



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

July 7, 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 Main Street Cafe, 1325 'O' Street requesting a class I/K liquor license.

Lawrence Chatter has purchased this business and has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Lawrence Chatters was born in Alamogordo, New Mexico. He attended the University of Nebraska graduating in 2004.

Lawrence Chatters employment history is as follows:

2006 - Present	University of Nebraska	Lincoln, NE.
2004 - 2006	Nebraska Department of Corrections	Lincoln, NE.

The required training will be completed on July 14<sup>th</sup> 2011.

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.

JIM PESCHONG, Chief of Police

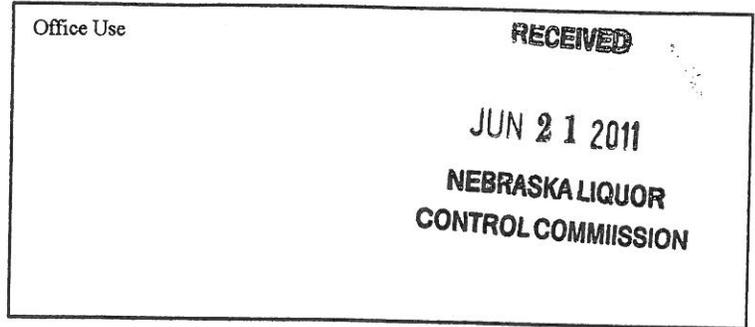


A nationally accredited law enforcement agency



**APPLICATION FOR TEMPORARY OPERATING PERMIT ( T.O.P.)**

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)



- This application must be submitted along with a completed application for liquor license
- Agreement is effective upon issuance of a Temporary Operating Permit (T.O.P.)
- Agreement is effective up to 90 days from issuance of T.O.P.

**NAME OF EXISTING BUSINESS (SELLER) AND LICENSE #Kuhr Mohr LLC License # 84674**

On (date) June 30, 2011 seller and buyer entered into a contract for sale of the business known as

Purchase contract to be include with application for liquor license.

Buyer seeks to obtain a permit to allow them to operate the business under the same terms and conditions of premise licensee; subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 90 days.

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesaler under section §53-123.02.

A seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

[Signature]  
Signature of Seller For Kuhr Mohr LLC

[Signature]  
Signature of Buyer

State of Nebraska  
County of LANCASTER

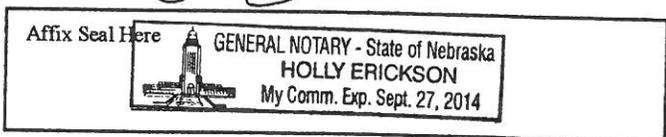
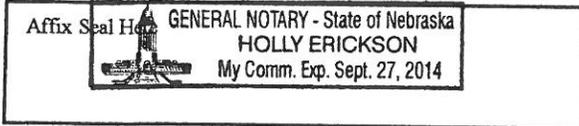
State of Nebraska  
County of LANCASTER

The forgoing instrument was acknowledged before me this 21<sup>st</sup> day of June, 2011 Date

The forgoing instrument was acknowledged before me this 21<sup>st</sup> day of June, 2011 Date

