

March 30, 2016

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 Fucor, Inc., DBA Venue Restaurant & Lounge, 2021 Transformation Drive, Unit 1, requesting a class C-116896 liquor license.

This location is the Innovation Campus Conference Center, which was previously licensed under Meier's Wine, Inc., DBA Innovation Campus Conference Center. Fucor, Inc. has entered into a Catering and Alcohol Services Agreement with the Alumni Association of the University of Nebraska-Lincoln.

Fucor, Inc. is also requesting a waiver of the restriction that prevents the service of alcohol within 300 feet of a college or university campus. The University of Nebraska has provided documentation that there is no objection to a waiver being granted.

Fucor, Inc. also holds liquor licenses at Venue, Venue Banquet Room and Venue Restaurant & Lounge, all of which are in good standing. Michael 'Scott' Ritter and Jeffrey Barclay are 50/50 partners in Fucor, Inc., as well as JBSR, Inc., which owns Mr. Goodcents and also holds a class C liquor license.

Justin Cooksley is requesting that he be approved as the manager of the liquor license. Mr. Cooksley is currently the approved liquor license manager at Venue, Venue Banquet Room and Venue Restaurant & Lounge. Mr. Cooksley completed the required alcohol management training on April 9, 2015.

Fucor, Inc. Corporate Officers/Stockholders/Members:

Member 1: Michael Scott Ritter – President, 50%

Member 2: Jeffrey Barclay – VP/Sec, 50%

Michael Scott Ritter's driver and criminal history is as follows:

2007	Speeding	Infraction
09-22-2004	Violate speed limit 16-20 MPH over	Infraction
12-10-2002	Violate speed limit 11-15 MPH over	Infraction



09-08-2001	Violate speed limit 11-15 MPH over	Infraction
05-12-2001	Speeding 16-20 MPH over	Infraction
08-06-1995	DUI – Minor driving/.02	Misdemeanor
	Possess/consume alcohol as a minor	Misdemeanor
04-06-1991	No park permit	Infraction

Jeffrey Barclay’s driver and criminal history is as follows:

11-10-2014	Improper registration	Infraction
08-13-2009	Following too closely	Infraction
03-27-2008	Speeding 11-15 MPH over	Infraction
09-25-2003	Suspended license-eligible	Misdemeanor
	Make improper turn	Infraction
04-26-2002	Violate automatic traffic signal	Infraction
02-07-2001	Littering on private property	Misdemeanor
11-03-1999	Speeding 6-10 MPH over	Infraction
08-06-1995	Minor possess alcoholic liquor	Misdemeanor

Justin Cooksley’s driver and criminal history is as follows:

05-27-2010	Violate speed limit 6-10 MPH over	Infraction
05-25-2007	Violate speed limit 6-10 MPH over	Infraction
04-06-2006	DUI-1 st offense	Misdemeanor
09-30-2004	Open alcoholic beverage container in M/V	Misdemeanor
03-31-2003	No valid operators license	Misdemeanor

The application is 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.



BRIAN JACKSON, Interim Chief of Police

**APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL**

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.nebraska.gov

<p>RECEIVED FEB 29 2016 NEBRASKA LIQUOR CONTROL COMMISSION</p>		
Hot List: YES (NO)	New/Replacing # 112102	
Class Type C	116896	Initial bh

Applicant name FUCOR, INC

Trade name Venue Restaurant & Lounge

Previous trade name _____

Contact email address scott@yourvenue.net

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the Nebraska Liquor Control Commission.

RECEIPT

DATE <u>2/29/2016</u>	No. <u>168679</u>
FROM <u>Venue Rest & Lounge</u>	
FOR <u>Retail Application</u>	
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>1149</u> <input type="checkbox"/> MONEY# _____ ORDER	\$ <u>400.00</u>
Received by <u>RA</u>	

Office use only

PAYMENT TYPE CK # 1149

AMOUNT: 400.00

Ret 168679 Received RA



1600003495

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FORM 100
REV MAY 2015
PAGE 1

1. Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application.

2. Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport.

