

November 12, 2013

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 Sun Valley Bar & Grill, 300 West 'P' Street requesting a class C liquor license.

This location currently has a class C liquor license but has been sold.

Jeffery Funk, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jeffery Funk was born in Nebraska. He graduated from Clearwater High School in 1983.

Jeffery Funk employment history is as follows:

| | | |
|----------------|-----------------------|--------------|
| 2008 - Present | Owner, Frontier Group | Roca, NE. |
| 1986 - 2008 | V/P, Stephens & Smith | Lincoln, NE. |

Mr. Funk is a currently approved liquor license holder and has an establishment in Roca, Nebraska.

The applicant has been informed about the required training.

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) Taverns and Bars LLC dba Sun Valley Bar and Grill

Street Address #1 300 West P Street

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68528

Premise Telephone number 402.477.7112 E-mail ifunk@tfg-1.com

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

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

Name Taverns and Bars / Jeffery J. Funk

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 2801 Martell RD.

Street Address #2 _____

City Roca State NE Zip Code 68430

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
DRAW CAREFULLY**

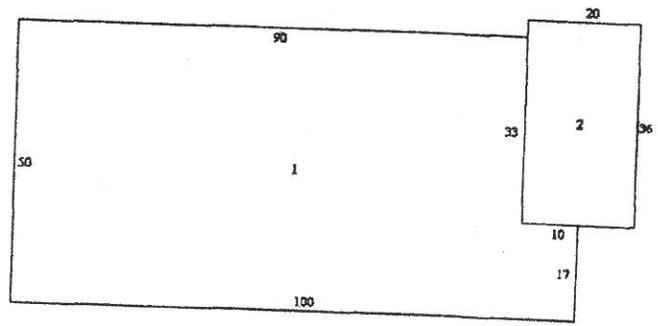
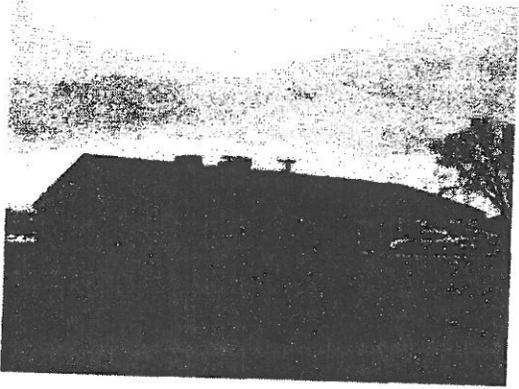
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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 100 feet
Width 50 feet

Is there a basement? Yes No

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



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.

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| Name of Applicant | Date of Conviction (mm/yyyy) | Where Convicted (city & state) | Description of Charge | Disposition |
|-------------------|------------------------------|--------------------------------|-----------------------|-------------|
| Jeff Funk | NA | NA | NA | NA |
| Mike Kallhoff | 02-1991 | Lincoln NE | DUI | fulfilled |
| " | 02-1999 | Lincoln | DUI | fulfilled |
| " | 1989 | | Disturbing the peace | fulfilled |
| Mike Lesmiester | 1990 | Brooking SD | DUI | fulfilled |
| " | 1991 | Brookings SD | DUI | fulfilled |

NEBRASKA LIQUOR CONTROL COMMISSION

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

YES NO

If yes, give name of business and liquor license number

Sun Valley Bar and Grill LLC #100470

- 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

Sun Valley Bar and Grill LLC #100470

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)

Frontier Bank (Pat Detmier) 402.853.1536

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Funk First Name: Jeffery MI: J
 Home Address (include PO Box if applicable): 2801 Martell RD
 City: ROCA County: Lancaster Zip Code: 68430
 Home Phone Number: 402.792.2767 Business Phone Number: _____
 Social Security Number: _____ Drivers License Number & State: _____ **NE**
 Date Of Birth: _____ Place Of Birth: Neligh NE
 Email address: jfunk@ffg-1.com

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Are you married? If yes, complete spouse information (Even if a spousal affidavit has been submitted)

YES NO

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NEBRASKA LIQUOR CONTROL COMMISSION

Spouse's information

X Spouses Last Name: Funk First Name: Anne MI: M
 Social Security Number: _____ Drivers License Number & State: _____ **NE**
 Date Of Birth: _____ Place Of Birth: Neligh 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 |
| 2801 Martell RD Roca NE | 1993 | Present | SAME | SAME | SAME |
| | | | | | |
| | | | | | |
| | | | | | |

MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM TO | | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|--------------|---------|------------------------|--------------------|------------------|
| 2008 | Present | The Frontier Group | Owner | 402-417-3377 |
| 1987 | 2008 | Stephens & Smith Const | Brett Rickert | 402-525-8784 |

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 |
|-------------------|------------------------------|--------------------------------|-----------------------|-------------|
| Jeff Funk | N/A | N/A | N/A | N/A |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CONTROL COMMISSION

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):

ROCA TAVERN LLC 4101 MAIN ST ROCA NE 68430

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

STATE OF NEBRASKA

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

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

DATE OF ISSUANCE
 1/26/2007
 LINCOLN, NEBRASKA

| STATE OF NEBRASKA DEPARTMENT OF HEALTH Bureau of Vital Statistics | | | |
|---|--|---|--|
| FATHER'S NAME (First, Middle, Last) Joseph George Funk | | MOTHER'S NAME (First, Middle, Last) Marle Dozier | |
| CHILD'S NAME (First, Middle, Last) JEFFREY JOSEPH FUNK | | SEX Male | |
| BIRTH DATE 1/26/2007 | | BIRTH TIME 11:00 AM | |
| BIRTH PLACE (City, town or county) Ewing, Nebraska | | BIRTH PLACE (City, town or county) Ewing, Nebraska | |
| FATHER'S OCCUPATION Farming | | MOTHER'S OCCUPATION Homemaker | |
| FATHER'S SIGNATURE <i>Joseph George Funk</i> | | MOTHER'S SIGNATURE <i>Marle Dozier</i> | |
| FATHER'S ADDRESS Ewing, Nebraska | | MOTHER'S ADDRESS Ewing, Nebraska | |
| DATE RECORDED BY LOCAL BUREAU 1/26/2007 | | REGISTRAR'S SIGNATURE <i>Alba Talbot</i> | |

