

**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

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MAY 1 2017

**NEBRASKA LIQUOR
CONTROL COMMISSION**

TOP Denied

Hot List: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	New/Replacing # <u>115407</u>
Class Type <u>I</u>	121707 Initial <u>BK</u>

Applicant name Andy Christensen
Trade name Madelin's Cafe + Bakery
Previous trade name Madelin's Cafe + Bakery
Contact email address Andy.Christensen1129@yahoo.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 Nebraska Liquor Control Commission.

*Lease - 4/1/18
Form 105
TOP denied - license
not renewed*

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Office use only PAYMENT TYPE <u>CK 1514</u> AMOUNT: <u>400</u> Received: <u>JM</u>	 1700006588
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FORM 100
REV FEB 2017
PAGE 1

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[Signature]

Needs to be a
partnership for
husband/wife

10/10/10

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.

Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at PAYPORT.

3. 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)

*Ad ✓ \$
1514
\$ 400.00*

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.

~~NA~~ If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

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 equipment)

7. If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (Form 125).

8. 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 *Both*
a. For residency enclose proof of registered voter in Nebraska
b. If permanent resident include Employment Authorization Card or Permanent Resident Card
c. See guideline for further assistance

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

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.

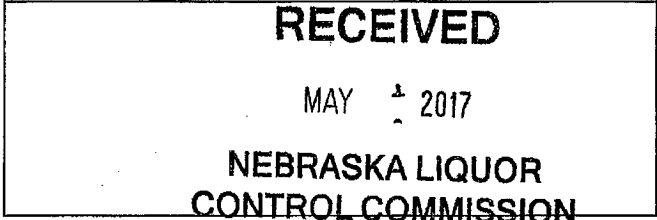
Signature *[Handwritten Signature]*

Date 4/11/17

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**APPLICATION FOR LIQUOR LICENSE
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**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
- J LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120
- 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 1 FORM 104)
- Partnership License (requires insert 2 FORM 105)
- Corporate License (requires insert 3a FORM 101 & 3c FORM 103)
- Limited Liability Company (LLC) (requires form 3b FORM 102 & 3c FORM 103)

**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 _____ Phone number: _____

Firm Name _____

PREMISES INFORMATION

Trade Name (doing business as) Madelines Cafe + Bakery

Street Address #1 501 N. Washington St.

Street Address #2 _____

City Lexington NE County Dawson Zip Code 68850

Premises Telephone number 308-324-9010

Business e-mail address Madelinescafe.lex@gmail.com

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

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

Name Madelines Cafe + Bakery

Street Address #1 501 N Washington St

Street Address #2 _____

City Lexington State NE Zip Code 68850

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**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.

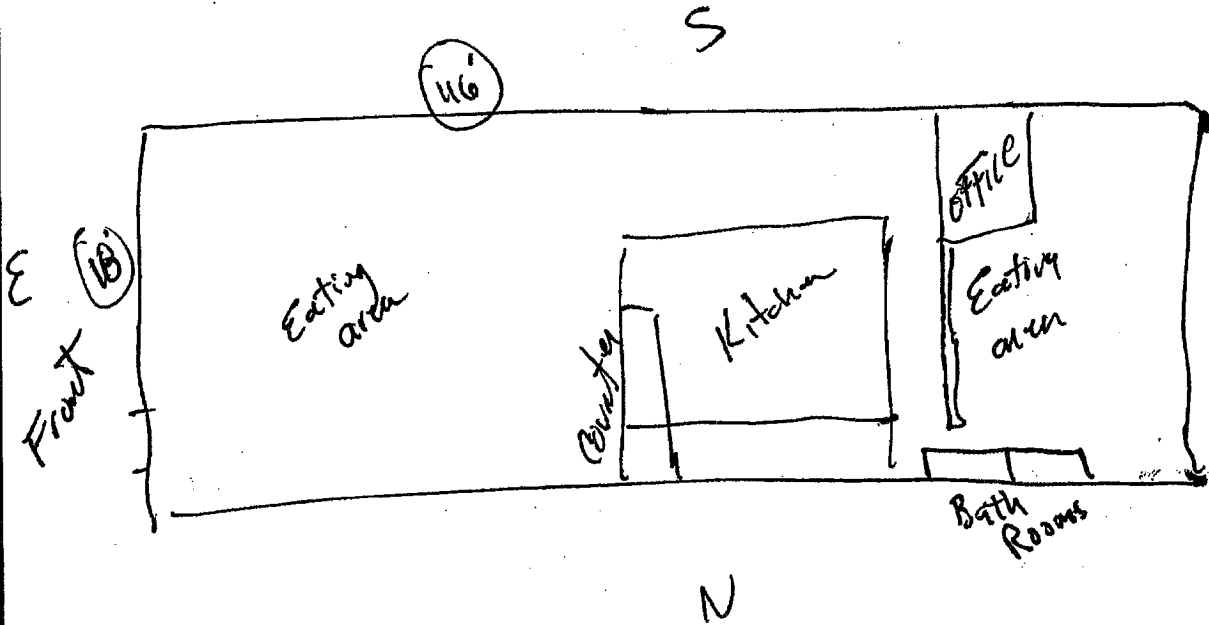
**For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 116 x width 18 in feet

Is there a basement? Yes _____ No X If yes, length _____ x width _____ in feet

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

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



Only lower level of Building

APPLICANT INFORMATION

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

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. 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 X 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
				RECEIVED MAY 1 2017 NEBRASKA LIQUOR CONTROL COMMISSION

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

 X YES NO

If yes, give name of business and liquor license number Madelinus Cafe/Bakery #115407

- 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?

 X YES NO

If yes, give name and license number Madelinus Cafe & Bakery # 115407

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

 X 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.