Enclose the appropriate application forms;
Individual License (requires insert form 1)
Partnership License (requires insert form 2)
Corporate License (requires insert form ~~3a~~ & ~~3c~~)
Limited Liability Company (LLC) (requires form 3b & 3c)

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NEBRASKA LIQUOR CONTROL COMMISSION

4. If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.

N/A If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

N/A If buying the business of a current liquor license holder:
a. Provide a copy of the purchase agreement from the seller (must read applicants name)
b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)

N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).

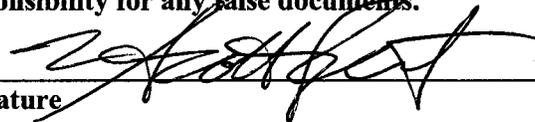
Enclose a list of any inventory or property owned by other parties that are on the premises.

9. For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
a. For residency enclose proof of registered voter in Nebraska
b. See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>

10. Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

11. Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.


Signature

1-13-16
Date

Form 103. Notary ✓
Lease ✓
UNL Letter
Premise # ✓

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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.nebraska.gov/

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CONTROL COMMISSION**

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

- RETAIL LICENSE(S)** Application Fee \$400 (nonrefundable)
- A BEER, ON SALE ONLY
 - B BEER, OFF SALE ONLY
 - C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
 - D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
 - I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
 - AB BEER, ON AND OFF SALE
 - AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
 - IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (LLC) (requires form 3b & 3c)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application**

Name N/A Phone number: N/A

Firm Name N/A

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PREMISES INFORMATION

Trade Name (doing business as) Venue Restaurant & Lounge

FEB 29 2016

Street Address #1 2021 Transformation Drive

NEBRASKA LIQUOR
CONTROL COMMISSION

Street Address #2 _____

City Lincoln County Lancaster

Zip Code 68508

X Premises Telephone number 402-472-6435

Business e-mail address Scott@yourvenue.net

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

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

Name FUCOR, INC

Street Address #1 7510 GLYNOAKS DRIVE

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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 191 x width 200 in feet

Is there a basement? Yes _____ No

If yes, length _____ x width _____ in feet

Is there an outdoor area? Yes _____ No

If yes, length _____ x width _____ in feet

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

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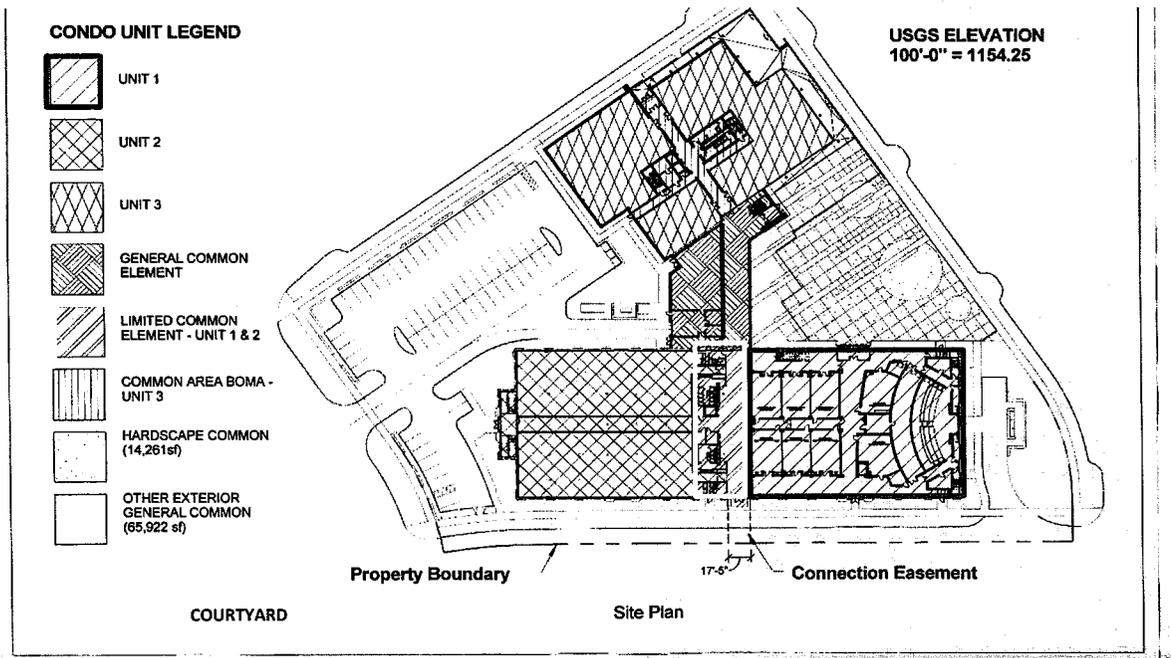
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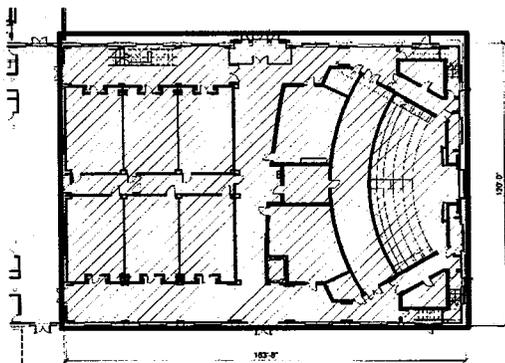
Nebraska Innovation Campus
Nebraska Innovation Campus
Conference Center Floor Plans

