



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

January 14, 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 Mum's Liquor, 2202 'O' Street requesting a class D liquor license.

This location has a current liquor license and has been sold.

Fiseha Tesfazion, owner has requested that he be approved as the manager of the liquor license.

Mr. Tesfazion was approved by Council on January 28th 2013 as an approved liquor license manager.

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 "Jim Peschong".

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Femenay Corp. Mum's Liquor

Street Address #1 2202 "O" Street

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68510

Premise Telephone number 402-464-5616 E-mail _____

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

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

Name Fiseha Tesfazion

Street Address #1 3915 N. 26th Street, Apt. 4

Street Address #2 _____

City Lincoln State NE Zip Code 68521

**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

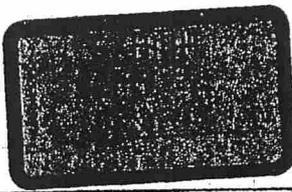
Length _____ feet
Width _____ feet
Is there a basement? Yes No

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

See attached

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NEBRASKA LIQUOR
CONTROL COMMISSION

1st FLOOR



50'

OASIS
BARBER
SHOP

22

27

3'

2' 15"

65'

MUM'S

MUM'S
ICE
ROOM

10'

28'

12'

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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
Fiseha Tesfazion	10/2013	Lincoln, NE	Speeding	
Fiseha Tesfazion	02/2013	Lincoln, NE	Speeding	
Fiseha Tesfazion	05/2010	Colorado	Speeding	
Fiseha Tesfazion	01/2007	Lincoln, NE	Reckless driving	
Fiseha Tesfazion	02/2006	Temple, TX	Speeding	
Fiseha Tesfazion	10/2006	Geneva, NE	Speeding	

2. Are you buying the business of a current retail liquor license?

YES NO

If yes, give name of business and liquor license number Mum's Classic Spirits; D-037895

- 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 Mum's Classic Spirits; D-037895

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) Financed by buyer

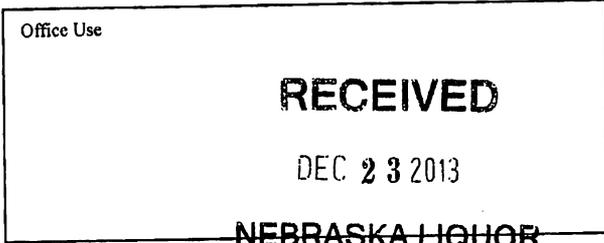
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NEBRASKA LIQUOR CONTROL COMMISSION

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



NEBRASKA LIQUOR CONTROL COMMISSION

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: Patrick T. O'Brien

Name of Corporation that will hold license as listed on the Articles: Temenay Corp.

Corporation Address: 3915 North 26th Street, Apt. 4

City: Lincoln State: NE Zip Code: 68521

Corporation Phone Number: 402-601-1547 Fax Number: N/A

Total Number of Corporation Shares Issued: 1,000

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

Last Name: Tesfazion First Name: Fiseha MI: _____

Home Address: 3915 N. 26th St., Apt. 4 City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 402-601-1547

Signature of President/CEO

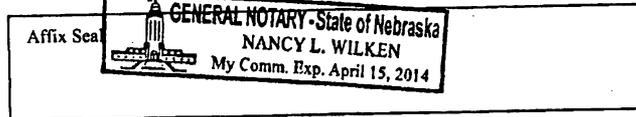
ACKNOWLEDGEMENT

State of Nebraska Lancaster
County of _____

The foregoing instrument was acknowledged before me this

December 23, 2013
Date

by Fiseha Tesfazion
name of person acknowledge



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

Last Name: Ghebreyohannes First Name: Senay MI: Tewelde

Social Security Number: _____ Date of Birth: _____

Title: Secretary/Treasurer Number of Shares 500

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Tesfazion First Name: Fiseha MI: _____

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 500

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

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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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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: Tesfazion First Name: Fiseha MI: _____
 Home Address (include PO Box if applicable): 3915 N. 26th St., Apt. 4
 City: Lincoln County: Lancaster Zip Code: 68521
 Home Phone Number: 402-601-1547 Business Phone Number: _____
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Asmara, Eritrea
 Email address: bnwcorp1@yahoo.com

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
Lincoln, Nebraska	2006	2013			
Temple, Texas	2005	2006			
Dallas, Texas	1998	2005			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	2013	Selama, LLC	Self	402-476-9463
2006	2011	South Street Liquor	Self	402-476-9463

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.

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Fiseha Tesfazion	02/2013	Lincoln, NE	Speeding	
Fiseha Tesfazion	05/2010	Colorado	Speeding	
Fiseha Tesfazion	02/2007	Lincoln, NE	Reckless driving	
Fiseha Tesfazion	02/2007	Temple, TX	Speeding	
Fiseha Tesfazion	10/2006	Geneva, NE	Speeding	

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):

Kong's Liquor; 19th Street Liquor; South Street Liquor

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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Fiseha Tesfazion	1981-2006	TABCC Texas Alcohol Beverage
Fiseha Tesfazion	2007	NBST Training
Fiseha Tesfazion	2009	NBST Training
Fiseha Tesfazion	2011	NBST Training
Fiseha Tesfazion	2013	NBST Training

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Fiseha Tesfazion, Manager/Owner	2006-2011	South Street Liquor; 10th & South St., Lincoln, NE
Fiseha Tesfazion, Manager/Owner	2011-2012	9th Street Liquor, 230 S. 19th St., Lincoln, NE
Fiseha Tesfazion, Partner	2013-Present	Kong's Liquor, 1401 N. 56th St., Lincoln, NE

5. 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

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NEBRASKA LIQUOR DIVISION

THE UNITED STATES OF AMERICA



No.

OPERATIONS OF

NATURALIZATION

Personal description of holder as of date of naturalization:

Date of birth:

Sex: MALE

Height: 5 feet 7 inches

Marital status: MARRIED

Country of former nationality:

ERITREA



FISEHA

TESFAZION

CIS Registration No.

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

FISEHA TESFAZION

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: OMAHA, NEBRASKA

The Secretary having found that:

FISEHA TESFAZION

then residing in the United States, intends to reside in the United States when so required by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the

US DISTRICT COURT STATE OF NEBRASKA

at: LINCOLN, NEBRASKA

on: MARCH 13, 2009

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE, WITHOUT LAWFUL AUTHORITY.

MAGS 024
Director, U. S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY