

APPLICATION FOR LIQUOR LICENSE  
CHECKLIST - RETAIL

93286

QA

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

Jackie

Applicant Name Kellie S Rieke

Trade Name Madeline's Cafe + Bakery Previous Trade Name \_\_\_\_\_

E-Mail Address: madelinescafe@live.com

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 state.

**REQUIRED ATTACHMENTS**

Each item must be checked and included with application or marked N/A (not applicable)

- 1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office or law enforcement agency listed in the enclosed fingerprint brochure.
- 2. Enclose application fee of \$400, checks made out to the Nebraska Liquor Control Commission.
- 3. Enclose the appropriate application forms: Individual License - Form 1, Partnership License - Form 2; Corporate - Form 3a; Limited Liability Form (LCC) - Form 3b. Corporate Form 3a and LLC Form 3b requires Corporate Manager application - Form 3c.
- 4. If building is being leased send a copy of the lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for.
- N/A 5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
- N/A 6. 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

CK 1332-400-jbm

received  
[Signature]



- N/A 7. If planning to operate on current liquor license; enclose Temporary Operating Permit (T.O.P.)(form 125).
- N/A 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
9. See enclosed Applicant Requirements brochure for; citizenship, residency and voter registration requirements.
- N/A 10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.
- N/A 11. Submit a copy of your business plan (if applicable).
12. Check with local governing bodies for any further requirements or restrictions.

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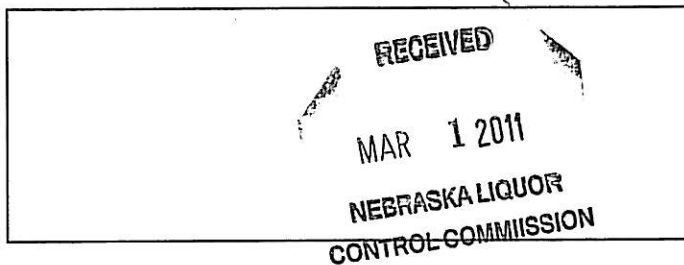
I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

  
\_\_\_\_\_  
Signature

2-22-11  
Date

**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

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PO BOX 95046  
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PHONE: (402) 471-2571  
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**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS(S)**

**RETAIL LICENSE(S)**

Application Fee \$400

- 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
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

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

**TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)**

- 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)

*Switch to  
Partnership  
per Kellie 3-1-11*

**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 NA Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_

**PREMISE INFORMATION**

Trade Name (doing business as) Madeline's Cafe & Bakery

Street Address #1 501 N Washington St

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

City Lexington County Dawson #18 Zip Code 68850

Premise Telephone number 308-324-9010

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

*Handwritten circle around 'YES' with 'CITY' written inside.*

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Mail address (where you want receipt of mail from the Commission)

Name Madeline's Cafe & Bakery

Street Address #1 PO Box 732 501 N Washington St

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

City Lexington State NE Zip Code 68850

**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 in situations. 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 116 feet  
Width 17.5 feet

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

*attached*

**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
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**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 a 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 to operate during the application process?**

YES  NO

If yes:

- a) Attach temporary operating permit (form 125)
- b) Attach statement(s) from all beer wholesalers (in your particular geographical area) and all liquor wholesalers indicating that the seller is not delinquent or have any debts owed to the wholesalers.

**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 Pinnacle Bank

A loan was obtained in Sept 2008 for starting the business. No additional funds are being borrowed at this time.

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)

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**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 premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, 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)

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.

Pinnacle Bank, Lexington NE a) Kellie Rieke, Randy Rieke, Sandra Wood

12. 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.

N/A

13. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

*training required*

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Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
	NA	

14. 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.

- Lease: expiration date Sept 15 2012
- Deed
- Purchase Agreement

15. When do you intend to open for business? already open (Oct 2008 to present) w/o alcohol

16. What will be the main nature of business? Coffee/breakfast/lunch + events (showers, dinners, etc.)

17. What are the anticipated hours of operation? M-W 6:30 AM - 3:00 PM  
Th - Fri 6:30 AM - 5:00 PM  
Sat 8:00 AM - 2:00 PM  
~~occasional~~ occasional evening events

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
1804 Davista Ln			1804 Davista Ln		
Lexington, NE 68850	2000	present	Lexington, NE 68850	2000	present

*Randy AND Kellie Rieke*

If necessary attach a separate sheet.



The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation 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, and said 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 partner or stockholder 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.

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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 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 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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓ Kellie S. Rieki  
Signature of Applicant

✓ Randy Rieki  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of Nebraska  
County of Dawson

County of Dawson

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of Feb. by  
Kellie S. Rieki  
Lea Ann Carr  
Notary Public signature

The foregoing instrument was acknowledged before me this 28<sup>th</sup> Day of Feb. by  
Randy Rieki  
Lea Ann Carr  
Notary Public signature

Affix Seal Here  
✓  
GENERAL NOTARY - State of Nebraska  
LEA ANN CARR  
My Comm. Exp. July 29, 2013

Affix Seal Here  
✓  
GENERAL NOTARY - State of Nebraska  
LEA ANN CARR  
My Comm. Exp. July 29, 2013

In compliance with the ADA, this manager insert form 3c 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  
PARTNERSHIP  
INSERT – FORM 2**

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

**Partner(s), including spouses, are required to adhere to the following requirements**

- 1) Must be a citizen of the United States
- 2) At least one (1) partner must be a Nebraska resident (Chapter 2 – 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Primary Partner may be required to take a training course

Name of Primary Partner (Please note if your partnership is a husband/wife combination then opposite spouse will need to complete the additional partner section on the next page)

Last Name: Rieke

First Name: Kellie MI: S

Home Address: 1804 DaVista Lane City: Lexington Zip Code: 68850

Social Security Number: [Redacted] Date of Birth: June 29, 1967

Home Telephone Number: 308-324-0487

Drivers License Number: [Redacted] State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

YES  NO

If yes, provide your spouse's information below

Spouses Last Name: Rieke

Spouses First Name: Randy MI: T

Social Security Number: [Redacted] Date of Birth: September 4, 1963

Drivers License Number: [Redacted] State: NE

Name of additional partner(s) (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Last Name: Rieke

First Name: Randy MI: T

Home Address: 1804 DaVista Lane City: Lexington Zip Code: 68850

Social Security Number: [redacted] Date of Birth: September 4, 1963

Home Telephone Number: 308-324-0487

Drivers License Number: [redacted] State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

YES  NO If yes, provide your spouse's information below

Spouses Last Name: Rieke

Spouses First Name: Kellie MI: S

Social Security Number: [redacted] Date of Birth: June 29, 1967

Drivers License Number: [redacted] State: NE

If necessary, this page can be copied for additional partner information

In compliance with the ADA, this partnership insert form 2 is available in other formats for person with disabilities. A ten day advance period is required in writing to produce the alternate format.