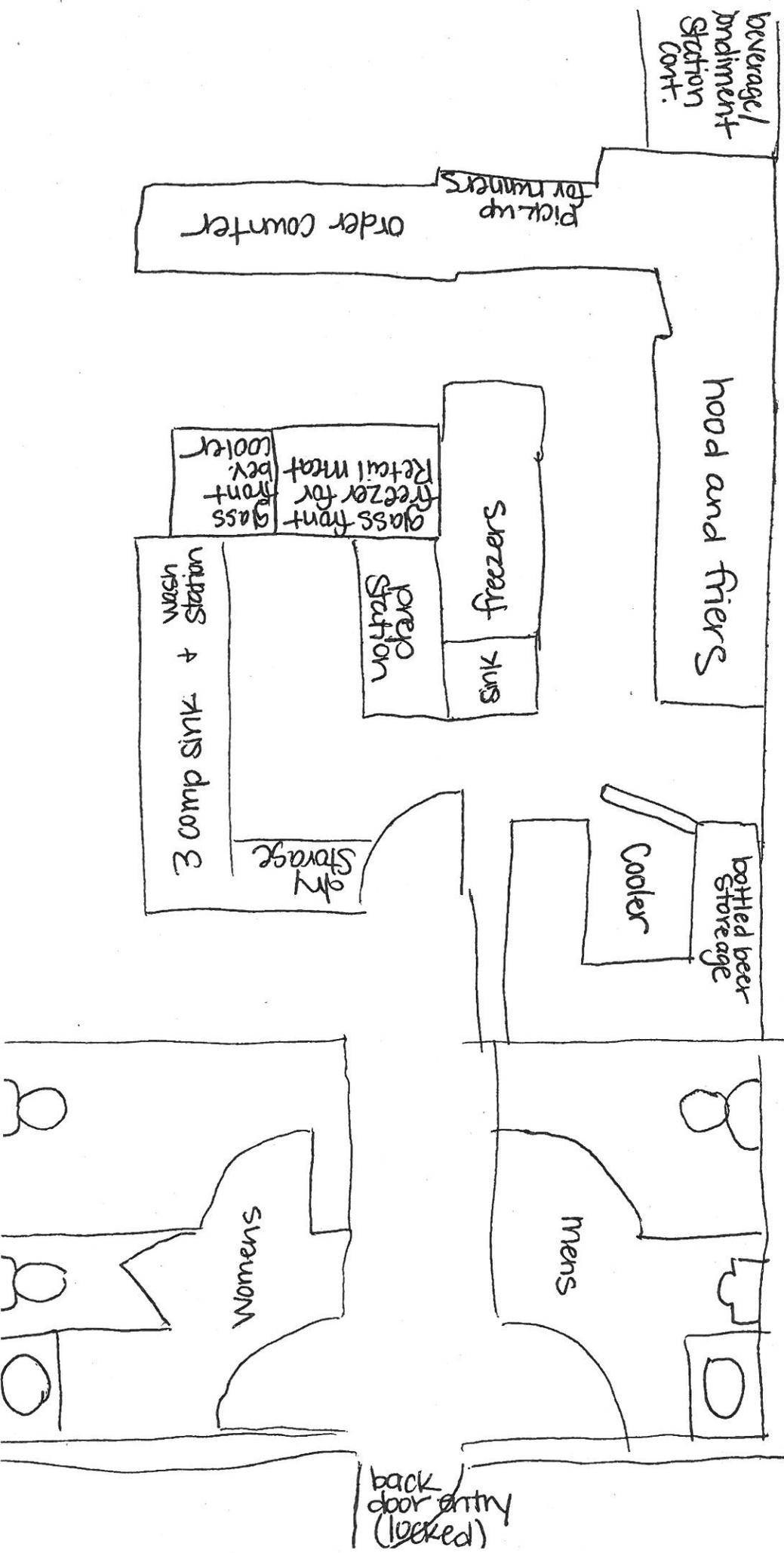
trash

22 ft



Outdoor

entry



beverage/  
drinkment  
Station  
Cont.

Order Counter

Pick-up  
for numbers

hood and friers

glass front  
freezer for  
front  
Retail meat  
beef  
cooler

freezers

prep  
Station

sink

3 comp sink +  
wash  
Station

dry  
Storage

Cooler

bottled beer  
Storage

Womens

mens

back  
door entry  
(locked)

RECEIVED  
MAY 19 2011  
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.

MAY 19 2011

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	NEBRASKA LIQUOR CONTROL COMMISSION Disposition
Myron L. Hollenbeck Jr	08.20.10	Lincoln, NE	Suspended Lic	09.30.10

**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 The Peacock, NA

**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) \_\_\_\_\_

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES  NO

If yes, explain. (All involved persons must be disclosed on application)

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**No silent partners**

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES  NO

If yes, list such item(s) and the owner. \_\_\_\_\_

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES  NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

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9. Is anyone listed on this application a law enforcement officer?