Denied
Seller's license expired

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

 YES X NO

If yes, list the lender(s) _____

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6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

 X YES NO Applicant
If yes, explain. (all involved persons must be disclosed on application)

Wife - Cassie Christensen

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

 YES X 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 X 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)

Provide letter of support or opposition, see FORM 134 - church or FORM 135 - campus

9. Is anyone listed on this application a law enforcement officer?

 YES K 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 / Andy & Cassie Christensen only

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.

NA

training

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:

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Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
		MAY 1 2017
		NEBRASKA LIQUOR CONTROL COMMISSION

List of NLCC certified training programs
Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business

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.**

Lease: expiration date 4/1/18
 Deed
 Purchase Agreement

14. When do you intend to open for business? 4/1/17

15. What will be the main nature of business? Food / Dining / Bakery / Beverage / Cafe

16. What are the anticipated hours of operation? 6:30 AM - 3 PM / Sat 8-12

17. 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 FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Andy Christensen / Lexington NE	13	Curr	Cassie Christensen / Lexington NE	13	Curr
Omaha, NE	1962	13	Omaha, NE / Lexington NE	1986	13

If necessary attach a separate sheet.

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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, 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 Commission 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.

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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures

[Signature]
Signature of Applicant

[Signature]
Signature of Spouse

Andy Christensen
Print Name

Cassie Christensen
Print Name

Signature of Applicant

Signature of Spouse

Print Name

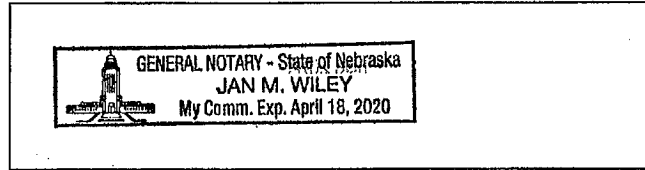
Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of Dawson
4-18-17 date

The foregoing instrument was acknowledged before me this
by Andy Christensen + Cassie Christensen
name of person(s) acknowledged (individual(s) signing)

[Signature]
Notary Public



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
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.nebraska.gov

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CONTROL COMMISSION

FAX

402-471-2814

Att: Brenda Hiland

Partner(s), including spouses, are required to adhere to the follow

- 1) Must be a citizen of the United States
- 2) At least one (1) partner must be a Nebraska resident (Chapter 47-001)
- 3) Must provide a copy of their certified birth certificate, INS papers or US Passport
- 4) Fingerprints are required. See Form 147 for further information, this form MUST be included with your application
- 5) Must sign the signature page of the Application for License form
- 6) Primary Partner may be required to take a training course
- 7) Be a registered voter in the State of Nebraska, include a copy of voter registration card with application

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: Christensen

First Name: Andy MI: W

Home Address: 1702 E 13 St City: Lexington Zip Code: 68850

Social Security Number: Date of Birth:

Home Telephone Number:

Driver's License Number: 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: Christensen

Spouses First Name: Cassie MI: A

Social Security Number: Date of Birth:

Driver's License Number: State: NE

Important Message:
If you have recently moved, please use the **Polling Place** feature. Locate Your Polling Place with the street and city address of your new/current residence.

[HOME](#)

[REGISTRATION INFORMATION](#)

[POLLING PLACE](#)

[PROVISIONAL BALLOT](#)

[ABSENTEE BALLOT](#)

Select Language ▼

Registrant Search Information

Registrant Detail

Name: Andrew W Christensen
Party: Nonpartisan
Polling Place: Lex 1st 012
Grand Generation Center
Meeting Room
407 E 6th
Lexington, NE 68850

Districts

DISTRICT NAME	DISTRICT TYPE
Lexington Public Schools	School District
Central Com College Dist 2	Community College District
Central Com College At Large	Community College District
U.S. Congressional District 3	U.S. Congressional District
Appeals Court Judge Dist 6	Judge of Appeals Court Dist.
County Judge Dist 11	Judge of County Court Dist.
District Judge, Dist 11	Judge of Distict Court Dist.
Supreme Court Judge Dist 6	Judge of Supreme Court Dist.
Legislative District 36	Legislative District
Central Platte NRD SubD 2	Natural Resources District
Central Platte NRD At Large	Natural Resources District
Central NE PPD Dawson	Public Power District
Dawson PPD Dawson	Public Power District
Nebraska PPD SubD 6	Public Power District
PSC District 5	Public Service Comm District
Board of Regents District 7	Board of Regents
ESU 10 District 8	ESU District
Commissioner 3 (Overton)	County Board (Commiss./Superv)
Hospital 1	Hospital Board
State Board of Education Dist7	State Board of Education

[Voter View Mobile](#)
[Registration Information](#) [Polling Place](#) [Provisional Ballot](#) [Absentee Ballot](#)

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OMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT
Division of Vital Statistics
CERTIFICATE OF LIVE BIRTH