Blue areas designate the Unit 1/ NIC Conference Center area. The yellow outline area specifies common areas to be included in regular alcohol license application.

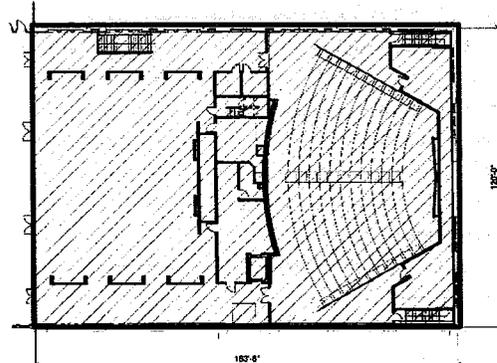
Total dimensions include the first and second floor. This space is approximately 163' X 120' of Unit 1 as well as 27.5' X 80' which covers the Limited Common Element Unit 1 & 2 space leading to restrooms and the elevator to the west of Unit 1.



Unit 1 First Floor Detail



Unit 1 Second Floor Detail



APPLICANT INFORMATION

FEB 29 2016

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.** **NEBRASKA LIQUOR CONTROL COMMISSION**
 Has anyone who is a party to this application, or their spouse, EVER been convicted of or pled 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. **Include traffic violations.** Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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
* See attached				

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 _____

4. Are you filing a temporary operating permit (TOP) 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.

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NEBRASKA LIQUOR CONTROL COMMISSION

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)

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 premises 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)

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.

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.

UNION BANK & TRUST / JEFF BARCLAY, MICHAEL SCOTT RITTER

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.

FUCOR INC / 3900 Osborne Dr. Hastings, NE 68901 / # 71767
FUCOR INC / 4111 Pioneer Woods Dr. Lincoln, NE 68506 / # 97685
FUCOR, INC / 4107 Pioneer Woods Dr. Lincoln, NE 68506 / # 97766
JBSR, Inc. / 215 N. 14th St. Lincoln, NE 68510 / # 101494

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:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed: N/A

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
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		NEBRASKA LIQUOR CONTROL COMMISSION

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
Michael Ritter /	2006-current	J&S Foods - Hastings - involved in operations
Jeff Barclay /	2006-current	J&S Foods - Hastings - involved in operations
Michael Ritter / Jeff Barclay	2012-current	Venue Restaurant - involved in operations

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.**

X Lease: expiration date 3/31/2021

 Deed

 Purchase Agreement

14. When do you intend to open for business? APRIL 1, 2016

15. What will be the main nature of business? RECEPTION HALL- COMPANY PARTIES, AND EVENTS

16. What are the anticipated hours of operation? WHENEVER THERE ARE EVENTS THAT REQUEST LIQUOR- 11am-1am mon-sun

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

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
JEFF BARCLAY / LINCOLN, NE	2005	CURRENT			
MICHAEL SCOTT RITTER / LINCOLN, NE	2005	CURRENT			

If necessary attach a separate sheet.

