

March 24, 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 The Normandy, 2785 South 17th requesting a class I liquor license.

This location was previously known as Bunner's which held a liquor license.

Renee De Villiers has requested that she be approved as the manager of the liquor license.

An investigation on Mrs. De Villiers shows only one traffic violation since 1999.

A personal interview was not completed as the applicant failed to make the scheduled appointment.

The required training has not been completed.

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) The Normandy

Street Address #1 2785 S 17th

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68502

Premise Telephone number (402) 525-6798 (402) 525-1766 (Renec-cell)

Business e-mail address thenormady@gmail.com

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

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

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Name The Normandy FEB 28 2014

Street Address #1 ~~2785~~ 2828 S 40th

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #2 _____

City Lincoln State NE Zip Code 68506

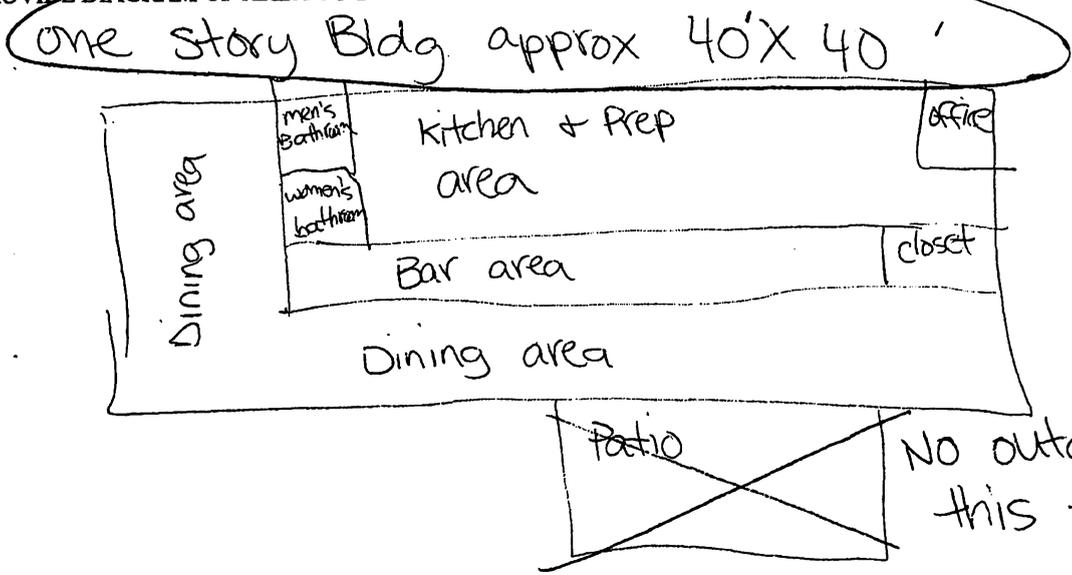
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

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

Building: length _____ x width _____ in feet
Is there a basement? Yes _____ No X If yes, length _____ x width _____ in feet
Is there an outdoor area? Yes X No _____ If yes, length _____ x width _____ in feet

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



APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

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. Include traffic violations. 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. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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YES NO
If yes, please explain below or attach a separate page

NEBRASKA LIQUOR CONTROL COMMISSION
Disposition

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

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

YES NO

If yes, give name of business and liquor license number Bunners 101254

- 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 Bunners #101254

4. Are you filing a temporary operating permit to operate during the application process?

YES NO

- If yes:
- a) Attach temporary operating permit (TOP) (form 125)
 - b) TOP will only be accepted at a location that currently holds a valid liquor license.