299278

TYPE OR PRINT IN PERMANENT INK

CHILD—NAME 1. Andrew William Christensen			DATE OF BIRTH (MONTH, DAY, YEAR) 2. 	HOUR 3. 8:21a
SEX 3. Male	THIS BIRTH (SPECIFY) 4a. Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b.		COUNTY OF BIRTH 5. Douglas
CITY, TOWN, OR LOCATION OF BIRTH 5b. Omaha		INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER.) 5d. Bergan Mercy Hospital	
MOTHER—MAIDEN NAME 6a. Sharon Ann Crabb			AGE (AT TIME OF THIS BIRTH) 6b. 27	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Nebraska
RESIDENCE—STATE 7a. Iowa	COUNTY 7b. Harrison	CITY, TOWN, OR LOCATION 7c. Logan 51546		STREET AND NUMBER 7d. Rural Route #1
FATHER—NAME 8a. Byron Richard Christensen			AGE (AT TIME OF THIS BIRTH) 8b. 30	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Nebraska
INFORMANT—NAME OR SIGNATURE 9a. Sharon Christensen				RELATION TO CHILD 9b. Mother
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE		DATE SIGNED (MONTH, DAY, YEAR) 10. 12-1-69	ATTENDANT—M.D., D.O., OTHER (SPECIFY) 10c. M.D.	
CERTIFIER—NAME (TYPE OR PRINT) 11m. Robert Langdon M.D.		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 11n. 228 Swanson Professional Center Omaha		
REGISTRAR—SIGNATURE 11a. <i>W. Schreyer M.D.</i>			DATE RECEIVED BY LOCAL REGISTRAR 11b. DEC 9 1969	

I hereby certify that the above is a true and correct copy of the Certificate of Birth recorded in the City of Omaha, County of Douglas, State of Nebraska.

Dated this 7th day of January 1970.

W. Schreyer M.D.
(Registrar)

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[HOME](#)

[REGISTRATION INFORMATION](#)

[POLLING PLACE](#)

[PROVISIONAL BALLOT](#)

[ABSENTEE BALLOT](#)

Select Language ▼

Registrant Search Information

Registrant Detail

Name:	Cassie J Christensen
Party:	Republican
Polling Place:	Lex 1st 012 Grand Generation Center Meeting Room 407 E 6th Lexington, NE 68850

Districts

DISTRICT NAME	DISTRICT TYPE
Lexington Public Schools	School District
Central Com College Dist 2	Community College District
Central Com College At Large	Community College District
U.S. Congressional District 3	U.S. Congressional District
Appeals Court Judge Dist 6	Judge of Appeals Court Dist.
County Judge Dist 11	Judge of County Court Dist.
District Judge, Dist 11	Judge of District Court Dist.
Supreme Court Judge Dist 6	Judge of Supreme Court Dist.
Legislative District 36	Legislative District
Central Platte NRD SubD 2	Natural Resources District
Central Platte NRD At Large	Natural Resources District
Central NE PPD Dawson	Public Power District
Dawson PPD Dawson	Public Power District
Nebraska PPD SubD 6	Public Power District
PSC District 5	Public Service Comm District
Board of Regents District 7	Board of Regents
ESU 10 District 8	ESU District
Commissioner 3 (Overton)	County Board (Commiss./Superv)
Hospital 1	Hospital Board
State Board of Education Dist7	State Board of Education

[Voter View Mobile](#)

[Registration Information](#) [Polling Place](#) [Provisional Ballot](#) [Absentee Ballot](#)

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CERTIFICATION OF VITAL RECORD

CERTIFICATE OF LIVE BIRTH
OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

1. DATE ISSUED: **SEPTEMBER 11, 1991**

2. NAME: **CASSIE JO REYNOLDS**

3. BIRTHDATE:

4. BIRTHPLACE: **UMATILLA COUNTY**

5. MOTHER'S MAIDEN NAME: **DEBORAH KAY WILSON**

6. FATHER: **TERRY WILLIAM REYNOLDS**

7. BIRTH NUMBER: **136-86-09148**

8. SEX: **FEMALE**

9. RECORD FILED: **APR 2, 1986**

10. MOTHER'S BIRTHPLACE: **OREGON**

11. FATHER'S BIRTHPLACE: **MICHIGAN**

Edward J. Johnson
EDWARD J. JOHNSON
STATE REGISTRAR

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH
FACTS AS RECORDED IN THIS OFFICE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Mailed 4/25/17

**SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

NEBRASKA LIQUOR CONTROL COMMISSION
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PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

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NEBRASKA LIQUOR CONTROL COMMISSION	
Class: _____	License #: _____

Applicant Name: Andy Christensen
(Corporation, LLC, Partnership or Individual)

Trade Name: Madelin's Cafe & Bakery
(Doing Business As)

308-324-9010 Phone Number
Andy.Christensen1129@yahoo.com Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Applicant Guidelines".
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
- Fee payment of **\$45.25 per person MUST** be made **DIRECTLY** to the Nebraska State Patrol;
It is recommended to make payment through the **NSP PayPort** online system at www.ne.gov/go/nsp
Or a check made payable to **NSP** can be mailed directly to the following address:
*****Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License*****
The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
Fingerprint cards should be submitted with the application.

Please complete information on the following pages for EACH person fingerprinted.

1. Name: Andy Christensen Date of Birth: [redacted] Last 4 SSN: [redacted]
Date fingerprints were taken: 4/24/17 Location where fingerprints were taken: North Platte, NE
How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # 1513
My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES

2. Name: Cassie Christensen Date of Birth: [redacted] Last 4 SSN: [redacted]
Date fingerprints were taken: 4/24/17 Location where fingerprints were taken: North Platte, NE
How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # 1513
My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES

3. Name: _____ Date of Birth: _____ Last 4 SSN: _____
Date fingerprints were taken: _____ Location where fingerprints were taken: _____
How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____
My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES

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4. Name: _____ Date of Birth: _____ Last 4 SSN: _____
Date fingerprints were taken: _____ Location where fingerprints were taken: _____
How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____
My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES

NEBRASKA LIQUOR CONTROL COMMISSION

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR, 16.34.