[Signature]  
Notary Public Signature

[Signature]  
Notary Public Signature



**PREMISE INFORMATION**

Trade Name (doing business as) MAIN STREET CAFE

Street Address #1 1325 O STREET

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

City LINCOLN County LANCASTER Zip Code 68508

Premise Telephone number 402-435-1717

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

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

Name LAWRENCE CHATTERS

Street Address #1 1540 S 21ST STREET

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

City LINCOLN State NE Zip Code 68502

**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 132 feet

Width 25 feet

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

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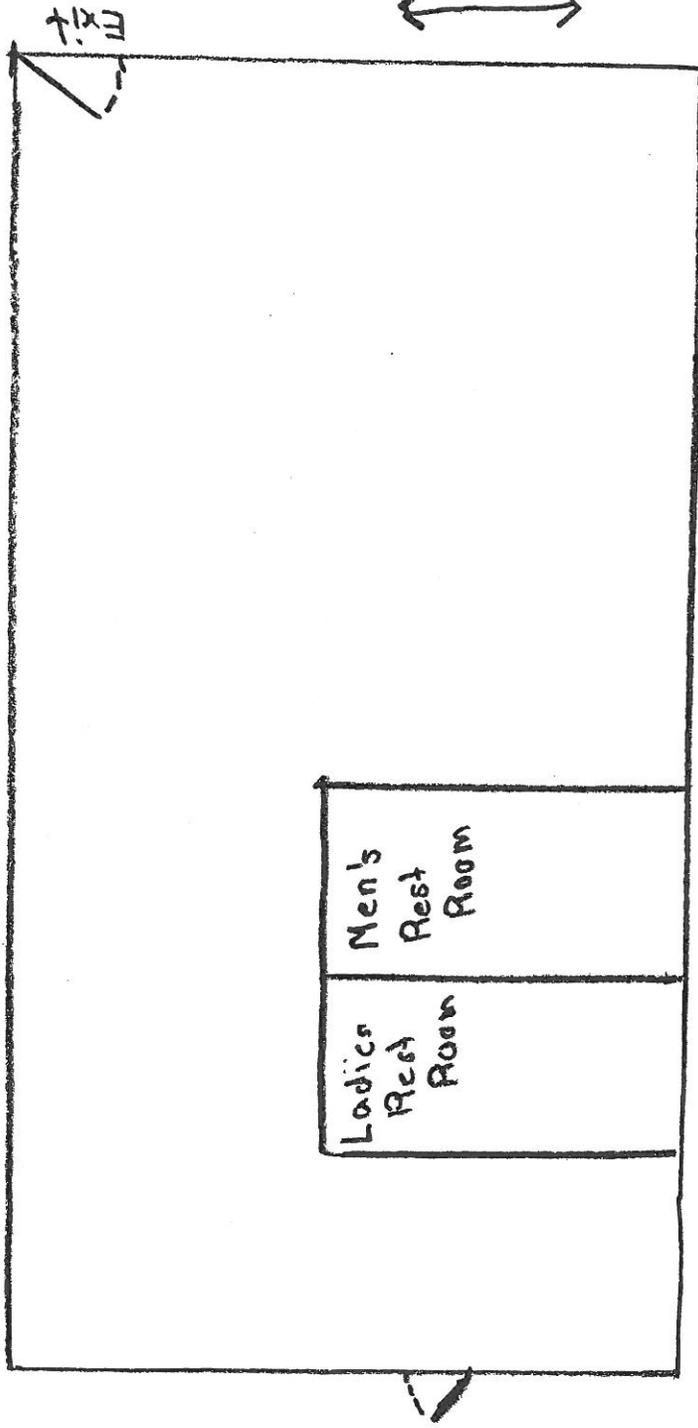
JUN 21 2011

NEBRASKA LIQUOR  
CONTROL COMMISSION

N  
↑

25 wide  
↔

132 length  
↕



Exit

**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)

Office Use

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NEBRASKA LIQUOR  
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: Lawrence J. Chatters

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

Chatters LLC

LLC Address: 1540 S. 21 St.

City: Lincoln

State: Nebraska

Zip Code: 68502

LLC Phone Number: 402-730-3437

LLC Fax Number \_\_\_\_\_

Name of Managing/Contact Member

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

Last Name: Chatters

First Name: Lawrence

MI: J

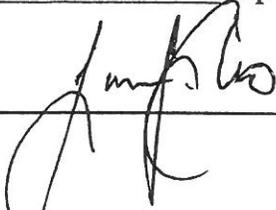
Home Address: 1540 S 21 St.

City: Lincoln

State: Nebraska

Zip Code: 68502

Home Phone Number: \_\_\_\_\_

  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of LANCASTER

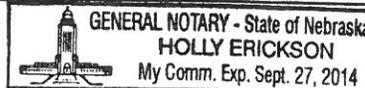
The foregoing instrument was acknowledged before me this

21st day of June, 2011 by LAWRENCE CHATTERS

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: Chatters First Name: Lawrence MI: J

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

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

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

Percentage of member ownership 100%

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

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

**JUN 21 2011**

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

**NEBRASKA LIQUOR**

**CONTROL COMMISSION**

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 \_\_\_\_\_

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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 \_\_\_\_\_

Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation \_\_\_\_\_
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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Indicate the company's tax year with the IRS. (Example January through December)

Starting Date: January

Ending Date: December

---

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. \_\_\_\_\_

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

**MANAGER APPLICATION  
INSERT - FORM 3c**

Office Use

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)

**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 their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol**
- 5) **Must be 21 years of age or older**
- 6) **Applicant may be required to take a training course**

**Corporation/LLC information**

Name of Corporation/LLC: Chatters LLC

**Premise information**

Premise License Number: \_\_\_\_\_  
(if new application leave blank)

Premise Trade Name/DBA: Main Street Cafe

Premise Street Address: 1325 O St.

City: Lincoln State: Nebraska Zip Code: 68508

Premise Phone Number: 402-435-1717

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender:  MALE  FEMALE

JUN 21 2011

Last Name: Chatters First Name: Lawrence

MI: J.  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Home Address (include PO Box if applicable): 1540 S 21 St.

City: Lincoln County: Lancaster Zip Code: 68502

Home Phone Number: 402-730-3437 Business Phone Number:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Alamogordo, New Mexico

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: Chatters First Name: Katie MI: S.

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: West Point, Nebraska

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
Fremont, NE	1998	2002	Fremont, NE	2001	2003
Lincoln, NE	2002	Pres	Lincoln, NE	2003	Pres

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2008	2010	University Of Nebraska	Dr. Ken Kiewra	402-472-3233
2010	Pres	University Of Nebraska	Dr. Michael Scheel	402-472-0573

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

Please print clearly

**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
Lawrence Chatters	6/25/09	Lincoln, NE	Negligent Driving	Disposed & Dismissed
Lawrence Chatters	2/21/08	Lincoln, NE	No Head/Tail Lights	Guilty Plea/Admission
Katie (Schroeder) Chatters	4/3/04	Lincoln, NE	Improper Regist	
Katie (Schroeder) Chatters	4/25/03	Lincoln, NE	Speeding 11-15MP	Disposed & Dismissed

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