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NEBRASKA LIQUOR CONTROL COMMISSION

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. The undersigned 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 other individual or entity 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). See guideline for required signatures <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>

[Handwritten Signature]
Signature of Applicant

Signature of Spouse

MICHAEL SCOTT RITTER

Print Name

Print Name

[Handwritten Signature]
Signature of Applicant

Signature of Spouse

JEFF K. BARCLAY

Print Name

Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of LAWCASTER

The foregoing instrument was acknowledged before me this

1-19-16

date

by

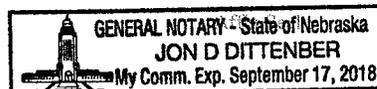
MICHAEL SCOTT RITTER

name of person(s) acknowledged (individual(s) signing)

JEFF K. BARCLAY

[Handwritten Signature]

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
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.nebraska.gov

Office Use
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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. See Form 147 for further information, this form MUST be included with your application.
- 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

Name of Registered Agent: MICHAEL SCOTT RITTER

Name of Corporation that will hold license as listed on the Articles

FUCOR, INC

Corporation Address: 7510 GLYNOAKS DRIVE

City: LINCOLN State: NE Zip Code: 68516

Corporation Phone Number: 402-730-5974 Fax Number: 402-904-7194

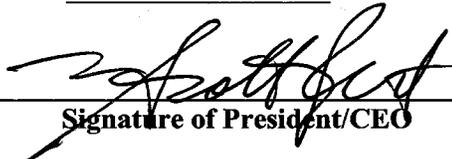
Total Number of Corporation Shares Issued: 2,000

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

Last Name: RITTER First Name: MICHAEL MI: SCOTT

Home Address: 9712 ANDRE CIRCLE City: LINCOLN

State: NE Zip Code: 68526 Home Phone Number: 402-730-5974

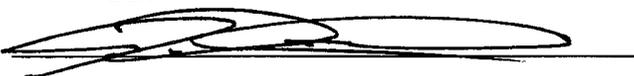

Signature of President/CEO

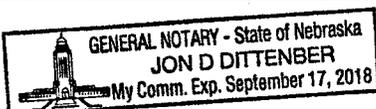
ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER

Date 1-19-16

The foregoing instrument was acknowledged before me this
by MICHAEL SCOTT RITTER
name of person acknowledge



Affix Seal


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

Last Name: RITTER First Name: MICHAEL MI: SCOTT

Social Security Number: _____ Date of Birth: _____

Title: PRES/TREAS Number of Shares 1000

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

Spouse Social Security Number: _____ Date of Birth: _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: BARCLAY First Name: JEFFREY MI: K

Social Security Number: _____ Date of Birth: _____

Title: V.P./SECR Number of Shares 1000

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: N/A 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: _____

Last Name: N/A 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: _____

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

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Last Name: N/A First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: FEB 29 2016

Title: _____ Number of Shares _____ **NEBRASKA LIQUOR CONTROL COMMISSION**

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: N/A 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: _____

Last Name: N/A 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: _____

Last Name: N/A 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: _____

Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, complete controlling corporation insert form 185

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

Starting Date: JANUARY

Ending Date: DECEMBER

Is this a Non-Profit Corporation?

YES

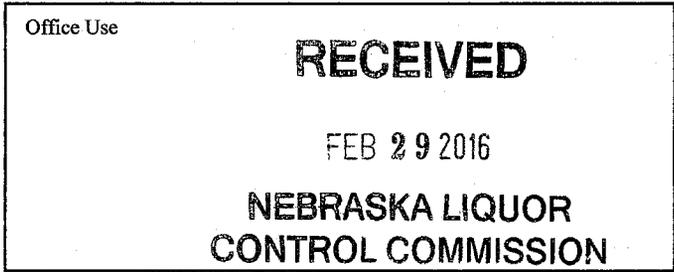
NO

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.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Alison Ritter

Signature of spouse asking for waiver
(Spouse of individual listed below)