I hereby certify that fees of \$45.25 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Andy Christensen Title: owner

Signature: [Signature] Date: 4/24/17

M Madeline's Cafe & Bakery
 501 N. Washington St
 Lexington, NE 68850

1513
 761391/1099
 21

Date: 4/24/17

Pay to the Order of: Nebraska State Patrol \$ 90.52

Andy + 50/100 Dollars

Pinnacle Bank
 LEXINGTON, NEBRASKA • pinnacle.com

For: Finger Prints

1513

Signature: Andy Christensen

for license of Andy Christensen

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MAY 01 2017

NEBRASKA LIQUOR
CONTROL COMMISSION

JAM LAUBY 325-0432 JUSTIN LAUBY 325-7644
JBL LOBBY@gmail.com

LAUBY RENTALS
COMMERCIAL LEASE AGREEMENT

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MAY 8 2017

NEBRASKA LIQUOR CONTROL COMMISSION

This agreement, made and entered into on the 30TH day of APRIL 2017
by and between JAM & GAIL LAUBY D.B.A. LAUBY RENTALS
of the County of GOSPER in the State of NEBRASKA
hereinafter referred to as the LANDLORD, and MARY & CASSE CHRISTENSEN
hereinafter referred to as the TENANT.

LANDLORD does hereby agree to lease to the TENANT and the TENANT does hereby agree to lease from the LANDLORD, the following described real estate and improvements located at 501 N WASHINGTON LEXINGTON, Nebraska.

SECTION ONE
TERMS

This Lease Agreement shall be effective immediately upon the execution and shall continue in full force and effect for a period of ONE year(s) unless terminated according to the following terms.

SECTION TWO
OPTION TO RENEW

TENANT does have the option to renew this lease. It must be done in writing and submitted to LANDLORD 60-days before the end of current lease. LANDLORD will consider renewal if all terms and conditions have been in good standing during current term. All terms and conditions shall stay the same with the exception of the monthly rental amount, it may be negotiated during the 60-day renewal period.

SECTION THREE
RENT

Rent shall be due and payable on or before the 1st day of each month in advance. The agreed rent amount shall be \$ 950.00 per month, payable to: Lauby Rentals. Rent payment will be made in accordance to the LANDLORDS decision. If rent is to be mailed it must be postmarked at least five (5) days before it is due. If LANDLORD receives the rent after the 1st day of the month there will be a five(5) dollar per day late fee charged to the TENANT. This is in accordance with the laws of the State of Nebraska.

SECTION FOUR
SECURITY/DAMAGE DEPOSIT

A Security Damage Deposit will be required at the time of execution of the Lease in the amount of \$ 950.00. If the property described in the Lease and Inspection Sheet is not in the same or better condition upon termination of this Lease, or if the TENANT defaults upon this Lease Agreement for any reason, the TENANT shall forfeit the Security Damage Deposit and

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NEBRASKA LIQUOR
CONTROL COMMISSION

INSPECTION SHEET

CONDITION OF GLASS

WINDOWS: GOOD
DOORS: GOOD

CONDITION OF FLOORS

CARPETS: GOOD
OTHER: _____

CONDITION OF WALLS

WALLS: GOOD

CONDITION OF LIGHTS

LIGHTS: 2 LIGHTS NOT WORKING

CONDITION OF HEAT AND COOL UNITS

HEATING UNITS: N/A
COOLING UNITS: GOOD

CONDITION OF WATER HEATER

WATER HEATER: GOOD

CONDITION OF OUTSIDE OF BUILDING

AWINING: GOOD
SIGNAGE: GOOD
WALLS: GOOD

remain responsible for costs of all repairs required to restore the property to the same condition. No portion of the Security Damage Deposit may be used to pay for rent.

SECTION FIVE USE OF PREMISES

TENANT shall utilize the property for lawful business purposes only and shall neither engage in nor permit any activity in violation of the ordinances of the City of Lexington or the laws of the State of Nebraska and shall otherwise comply in all respects with the governing statutes, ordinances and regulations, including the prompt removal of all snow, ice, obstructions or hazards of any nature from the sidewalk and parking areas on the property; neither will TENANT utilize the property for any purpose which would result in the increase of the rate of insurance coverage or for any purpose tending to injure the reputation of the premises or the LANDLORD or disturbing the tenants of said or adjoining premises or to otherwise create a nuisance.

SECTION SIX LANDLORD RESPONSIBILITY

During the term of this Lease, LANDLORD agrees to maintain the structural parts of the building, to-wit: roof and exterior walls, the main blower and motor of the heating system, the compressor and fan motors of the air conditioning, water (main lines to and from the building only).

SECTION SEVEN TAXES

LANDLORD shall pay all real estate taxes and assessments levied on the property during the term of this Lease.

SECTION EIGHT BUILDING INSURANCE

It is the responsibility of the LANDLORD to provide insurance for the building only. The LANDLORD is in no way responsible to the TENANT for loss of inventory, fixtures, loss of business or bodily injury.

SECTION NINE TENANT RESPONSIBILITY

Upon execution of this Lease, TENANT agrees to maintain the interior of said property, to-wit: light fixtures, fans, interior walls, flooring, windows, plumbing, heating and cooling units. All shall be kept clean and in good working order at the TENANT'S expense.

SECTION TEN FEES

TENANT agrees to pay all fees in accordance with the operation of Tenants use of leased property, such as, licenses, permits, etc.

SECTION ELEVEN UTILITIES

TENANT agrees to pay all utilities including electrical, gas, water, sewer, snow and trash removal.

SECTION TWELVE INSURANCE

TENANT shall carry insurance to cover the contents in the building. TENANT shall also carry business liability, personal injury and property damage insurance. The LANDLORD is in no way responsible for loss or damage to the contents in this building, or for any bodily injury to any person that may occur on the property and will be held harmless from such claims by the TENANT.

SECTION THIRTEEN ALTERATION-ADDITIONS-IMPROVEMENTS

TENANT must have written permission from LANDLORD prior to any remodeling, additions or improvements to the property. Anything that is attached to the building will become part of the building and will remain with the building at the end of this lease.