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: de Villiers First Name: Renée MI: L

Home Address (include PO Box if applicable): 2828 S 40th

City: Lincoln County: Lancaster Zip Code: 68506

Home Phone Number: (402) 525-6798 Business Phone Number: " "

Social Security Number: ' Drivers License Number & State: " " **NE**

Date Of Birth: - - Place Of Birth: York, NE

Email address: thenormandy@gmail.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: de Villiers First Name: ~~Renée~~ Laurent MI: NE

Social Security Number: ' Drivers License Number & State: " " **NE**

Date Of Birth: - - Place Of Birth: France

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	2007	2014	LINCOLN, NE	2007	2014
PARIS, FRANCE	2006	2007	PARIS, FRANCE	2006	2007
NEW YORK, NY	2005	2006	NEW YORK, NY	2005	2006
PARIS, FRANCE	2004	2006	LINCOLN, NE	2004	2006

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NEBRASKA LIQUOR
COURT

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2013	Saint Mary's Catholic School	Nina Beck	(402) 476-3987
2007	2009	Younkers Clinique Center	Deb O'Hanlon	(402) 467-0300

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.

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YES NO

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If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition

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):

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

Keepsake Marriage Certificate

Office of the County Clerk

grants to any person authorized to solemnize marriages, according to the laws of said State,
to join in marriage within the State of Nebraska,
County License No. 07

Groom Laurent Jacques Marie Charles Le Jolis De Villiers

Residing at 8325 Karl Rige Road #322, Lincoln, Nebraska 68506

Date of Birth _____

Birthplace France

Bride Renee Lynn Clark

Residing at 7501 Otoe Place, Lincoln, Nebraska 68506

Date of Birth _____

Birthplace York, Nebraska

and the person joining them in marriage is required to make due return of the Proceedings to the County
Clerk of Lancaster County within 15 days.

In Testimony Whereof, I have hereunto set my hand and affixed
the Seal of Lancaster County,

This 27 th day of September 2007

By Dan Jeltz
County Clerk

Certificate of Marriage

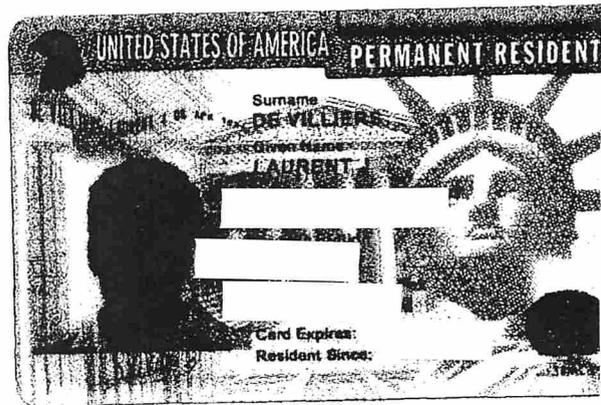
This Certifies, that on the 26th day of October, 2007
at St. Joseph, blunch in the County of Lancaster

according to law and by authority, I duly joined in marriage the above parties, in the presence
of Benoit Fayol 7, quai joffre 69003 LYON FRANCE
Name of Witness Address of Witness

Brenda Fiala 8911 Q St. Omaha, Ne 68107
Name of Witness Address of Witness

In Witness Whereof, I have set my hand this 26th day of October, 2007
[Signature] Pastor
Signature Official Title

This Certificate is a Keepsake, it is NOT a Legal Document



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FEB 08 2014

AMERICAN OVERSIGHT

**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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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: LAURENT DE VILLIERS + Renee de Villiers

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

LBR INVESTMENTS, LLC #

LLC Address: 2828 S. 40th

City: LINCOLN State: NE Zip Code: 68506

LLC Phone Number: 402-525-6798 LLC Fax Number _____

Name of Managing/Contact Member

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

Last Name: DE VILLIERS First Name: RENEE MI: _____

Home Address: 2828 S. 40th City: LINCOLN

State: NE Zip Code: 68506 Home Phone Number (402) 525-6798

Renee de Villiers
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster
February 10, 2014
Date
Jacqueline J. Shotkoski

The foregoing instrument was acknowledged before me this
by Renee de Villiers
name of person acknowledge

Affix Seal


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

Last Name: ~~Laurent~~ de Villiers First Name: Laurent MI: J Prints

Social Security Number: _____ Date of Birth: C _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

Last Name: de Villiers First Name: RENEE MI: C Prints

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): LAURENT J DE VILLIERS

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

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 _____

NEBRASKA LIQUOR
COMMISION