ALISON ANN RITTER

Printed name of spouse asking for waiver

State of NEBRASKA

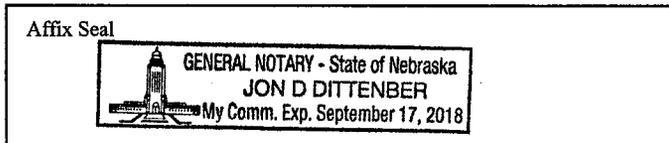
County of LANCASTER

The foregoing instrument was acknowledged before me this

1-19-16
date

by ALISON ANN RITTER
name of person acknowledged

[Signature]
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Michael Scott Ritter

Signature of individual involved with application
(Spouse of individual listed above)

MICHAEL SCOTT RITTER

Printed name of applying individual

State of NEBRASKA

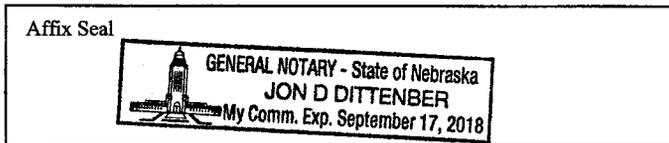
County of LANCASTER

The foregoing instrument was acknowledged before me this

1-19-16
date

by MICHAEL SCOTT RITTER
name of person acknowledged

[Signature]
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation 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**

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.nebraska.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Manager must:

- Complete all sections of the application. Be sure it is signed by a **corporate officer**, corporate officer must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card with application

Spouse who **will not** participate in the business, **spouse must:**

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the **spouse must:**

- Sign the application
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

**MANAGER APPLICATION
INSERT - FORM 3c**

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301 CENTENNIAL MALL SOUTH
PO BOX 95046
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NEBRASKA LIQUOR
CONTROL COMMISSION

MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: FUCOR, INC

Premise information

Liquor License Number: _____ Class Type _____ (if new application leave blank)

Premise Trade Name/DBA: Venue Restaurant & Lounge

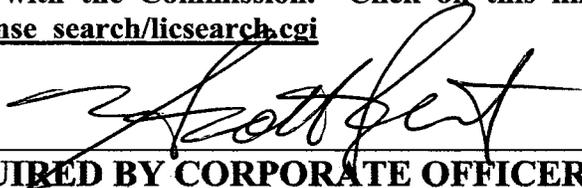
Premise Street Address: 2021 transformation drive

City: Lincoln County: NE Zip Code: 68508

Premise Phone Number: _____

Email address: scott@yourvenue.net

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals. http://www.lcc.ne.gov/license_search/licsearch.cgi



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

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: COOKSLEY First Name: JUSTIN MI: B
 Home Address (include PO Box if applicable): 6015 SUMNER STREET
 City: LINCOLN County: LANCASTER Zip Code: 68506
 Home Phone Number: 402-580-2100 Business Phone Number: 402-488-8368
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: AUGSBURG, GERMANY
 Email address: JUSTIN@YOURVENUE.NET

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

YES NO

NEBRASKA LIQUOR CONTROL COMMISSION

Spouse's information

Spouses Last Name: COOKSLEY First Name: MEGAN MI: E
 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	2001	CURRENT	DENVER, CO	2001	2003
			LINCOLN, NE	2003	CURRENT

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2004	2008	MISTY'S	REG McMEEN	402-466-8424
2004	CURRENT	VENUE RESTAURANT	JEFF BARCLAY	402-488-8368

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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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
JUSTIN COOKSLEY	6/2010	LINCOLN, NE	SPEEDING	GUILTY
	6/2007	LINCOLN, NE	SPEEDING	GUILTY
	4/2006	LINCOLN, NE	DUI 1ST OFFENSE	GUILTY
	11/2004	LINCOLN, NE	OPEN CONTAINER	GUILTY

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

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

FEB 29 2016

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

NEBRASKA LIQUOR CONTROL COMMISSION

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Justin B. Cooksley	04/2015	RHC
Justin B. Cooksley	03/2013	RBST

*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:
Justin B. Cooksley/server	2004-2008	Misty's - Havelock
Justin B. Cooksley/GM	2008-current	Venue Restaurant - 70 th & Pioneers.