SECTION FOURTEEN DEFAULT AND BREACH

The following shall constitute default: If TENANT shall fail to pay LANDLORD any rent when rent shall become due and shall not make payment within ten (10) days after notice thereof to TENANT. If TENANT shall fail to perform or comply with any of the conditions of this lease and if the nonperformance shall continue for a period of ten (10) days after notice thereof by LANDLORD to TENANT or if the performance cannot be reasonably had within the ten (10) day period and TENANT fails to diligently proceed to completion of performance.

If TENANT shall vacate or abandon the property for a period of seven (7) days or more, in addition to all other remedies available at law, any and all property left at that location will become the property of the LANDLORD.

The making of an assignment by TENANT for the benefit of creditors or the filing by TENANT or against TENANT of a petition in bankruptcy, the filing of any petition against TENANT for the foreclosure of any judgment lien against said leasehold, or the levy of any writ of execution upon said leasehold.

In the event of a default by the TENANT, LANDLORD may, in addition to any other remedy or right available at law, terminate this Agreement by delivery of written notice of termination upon TENANT.

SECTION FIFTEEN REDELIVERY OF POSSESSION

Upon the expiration of the term of the Agreement, or upon termination of this Agreement in any other manner, TENANT will surrender possession and occupancy of said premises to LANDLORD without any other or further notice.

SECTION SIXTEEN ASSIGNMENT

TENANT may not assign, sublet or permit occupancy of said premises by third persons without the prior written consent of the LANDLORD. Additional charges may apply.

SECTION SEVENTEEN LIABILITY OF LANDLORD

TENANT shall be in exclusive control and possession of the property, and LANDLORD shall not be liable for any injury or damage to any property or to any person on or about the premises nor for any injury or damage to any property of TENANT. The provisions herein permitting LANDLORD to enter and inspect the premises are made to insure that TENANT is in compliance with the terms and conditions hereof and make repairs. If repairs required of TENANT are completed by LANDLORD, TENANT will pay to the LANDLORD for labor and material.

**SECTION EIGHTEEN
SPECIAL CIRCUMSTANCES**

A. _____

LANDLORD TENANT

B. _____

LANDLORD TENANT

C. _____

LANDLORD TENANT

D. _____

LANDLORD TENANT

**SECTION NINETEEN
TOTAL AGREEMENT: APPLICABLE TO SUCCESSORS**

This Lease contains the entire agreement between the parties and cannot be changed or terminated except by written instrument subsequently executed by the parties hereto. This Lease and the terms and conditions hereof apply to and are binding on the heirs, legal representatives, successors and assigns.

**SECTION TWENTY
APPLICABLE LAW**

This Agreement shall be governed by and construed in accordance with the laws of the State of Nebraska and both parties agree that jurisdiction and venue for disputes arising out of this Agreement shall be in a Court of Dawson County, Nebraska.

The parties have read and fully understand and agree to all provisions of the Lease being executed the day, month and year above written at Lexington, Nebraska.

James E. Lauby 4-1-2017
James E. Lauby, Landlord Date

Gail D. Lauby 4/1/2017
Gail D. Lauby, Landlord Date

[Signature] 4/1/17
Tenant Date

C. Channing 4/1/17
Tenant Date

State of Nebraska)
) ss.
County of Dawson)

The foregoing instrument was acknowledged before me this _____, day of _____, A.D. By JAMES E. LAUBY, Landlord, Husband and GAIL D. LAUBY, Landlord each as a voluntary act and deed.

Notary Public

State of Nebraska)
) ss.
County of Dawson)

The forgoing instrument was acknowledged before me this _____, day of _____, A.D. By the above named Tenant, each as a voluntary act and deed.

Notary Public

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SALE AGREEMENT

NEBRASKA LIQUOR
CONTROL COMMISSION

THIS AGREEMENT made this 1 day of April, 2017, by and between MADELINE'S CAFE & BAKERY, LLC, a Nebraska limited liability company, hereinafter referred to as SELLER, whether one or more, and ANDY CHRISTENSEN and CASSIE CHRISTENSEN, husband and wife, hereinafter referred to as PURCHASER, whether one or more.

RECITALS:

WHEREAS, SELLER is the owner of MADELINE'S CAFE & BAKERY, a restaurant business located in a leased building containing furniture, equipment, inventory and supplies.

WHEREAS, SELLER is desirous of selling the same to PURCHASER and PURCHASER is desirous of purchasing the same from SELLER, all on the terms and conditions more specifically hereinafter set forth.

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL COVENANTS HEREIN CONTAINED, IT IS AGREED BETWEEN THE PARTIES AS FOLLOWS:

I.

RECITALS: The above and foregoing recitals are made a part of this agreement as though fully set forth herein.

II.

CONSIDERATION: SELLER hereby agrees to sell and PURCHASER hereby agrees to purchase all of the furniture, equipment, inventory and supplies owned as property of MADELINE'S CAFE & BAKERY on the date of closing. SELLER agrees to pay as consideration for said property, the total purchase price of \$40,000.00, the same to be paid as follows:

A. ~~A nonrefundable deposit of \$~~ N/A to be paid upon the execution of this agreement.

B. The unpaid balance of \$ PAID IN FULL to be paid at the time of closing, on or about April 1st, 2017.

III.

WARRANTY BY SELLER: SELLER hereby warrants that SELLER has good and lawful title to all of said property, free and clear of all liens and encumbrances. SELLER

shall be responsible for sales tax, payroll taxes, utilities, and any expenses acquired before April 1, 2017.

IV.