YES  NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

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10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Linc One, Myron & Marcy Hollenbeck

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11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

na

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no-spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Myron L. Hollenbeck Jr	02/2011	Lacanster Health Department Lincoln, NE
Myron & Marcy Hollenbeck	11/2010	Deer Springs Winery Lincoln, NE

13. 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 05/2015
- Deed
- Purchase Agreement

14. When do you intend to open for business? 07.15.11
15. What will be the main nature of business? Prepared Food, Retail Meats
16. What are the anticipated hours of operation? M-Sa(11-9) Sunday 11-7

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, NE	2010	2011	Lincoln, NE	2010	2011
Elmwood, NE	1996	2010	Elmwood, NE	1996	2010

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and 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 of 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.

Marcy Hollenbeck  
Signature of Applicant

Myron Hollenbeck Jr.  
Signature of Spouse

~~Signature of Applicant~~

~~Signature of Spouse~~

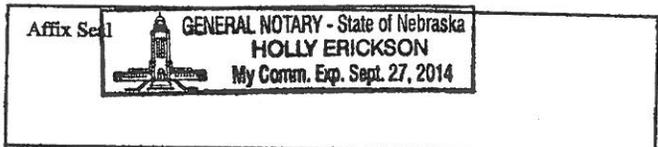
ACKNOWLEDGEMENT

State of Nebraska  
County of LANCASTER  
19th day of May, 2011  
date

The foregoing instrument was acknowledged before me this

by Marcy Hollenbeck + Myron Hollenbeck Jr.  
name of person acknowledged

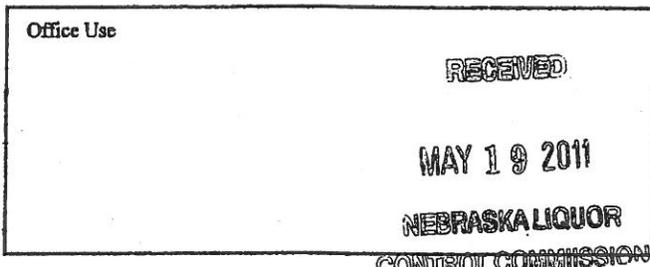
Holly Erickson  
Notary Public signature



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.

**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](http://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: Marcy Hollenbeck

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

Hollenbeck Farms LLC

LLC Address: 2801 Pine Lake Rd Suite W

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402.465.4944 LLC Fax Number: na

Name of Managing/Contact Member

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

Last Name: Hollenbeck First Name: Marcy MI: M

Home Address: 7030 S 61st City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402.781.2992

Marcy Hollenbeck  
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska

County of CANCASTEK

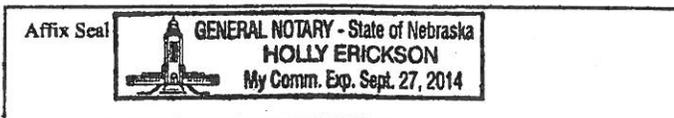
19th day of May, 2011

Date

Holly Erickson

The foregoing instrument was acknowledged before me this

by MARCY M. HOLLENBECK  
name of person acknowledge



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

Last Name: Hollenbeck First Name: Marcy MI: M

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

Spouse Full Name (indicate N/A if single): Myron Lee Hollenbeck Jr MAY 19 2011

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ NEBRASKA LIQUOR CONTROL COMMISSION

Percentage of member ownership 50

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Last Name: Hollenbeck Jr First Name: Myron MI: L

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

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

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

Percentage of member ownership 50

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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 \_\_\_\_\_

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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 \_\_\_\_\_

Manager's information must be completed below PLEASE PRINT CLEARLY

MAY 19 2011

Gender:  MALE  FEMALE

NEBRASKA LIQUOR  
CONTROL COMMISSION  
MI: **M**

Last Name: **Hollenbeck** First Name: **Marcy**

Home Address (include PO Box if applicable): **7030 S 61st**

City: **Lincoln** County: **Lancaster** Zip Code: **68516**

Home Phone Number: **402.781.2992** Business Phone Number: **402.781.2992**

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: **Osmond, 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: **Hollenbeck** First Name: **Myron** MI: **L**

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: **Lincoln, NE**

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	2010	2011	Lincoln, NE	2010	2011
Elmwood, NE	1996	2010	Elmwood, NE	1996	2010

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1998	2001	Gap	Stacie Signiti	402.420.9092
1996	1998	Gymboree	Robin Spence	402.464.1204

**MANAGER AND SPOUSE MUST REVIEW AND ANSWER THE QUESTIONS BELOW**

Please print clearly.

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**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or pleaded 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
Myron L Hollenbeck Jr	08.20.10	Lincoln, NE	Suspended Lic	09.30.10

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



