December 20, 2017

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 13 Lo Enterprises, LLC, dba Luckie’s Lounge & Grill, 1101 W Bond Street, requesting a Class C-122204 liquor license (beer, wine & distilled spirits on & off-sale).

Mark Gooden is the sole 100% shareholder of 13 Lo Enterprises, LLC, and requesting that he be approved as the manager of the liquor license. Mr. Gooden has not yet completed the required alcohol management training. He is scheduled to attend on January 11, 2018.

13 Lo Enterprises, LLC Corporate Officers/Stockholders/Members:

Member 1: Mark Gooden – President (100%)

Mark Gooden does not have any criminal convictions. His driving history is as follows:

- 10-25-2007 Speeding 16-20 MPH (Johnson Co/Johnson County Sheriff) Infraction
- 08-18-1997 Speeding 11-15 MPH (Hall Co/Grand Island PD) Infraction
- 11-15-1994 Disobey traffic control sign or device (Lancaster Co/LPD) Infraction

Mark Gooden’s son, Spencer Gooden, was the original interested party in purchasing Luckie’s Lounge & Grill and obtaining a liquor license. Although Spencer never made application with the Nebraska Liquor Control Commission (NLCC), he did have several meetings with the Lincoln Police department’s Liquor Investigator, as well as individuals at the NLCC. During those meetings, it was determined that Spencer was statutorily ineligible to hold a liquor license due to disqualifying convictions. Spencer was advised of his status and he proceeded to make inquiries into what were his options and in essence how to circumvent the statutory restriction. Spencer attempted to obtain a set aside for his convictions, but was denied. Spencer indicated that since he was ineligible, he would then have his father, Mark Gooden, make the application for the liquor license.
Mark Gooden then stepped in and formed a new LLC and proceeded to arrange the purchase of Luckie’s Lounge & Grill. Mark then applied for a liquor license with the NLCC as the President and sole 100% shareholder of 13 Lo Enterprises, LLC. Mark indicated his intent is for Spencer to work for the company in a marketing and supervisory capacity, overseeing the kitchen and catering operation.

Included with the liquor license application was a signed lease agreement with some attached documentation showing Spencer Gooden as a guarantor for the lease. Spencer signed these documents after Mark had established the new LLC.

The Lincoln Police Department Investigator has concerns about hidden ownership and Spencer’s involvement in the business.

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.

JEFFREY J. BLIEMEISTER, Chief of Police
APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 93046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

RECEIVED
RECEIVED
DEC 3 2017

NEBRASKA LIQUOR
CONTROL COMMISSION

Hot List: YES NO New/Replacing # 086918
Class Type C 122204 Initial BH

Applicant name 13 Lo Enterprises, LLC
Trade name Luckies Lounge & Grill
Previous trade name Luckies Lounge & Grill
Contact email address mark.a.gouden@gmail.com 402 770 2400

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.

+ Need lease
TOP ASAP

DATE 12-1-2017 No. 169392
FROM Mark Gorden
FOR Retail Application

□ CASH □ CHECK # 1113 $400.00
□ MONEY ORDER

Received by:

Office use only
PAYMENT TYPE CK 1113
AMOUNT: 400
Act 169392 Received: JM

1700015109
1. [✓] Fingerprint 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 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)

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.

5. [X] 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
   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. [✓] 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

______________________________
Date
1. Fingerprint 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 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)

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.

5. 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
   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. 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

Date

12/8/17
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/

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
         BEER, OFF SALE ONLY

x C      BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE

____ D      BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY

x E      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)

x 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 ____________________________
Trade Name (doing business as) Luckies Lounge & Grill

Street Address #1 1101 W Bond St

City Lincoln County Lancaster Zip Code 68521

Premises Telephone number 402-474-1101

Business e-mail address mark.a.gooden@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 Mark A Gooden

Street Address #1 3010 Porter Cir

City Lincoln State NE Zip Code 68516

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

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 100' x width 75' in feet

Is there a basement? Yes X No

Is there an outdoor area? Yes X No

If yes, length 20' x width 30' in feet

Provide Diagram of Area to be Licensed Below or Attach Separate Sheet

One Story Building
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: 120 feet
Width: 75 feet