ALLOCATION OF PURCHASE PRICE: SELLER and PURCHASER agree that the purchase price shall be allocated as follows:

Equipment, furniture and fixtures:	\$ 30,000
Inventory	\$ 5,000
Supplies	\$ 5,000
Good will and Noncompete Covenant	\$ N/A

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NEBRASKA LIQUOR
CONTROL COMMISSION

V.

NON-COMPETITION: SELLER covenants and agrees for a period of three (3) years after April 1, 2017 in the area within a 10 mile radius of Lexington, Nebraska, SELLER, individually or through corporate ownership or through any other legal entity, shall not, directly or indirectly own, manage, operate, control, consult with or participate in or be connected in any manner whatsoever with the ownership, management, operation or control of any business competitive in any manner with PURCHASER within the area referenced herein above. SELLER acknowledges that any breach by them of any of the foregoing covenants or agreements will cause irreparable damage to the PURCHASER, the exact amount of which will be difficult or impossible to ascertain and the remedies at law for any such breach will be inadequate. Accordingly, SELLER agrees that PURCHASER shall be entitled to injunctive relief ordering specific performance of the foregoing covenants and agreements without the necessity of bond or other security to be posted by PURCHASER.

VI.

MISCELLANEOUS: The parties agree that the following terms and conditions shall apply to this transaction:

1. PURCHASER shall have the exclusive use of the name Madeline's Cafe and Bakery.
2. CATHERINE A. WATSON shall continue to work at the restaurant for at least two weeks for the hourly compensation of \$10.00 after the closing on this transaction to assist in the transition. The parties may agree that Catherine will continue to work part time at the restaurant thereafter with compensation to be agreed upon between the parties.
3. SELLER shall provide PURCHASER with all recipes currently being used in SELLER'S business.

Plan

Business Plan is to
remain the same as
prior owners. Cafe items
& fresh Baked goods to
be for sale to public.

4/24/17

[Signature]

Alcohol Inventory 4/17

60 Bottles Kerbal Bros champ.
20 Bottles Coors Sparkle wine
12 Bottles Shiner Bock beer
48 187ml Sutter home wine
16 8oz Stella Rose wine
1 Butter shots
1 Bals Creme de Abayau
1 Creme De Menthe
1 Dewars White label
1 Absolute vodka
2 Chita, Pin. cream Rum
1 Ryans creme Irish liquor
12 white Zinfendele wine
4 Columbia Crest Sauvignon
6 Colars Del Sol wine
3 Linden mans Sweet Red ashe
8 Columbia-Crest Merlot wine
1 Fairbanks sherry

- 2 Lindemans Mascot wine
- 1 Meridians Chardonnay
- 1 Macs Creek wine
- 3 Fetzer White Zinf. wine

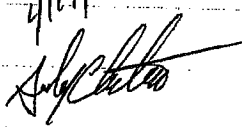
Items owned by
others in Building:

owned By Thompson Foods

- 1 - Dishwasher/Sanitizer
- 1 - fountain Pop machine
(ordered, not yet on location)

owned by PepsiCo

Everything Else including
Inventory I Bought
in full on Purchase
4-17

4/24/17


**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

Office Use	RECEIVED
	MAY 01 2017
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- Application for a temporary operation permit (TOP) must be included with the application for liquor license. TOP will not be considered without the completed application for a liquor license.
- Enclose documentation showing sale of business; document may be in the form of a purchase agreement/contract, management agreement or promissory note. Sale of business document must include the following: name of business being sold, purchase date or closing date within 2-3 weeks of requesting TOP and must be signed by the seller and buyer.
- TOP's are valid for 90 days from date of issuance and cannot be extended past the expiration date (no exceptions).
- Seller's liquor license will terminate upon issuance of the TOP.
- If the seller's liquor license is up for renewal during the TOP it will not be necessary for the seller to renew.

NAME OF CURRENT LICENSEE (SELLER):

SELLER'S LICENSE #:

Cathy Watson

115407

On (date) 4/1/17 seller and buyer entered into a contract for sale of the

business known as (TRADE NAME):

Madelin's Cafe & Bakery

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesalers under section §53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

BARCODE for office use only

X Catherine Watson
Signature of **SELLER**

X Andy Christensen
Signature of **BUYER**

Catherine Watson
Print Name

Andy Christensen
Print Name

State of Nebraska, County of Dawson

State of Nebraska, County of Dawson

The foregoing instrument was acknowledged before me
this 4/18/17 (date)

The foregoing instrument was acknowledged before me
this 4/18/17 (date)

by Catherine Watson
Name of person acknowledged

by Andy Christensen
Name of person acknowledged

[Individual signing document] GENERAL NOTARY - State of Nebraska
JAN M. WILEY
My Comm. Exp. April 18, 2020

[Individual signing document] GENERAL NOTARY - State of Nebraska
JAN M. WILEY
My Comm. Exp. April 18, 2020

J M Wiley
Notary Public signature

J M Wiley
Notary Public signature

Affix Seal

Affix Seal

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MAY 01 2017

ADMINISTRATIVE REVIEW - Office use only

Date: 5-3-17 Rep: BH Application Number: _____

Approved _____ Denied jm

Reason for Denial:

① need partnership paperwork

② seller does not have an active license

NEBRASKA LIQUOR CONTROL COMMISSION

STATE OF NEBRASKA
LIQUOR CONTROL COMMISSION

LICENSE NUMBER
115407

RETAIL

CLASS I ALCOHOLIC LIQUOR ON SALE
(INSIDE CORPORATE LIMITS)

OWNERSHIP C I - INDIVIDUAL
P - PARTNERSHIP
C - CORPORATION

BOND COMPANY BOND INFORMATION *****
BOND NUMBER START DATE CANCEL DATE
BOND AMOUNT FED BASIC PERMIT #
***** RESTRICTIONS *****