65-160-78

CERTIFICATE OF LIVE BIRTH BIRTH No. 126

STATE OF NEBRASKA

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

DATE OF ISSUANCE

01/24/2013

LINCOLN, NEBRASKA

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

| STATE OF NEBRASKA DEPARTMENT OF HEALTH Bureau of Vital Statistics CERTIFICATE OF LIVE BIRTH BIRTH NO. 126..... | | | |
|---|---|---|--|
| 1. PLACE OF BIRTH a. COUNTY Antelope | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Colorado b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL) OR TOWN Neligh | | c. CITY (If outside corporate limits, write RURAL) OR TOWN Fort Lupton | |
| 3. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Antelope Memorial Hospital | | d. STREET ADDRESS 931 Denver Ave. Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. CHILD'S NAME (Type or print) a. (First) Anne b. (Middle) Marie c. (Last) Pellatz | | | |
| 4. SEX Female | 5a. THIS BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 6. DATE OF BIRTH (Month) (Day) (Year) P-431 |
| FATHER OF CHILD | | | |
| 7. FULL NAME a. (First) Gary b. (Middle) Lee c. (Last) Pellatz | | 8. COLOR OR RACE White | |
| 9. AGE (At time of this birth) 20 Yrs. | 10. BIRTHPLACE (City, town, or county) (State or foreign country) Tilden, Nebraska | 11a. USUAL OCCUPATION Mechanic | 11b. KIND OF BUSINESS OR INDUSTRY Whitneys Incorporated |
| MOTHER OF CHILD | | | |
| 12. FULL MAIDEN NAME a. (First) Marian b. (Middle) Theresa c. (Last) Schultz | | 13. COLOR OR RACE White | |
| 14. AGE (At time of this birth) 20 Yrs. | 15. BIRTHPLACE (City, town or county) (State or foreign country) Clearwater, Nebraska | 16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 1 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0 | |
| 17. INFORMANT'S SIGNATURE OR NAME - Relationship <i>Marian Theresa Schultz</i> Mother | | 18a. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) | |
| 18b. ADDRESS Neligh, Nebraska | | 19. MOTHER'S MAILING ADDRESS 931 Denver Ave. Fort Lupton, Colorado | |
| 20. DATE REC'D BY LOCAL REG. 1-23-66 | | 21. REGISTRAR'S SIGNATURE <i>Lillian Halleson</i> | |

**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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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: Jeff Funk

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

Taverns and Bars LLC #

LLC Address: 2801 Martell Rd

City: Roca State: NE Zip Code: 68430

LLC Phone Number: 402.417.3377 LLC Fax Number: 402.420.1450

Name of Managing/Contact Member

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

Last Name: Funk First Name: Jeffery MI: J

Home Address: 2801 Martell Rd City: Roca

State: NE Zip Code: 68430 Home Phone Number: 402.792.2767

Jeffery J. Funk

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lincoln

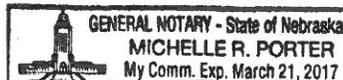
The foregoing instrument was acknowledged before me this

October 30, 2013
Date

by Jeffery J. Funk
name of person acknowledge

Michelle R. Porter

Affix Seal



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

Last Name: Funk First Name: Jeffery MI: J

SIA
on file

Social Security Number: _____ Date of Birth: _____

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

SIA
on file

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 33.33%

Last Name: Kallhoff First Name: Mike MI: W

SIA
prints
sig

Social Security Number: _____ Date of Birth: _____

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

SIA
affidavit

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 33.33 %

Last Name: Lesmeister First Name: Michael MI: L

Prints
sig

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 33.33%

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NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

APPLICATION FOR TEMPORARY OPERATING PERMIT (TOP)

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

- Enclose completed application for liquor license from purchasers
- Enclose document showing sale of business; document may be in the form of purchase agreement/contract, management agreement or promissory note. Must include purchase date or closing date within 2-3 weeks of requesting TOP. Must show name of business being sold. Must be signed by seller.

NAME OF EXISTING BUSINESS (SELLER) AND LICENSE

Sun Valley Bar and Grill LLC

On (date) 10-30-2013 seller and buyer entered into a contract for sale of the business known as

Buyer seeks to obtain a Temporary Operating Permit (TOP) 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.

Sun Valley Bar & Grill, LLC by [Signature]
Signature of Seller Member

[Signature]
Signature of Buyer

State of Nebraska
County of Lancaster

State of Nebraska
County of Lancaster

The forgoing instrument was acknowledged before me this 10/28/13
Date

The forgoing instrument was acknowledged before me this October 30, 2013
Date

[Signature]
Notary Public Signature

Tina M. Scully
Notary Public Signature

Affix Seal Here
GENERAL NOTARY - State of Nebraska
GREGORY A. GREDER
My Comm. Exp. Oct. 7, 2016

Affix Seal Here
GENERAL NOTARY - State of Nebraska
TINA M. SCULLY
My Comm. Exp. Dec. 1, 2013

EXHIBIT
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D