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

[Diagram of area with dimensions and approx. 7500 sq/ft labeled]
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.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

If yes, please explain below or attach a separate page

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Date of Conviction (mm/yyyy)</th>
<th>Where Convicted (city &amp; state)</th>
<th>Description of Charge</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark A Coolen</td>
<td></td>
<td></td>
<td>traffic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Get Luckie, LLC #86918

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: Get Luckie, LLC #86918

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

   X   YES   ___    NO

   If yes, list the lender(s) First National Bank of Omaha

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

   ___   YES    X   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?

   X   YES   ___    NO

   If yes, list such item(s) and the owner. ATM - Jesse Osborne

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    X   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.

    First National Bank of Omaha Mark A Goeden

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.

    Pope
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:

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Date (mm/yyyy)</th>
<th>Name of program (attach copy of course completion certificate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List of NLCC certified training programs
Experience:

<table>
<thead>
<tr>
<th>Applicant Name/Job Title</th>
<th>Date of Employment</th>
<th>Name &amp; Location of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 __________
  - [ ] Deed
  - [ ] Purchase Agreement

14. When do you intend to open for business? __________

15. What will be the main nature of business? **Bar and Grill**

16. What are the anticipated hours of operation? **11AM - 2AM 1:00am per email**

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

<table>
<thead>
<tr>
<th>RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APPLICANT: CITY &amp; STATE</strong></td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
<tr>
<td>Mark A Gooden</td>
</tr>
<tr>
<td>3011 Parke Cir</td>
</tr>
</tbody>
</table>

If necessary attach a separate sheet.
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 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.

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 of Applicant**  
Mark A Gooden  
Print Name

**Signature of Spouse**  
Print Name

---

**Signature of Applicant**  
Print Name

**Signature of Spouse**  
Print Name

---

**ACKNOWLEDGEMENT**  
State of Nebraska  
County of Lancaster  
1st day of December 2017 by Mark A Gooden

**Notary Public signature**  
JESSICA CHNIS

---

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
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

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

All members including spouse(s), are required to adhere to the following requirements:
1) All members spouse(s) must be listed
2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit
   fingerprints. See Form 147 for further information, this form MUST be included with your application.
3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign
   the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Mark A Gooden

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

13 Lo Enterprises, LLC

LLC Address: 3010 Porter Cir

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402-770-2400 LLC Fax Number N/A

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Gooden First Name: Mark MI: A

Home Address: 3010 Porter Cir City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-770-2400

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska County of Lancaster

1st day of December 2017

JESSICA CHRISEP
My Comm. Exp. March 25, 2018

FORM 102 REV JUNE 2015
<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goeden</td>
<td>Mark</td>
<td>A</td>
</tr>
</tbody>
</table>

Social Security Number: ______ Date of Birth: ______

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

Spouse Social Security Number: ______ Date of Birth: ______

Percentage of member ownership 100%

---

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
</table>

Social Security Number: ______ Date of Birth: ______

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

Spouse Social Security Number: ______ Date of Birth: ______

Percentage of member ownership

---

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
</table>

Social Security Number: ______ Date of Birth: ______

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

Spouse Social Security Number: ______ Date of Birth: ______

Percentage of member ownership

---

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
</table>

Social Security Number: ______ Date of Birth: ______

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

Spouse Social Security Number: ______ Date of Birth: ______

Percentage of member ownership
Is the applying Limited Liability Company controlled by another corporation/company?

☐ YES  ☒ NO

If yes, provide the following:

1) Name of corporation

2) Supply an organizational chart of the controlling corporation named above

3) Controlling corporation MUST be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: January 1  Ending Date: December 31

Is this a Non Profit Corporation?