***** PREMISES INFORMATION *****

TRADE NAME 1 MADELINE'S CAFE & BAKERY LICENSE NO.
TRADE NAME 2
ADDRESS-1 501 N WASHINGTON ST ADDRESS-2
CITY LEXINGTON COUNTY 18 DAWSON ZIP 68850
PHONE 308 324 9010 FAX

MAIL TO:
NAME CATHERINE WATSON
ADDRESS-1 208 CHEROKEE RD ADDRESS-
CITY LEXINGTON STATE NE ZIP 68850

***** LICENSE DESCRIPTION *****

MAIN FLOOR OF TWO STORY BUILDING APPROX 116' X 18'

***** GENERAL INFORMATION *****

CORP. LIMITS (Y OR N)	OWN PREMISES (Y OR N)	LEASE EXP. DATE	REPLACING LIC. NO.	TOP EXP. DATE	SUSPENDED START DAYS	LICENSE EXP DATE
Y	N	09302017	093286	01272016		04302017

EMAIL: MADELINESCAFE.LEX@GMAIL.COM
ACTION DATE DOCUMENT NO. ROLL PAGE ACTION CODE

DEPRESS: ENTER - PROCESS PF11 - INQ NOTES PF12 - HISTORY PA1 - RETURN TO MENU

S T A T E O F N E B R A S K A
LIQUOR CONTROL COMMISSION

INQUIRE

LICENSE NUMBER
115407

CORPORATION MANAGER

* * * * * M A N A G E R (S) I N F O R M A T I O N * * * * *

NAME	WATSON, CATHERINE A	SSN	<input type="text"/>	DOB	<input type="text"/>
ADDRESS-1	208 CHERAKEE RD	ADDRESS-2			
CITY	LEXINGTON	STATE	NE	ZIP	68850
PHONE	308 991 3727	SPOUSE SSN	<input type="text"/>	DOB	<input type="text"/>

* (FILED AFFIDAVIT OF NONPARTICIPATION)

=====

DEPRESS : ENTER - PROCESS

PA1 - RETURN TO MENU

S T A T E O F N E B R A S K A
LIQUOR CONTROL COMMISSION

LICENSE NUMBER 115407
CATEGORY R

LAST PAGE

I N Q U I R E H I S T O R Y

<u>ACTION CODE</u>	<u>ACTION</u>	<u>ACTION DATE</u>	<u>DATE ENTERED</u>	<u>DOCUMENT NUMBER</u>	<u>FILM ROLL</u>	<u>PAGE</u>
0000	NEW APPLICATION	10132015	10292015	0115407	15000	23763
0167	TRAINING REQ	10292015	10292015		15000	23763
0019	FURTHER REV REQ	10292015	10292015		15000	23763
0100	TEMP OP PERMIT	10292015	10292015		15000	23764
0145	STATUTORY TIME	10292015	10292015		15000	23773
0115	FIRE APPROVE	11092015	11092015		15000	24411
0135	INV. REV. FINAL	11162015	11162015		15000	24680
0125	LOCAL APPROVE	11232015	11232015		15000	25546
0022	ADMIN APPROVE	12042015	12042015		15000	25910
0050	ISSUE LICENSE	12042015	12042015		15000	25911
0925	ENF. INSPEC.	03032016	05122016	0000209	16000	09332
0001	RENEW APP.	04182016	04252016		16000	07354
0060	LEASE	04252016	04252016		16000	07353

=====

DEPRESS: ENTER - RETURN PF8 - BACKWARD PF9 - FORWARD PA1 - RETURN TO MENU

STATE OF NEBRASKA
LIQUOR CONTROL COMMISSION

LICENSE NUMBER 115407

LAST PAGE

INQUIRE NOTES

10/29/2015 03:19

NEW APP, REPLACES 093286 WITH TOP, EXPIRES 1/27/16, TRAINING REQUIRED,
TO MARY FOR FURTHER REVIEW - BH

=====

DEPRESS: ENTER - RETURN PF8 - BACKWARD PF9 - FORWARD PA1 - RETURN TO MENU

Hiland, Brenda

From: Hiland, Brenda
Sent: Friday, May 05, 2017 11:04 AM
To: 'andy.christensen1129@yahoo.com'
Subject: Liquor license application, Madeline's Cafe & Bakery D-121707

Hello,

I am in receipt of your liquor license application. There are a few things required before I can continue processing your liquor license application.

1. Your temporary operating permit has been denied. The seller's license expired on April 30, 2017.
2. Please complete Form 105
<https://lcc.nebraska.gov/sites/lcc.nebraska.gov/files/LicensingForms/105%20JUNE%202015%20PARTNERSHIP%20INSERT.pdf>
3. The lease submitted with the application expires April 1, 2018. It must continue thru the current license year, or thru April 30, 2018. Please submit a new lease.

You may fax, scan or mail these requirements to me at your earliest convenience so I can continue processing your liquor license application. Please contact me if you have any questions.

Thank you,

Brenda Hiland
Licensing Division
Enforcement Coordinator
Nebraska Liquor Control Commission
(402) 471-2735
(402) 471-2814 fax
web: <http://www.lcc.nebraska.gov>
<https://www.facebook.com/NebraskaLiquorControlCommission>

STATE OF NEBRASKA

Pete Ricketts
Governor

NEBRASKA LIQUOR CONTROL COMMISSION

Robert B. Rupe Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7252 (TTY)

May 8, 2017

Madeline's Café & Bakery
501 N Washington St
Lexington, NE 68850

RE: Liquor License Class I-121707

Dear Applicant:

The Nebraska Liquor Control Commission (NLCC) has forwarded a copy of your liquor application to the local governing body listed on the application. They shall hold a public hearing within 45 days after receipt of receiving the documentation for the purpose of making a recommendation for or against the issuance of your license. The local governing body must then return a recommendation back into the NLCC office. The Commission urges you to attend any hearing before your local governing body. **This entire application process may require approximately 60 days.**

According to the statutes, no license shall be issued by the Commission until the expiration of the time allowed (10 days after receipt of the local recommendation at the NLCC office) for receipt of any objection requiring a hearing, such as citizen protests.