5. Have you enclosed Form 147 regarding fingerprints?

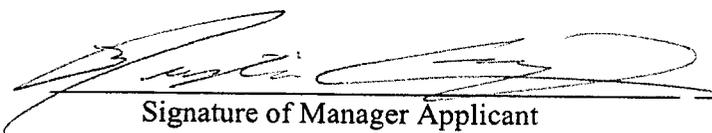
YES NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

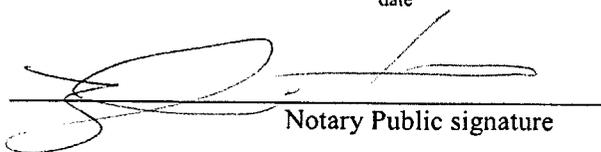
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

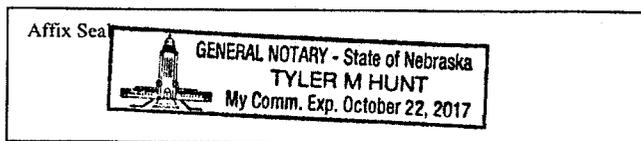
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

 Signature of Manager Applicant _____ Signature of Spouse _____

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster _____ The foregoing instrument was acknowledged before me this
3/2/16 _____ by Justin Cooksley _____
date name of person acknowledged

 _____
Notary Public signature



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**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Megan Cooksley
Signature of spouse asking for waiver
(Spouse of individual listed below)

Megan Cooksley
Printed name of spouse asking for waiver

State of NEBRASKA

County of LANCASTER

1-19-16
date

The foregoing instrument was acknowledged before me this
by Megan Cooksley
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal


I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]
Signature of individual involved with application
(Spouse of individual listed above)

Justin Cooksley
Printed name of applying individual

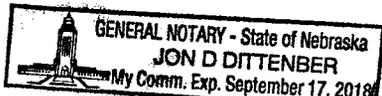
State of NEBRASKA

County of LANCASTER

1-19-16
date

The foregoing instrument was acknowledged before me this
by JUSTIN COOKSLEY
name of person acknowledged

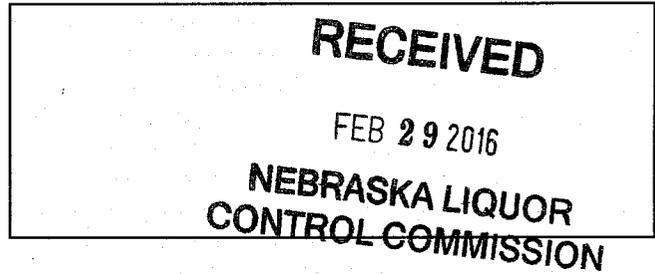
[Signature]
Notary Public signature

Affix Seal


In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**SUPPLEMENTAL FORM FOR APPLICATION
WITHIN 300' OF CAMPUS**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH, 5TH FLOOR
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov



PROPOSED PREMISE INFORMATION

Applicant name: FUCOR, Inc.
Premise name: 2021 Transformation Drive
Premise address: Nebraska Innovation Campus Conference Center
City: Lincoln
Type of business: Liquor purveyor for events

Include a description of the justification for the waiver explaining how the proposed location complies with the findings listed:

- The impact of retail sales of alcoholic liquor for consumption on the premises on the academic mission of the college or university
- The impact on students and prospective students if such sales were permitted on or near campus
- The impact on economic development opportunities located within or in proximity to the campus

CAMPUS INFORMATION

Name of College/University: University of Nebraska-Lincoln
Address of College/University: _____
City: Lincoln County: Lancaster

DISTANCE FROM AFOREMENTIONED CAMPUS 300' FEET

Waiver will **not** be granted without written approval from the governing body of the college or university or its designee if the physical location of the property which is the subject of the requested waiver is (a) surrounded by property owned by the college or university including any public or private easement, street, or right-of-way adjacent to the property owned by the college or university or (b) adjacent to property on two or more sides owned by the college or university including any public or private easement, street, or right-of-way adjacent to the property owned by the college or university.