☐ YES  ☒ NO

If yes, provide the Federal ID #. ________________________________

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

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

FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE PROCESSED

MANAGER MUST:
- Complete all sections of the application. Be sure it is signed by a member or corporate officer, corporate officer or member must be an individual on file with the Liquor Control Commission.
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, 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 or print document from Secretary of State website 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, read form carefully to avoid delays in processing, 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

BARCODE
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

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 card or print out document from Secretary of State website  
✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form MUST be included with your application  
✓ 21 years of age or older

Corporation/LLC Information:  
Name of Corporation/LLC: 13 Loc Enterprises, LLC

Premises Information:
Liquor License Number: Class Type (if new application leave blank)  
Premises Trade Name/DBA: Luckie's Lounge & Grill  
Premises Street Address: 1101 W Band St  
City: Lincoln  County: Lancaster  Zip Code: 68516  
Premises Phone Number: 402-474-1101  
Premises Email address: mark.a.gooden@gmail.com

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. To see authorized officers or members search your license information here.

Signature required by Corporate Officer / Managing Member  
(Faxed signatures are acceptable)
Manager's information must be completed below. PLEASE PRINT CLEARLY

Last Name: Gooden  First Name: Mark  MI: A
Home Address: 3010 Porter Cir
City: Lincoln  County: Lancaster  Zip Code: 68516
Home Phone Number: 402-770-2400
Driver's License Number & State:
Social Security Number:
Date Of Birth:   Place Of Birth: Oklahoma City, OK
Email address: mark.a.gooden@gmail.com

Are you married?  YES, complete spouse's information (even if the spouse and dependant have been submitted)

☑ YES  ☐ NO

Spouse's Information

Spouses Last Name: Gooden  First Name: Nancy  MI: A
Social Security Number:
Driver's License Number & State:
Date Of Birth:   Place Of Birth: Minneapolis, MN

Applicant & spouse must list residence and work history for the past 10 years.

<table>
<thead>
<tr>
<th>CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
<th>CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln, NE</td>
<td>1994</td>
<td>present</td>
<td>Lincoln, NE</td>
<td>1994</td>
<td>present</td>
</tr>
</tbody>
</table>
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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual’s name. 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.

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Date of Conviction (mm/yyyy)</th>
<th>Where Convicted (City &amp; State)</th>
<th>Description of Charge</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark A. Gooden</td>
<td></td>
<td></td>
<td>traffic</td>
<td></td>
</tr>
</tbody>
</table>

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

*NLCC Training Certificate Issued: ______________ Name on Certificate: ____________________________________________

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Date (mm/yyyy)</th>
<th>Name of program (attach copy of course completion certificate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For list of NLCC Certified Training Programs see training

Experience:

<table>
<thead>
<tr>
<th>Applicant Name / Job Title</th>
<th>Date of Employment:</th>
<th>Name &amp; Location of Business:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Have you enclosed form 147 regarding fingerprints?

☑ YES       ☐ NO
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.

**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.

---

Signature of Manager Applicant

Signature of Spouse

---

**ACKNOWLEDGEMENT**

State of Nebraska
County of Lancaster
The foregoing instrument was acknowledged before me this

1st day of December 2017 by Mark A. Gooden

NAME OF PERSON BEING ACKNOWLEDGED

Notary Public signature

Affix Seal

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

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

Applicant Name: 18 Le Enterprises, LLC Mark A Goeden
(Corporation, LLC, Partnership or Individual)

Trade Name: Luckies Lounge & Grill
(Doing Business As)

402-770-2400 mark.a.goeden@gmail.com
Phone Number 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 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 fingerprinted) and the payment is for a Liquor License**

Nebraska State Patrol
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 applicant. Fingerprint cards should be submitted with the application.

Please complete information on the following pages for EACH person fingerprinted.
I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation 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, represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. The penalty guideline for violation of this affidavit is cancellation of the liquor license.

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

Signature of NON-PARTICIPATING SPOUSE
Nancy J. Gooden
Print Name

Signature of APPLICANT
Mark A. Gooden
Print Name

State of Nebraska, County of Lancaster
The foregoing instrument was acknowledged before me this November 30, 2017 (date)
by Nancy J. Gooden (Individual signing document)

State of Nebraska, County of Lancaster
The foregoing instrument was acknowledged before me this 15th day of December 2017 (date)
by Mark A. Gooden (Individual signing document)

Notary Public Signature
Melissa S. Peters

Notary Public Signature
Jessica Chrisp

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.