Also, prior to the issuance of this license all requirements must be met with the Nebraska State Fire Marshal and the Nebraska Department of Agriculture - Dairies & Foods Sanitation Division and Nebraska State Patrol. Any building or remodeling on the proposed premises prior to receiving a license is done at your own risk. Issued licenses are mailed to your local clerk for you to pick up and pay all appropriate fees. A liquor license is effective:

1. Upon payment of the license fees
2. Physical possession of the license
3. Effective date on the license

NEBRASKA LIQUOR CONTROL COMMISSION



Brenda Hiland
Licensing Division

cc: File

Janice Wiebusch
Commissioner

Bob Batt
Chairman

Bruce Bailey
Commissioner

An Equal Opportunity/Affirmative Action Employer

STATE OF NEBRASKA

Pete Ricketts
Governor

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7252 (TTY)

May 8, 2017

Lexington City Clerk
406 E 7th Street
PO Box 70
Lexington, NE 68850

RE: Liquor license Class I-121707 for Madeline's Café & Bakery

Clerk:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:


- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION



Brenda Hiland
Licensing Division

Enclosures

Janice Wiebusch
Commissioner

Bob Batt
Chairman
An Equal Opportunity/Affirmative Action Employer

Bruce Bailey
Commissioner

RECEIPT

From: Brenda Hiland
Phone #: 402-471-2735
Fax #: 402-471-2814
Company Name: Nebraska Liquor Control Commission

To: Lexington City Clerk
Re: Andy & Cassie Christensen
DBA: Madeline's Café & Bakery
Application #: I-121707

PLEASE COMPLETE THE BOTTOM SECTION IMMEDIATELY UPON RECEIPT OF THIS APPLICATION AND FAX OR EMAIL THIS FORM BACK ACKNOWLEDGING THE RECEIPT OF THIS APPLICATION. PLEASE DATE STAMP IF THAT OPTION IS AVAILABLE. THANK YOU.

DATE OF RECEIPT

SIGNATURE

RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION

Date Mailed from Commission Office: May 8, 2017

I, _____ Clerk of _____
(City, Village or County)

Nebraska, hereby report to the Nebraska Liquor Control Commission in accordance with Revised Statutes of Nebraska, Chapter 53, Sec. 134 (7) the recommendation of said city, village or county, as the case may be relative to the application for a license under the provisions of the Nebraska Liquor Control Act as applied for by:

Andy & Cassie Christensen dba Madeline's Café & Bakery
501 N Washington St, Lexington / Dawson County, 68850
Application for Class I - 121707
45 days – 6/22/2017

1. Notice of local hearing was published in a legal newspaper in or of general circulation in city, village or county, one time not less than 7 nor more than 14 days before time of hearing.

Check one Yes _____ No _____

The Statutes require that such hearing shall be held not more than 45 days after the date of receipt of this notice from the Commission.

2. Local hearing was held not more that 45 days after receipt of notice from the Nebraska Liquor Control Commission.

Check one Yes _____ No _____

3. Date of hearing of Governing Body: _____

4. Type or write the Motion as voted upon by the Governing Body. If additional Motions are made by the Governing Body, then use an additional page and follow same format.

5. Motion was made by: _____ Seconded by: _____

6. Roll Call Vote: _____

7. Check one: The motion passed: _____ The motion failed: _____

8. If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which the motion was made.

(Attached additional page if necessary)

SIGN HERE _____ DATE _____
clerks signature

STATE OF NEBRASKA

Pete Ricketts
Governor

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7252 (TTY)

May 8, 2017

State Fire Marshal Office
Attn: Deb Mitchell
438 West Market Street
Albion, NE 68620

RE: New application for Madeline's Café & Bakery

An application has been made to this office for a retail liquor license for:

LICENSE #: I - 121707
LICENSEE NAME: Andy & Cassie Christensen
TRADE NAME: Madeline's Café & Bakery
ADDRESS: 501 N Washington St, Lexington / Dawson County 68850
PHONE: 308-324-9010
EMAIL: andy.christensen1129@yahoo.com

Kindly advise the Licensing Division of the Liquor Control Commission if the premises meet the standards as set by your department.

MEETS REQUIREMENTS: YES _____ NO _____

Signed: _____

Report Due: 6/7/17
bh

Janice Wiebusch
Commissioner

Bob Batt
Chairman
An Equal Opportunity/Affirmative Action Employer

Bruce Bailey
Commissioner

From: Nebraska Liquor Control Commission
To: Food Safety and Consumer Protection

RE: Replacing Application

CLASS & LICENSE #: I-121707
LICENSEE NAME: Andy & Cassie Christensen
TRADE NAME: Madeline's Cafe & Bakery
ADDRESS: 501 N Washington St
CITY/ZIP/COUNTY: Lexington, 68850, Dawson
PHONE: (308)324-9010
CONTACT NAME: Andy Christensen
EMAIL ADDRESS: andy.christensen1129@yahoo.com

Kindly advise the licensing division of the Liquor Control Commission if the premises meet the standards as set by your department.

Report Due: 6/7/2017

Signed: BH 5/8/17
Staff Asst-LCC Date Inspector-FSCP Date Staff Asst-FSCP Date

Meets Requirements: YES _____ DATE: _____

Comments: _____

