

January 11, 2018

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 D.H.A.B.S. LLC, dba Barrymore's, 124 N 13th Street, requesting that Nathan Becwar be approved as the manager of the Class C-050103 liquor license.

Mr. Becwar has completed the required alcohol management training on 11-9- 2017.

Mr. Becwar has no criminal or traffic convictions.

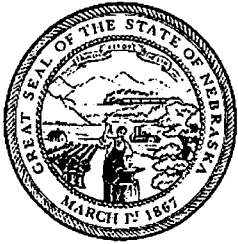
The application is included for your review.

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





Pete Ricketts
Governor

STATE OF NEBRASKA
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 or (402) 471-2374
TRS USER 800 833-7352 (TTY)
Web address <http://www.lcc.nebraska.gov/>

1/8/2018

To: CITY CLERK OF LINCOLN
Email: TMEIER@LINCOLN.NE.GOV
Manager Name: NATE R BECWAR
Licensee Name: DHABS, LLC
Licensee Trade Name: BARRYMORE'S
License Number: C-50103
Due Date: Thursday, February 22, 2018

I have attached a copy of a new manager application that was submitted to the Nebraska Liquor Control Commission. Please complete the following information below to indicate your recommendation. Send back to TRACY at tracy.burmeister@nebraska.gov or fax to 402-471-2814. If you have questions concerning this matter, please contact our office at 402-471-2572.

_____ APPROVED
_____ NO LOCAL RECOMMENDATION
_____ DENIED

COMMENTS (YOU MAY ATTACH MINUTES AND/OR ADDITIONAL NOTES):

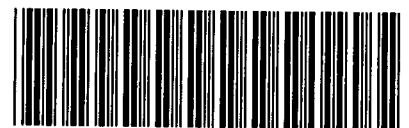
Clerk Signature: _____

Date: _____

Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

An Equal Opportunity Employer



1800000095

Manager's Information must be completed below PLEASE PRINT CLEARLY

Last Name: Becwar First Name: Nate MI: R

Home Address: 1226 P St. #309

City: Lincoln County: Lancaster Zip Code: 68508

Home Phone Number: 402-310-9099

Driver's License Number & State: _____

Social Security Number: _____

Date Of Birth: _____ Place Of Birth: Lincoln, NE

Email address: nate@rococotheatre.com

Are you married? Yes, complete spouse's information. Even if a divorce has been submitted.

YES

NO

Spouse's Information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____

Driver's License Number & State: _____

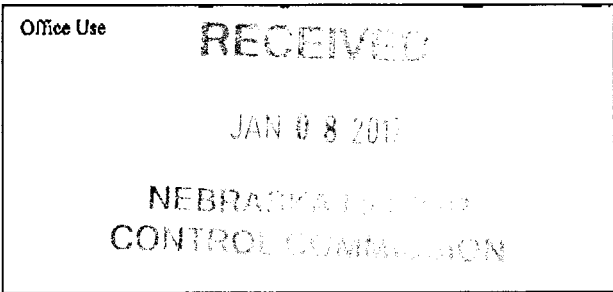
Date Of Birth: _____ Place Of Birth: _____

Spouse must list residence for the past ten years

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1988	Present			

**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: SHABS, LLC

Premises information

Liquor License Number: 50103 Class Type _____ (if new application leave blank)

Premises Trade Name/DBA: BARRYMORE'S

Premises Street Address: 124 North 13th Street

City: Lincoln County: Lancaster Zip Code: 68508

Premises Phone Number: 402-476-6494

Premises Email address: nate@rococotheatre.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](#).

Ramona P. Seymour *[Signature]*

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

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2014	2014	Union Bank	Lindsey Kirkendall	402-323-1606
2011	2014	Star Ding's	Ashley Langenberg	402-327-0200

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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Nate Becker	05/2011	Lincoln, NE	Speeding Ticket	Stop class

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 (653-131.01) 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: 11/9/17 Name on Certificate: Nathan Beecher

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Nathan Beecher	11/2017	State alcohol
" "	11/2017	City alcohol
" "	11/2017	Hospitality insighter

*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Nathan Beecher / bartender	5/14-present	Barrimore's 124 N 13th, Lincoln
" "	2011-2013	Don Dinn's 84th + Van Dorn, Lincoln

5. Have you enclosed form 147 regarding fingerprints?

YES NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec 653-131.01) 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]
Signature of Manager Applicant

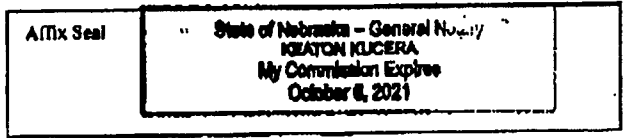
[Signature]
Signature of Spouse

ACKNOWLEDGEMENT


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

January 3rd 2018 by Nathan Becwar
date NAME OF PERSON BEING ACKNOWLEDGED

[Signature]
Notary Public signature



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.



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 ▼
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Registrant Search Information

Registrant Detail

Name:	Nathan R Becwar
Party:	Democratic
Polling Place:	Indian Center 1100 Military Rd (South Door → Room on Left) Lincoln, NE 68508

Districts

DISTRICT NAME	DISTRICT TYPE
Lincoln Public Schools	School District
Southeast Com College Dist 4	Community College District
Southeast Com College At Large	Community College District
U.S. Congressional District 1	U.S. Congressional District
Appeals Court Judge Dist 1	Judge of Appeals Court Dist.
County Judge Dist 3	Judge of County Court Dist.
District Judge, Dist 3	Judge of District Court Dist.
Juv Cr. Judge, Lancaster Co.	Judge of Juvenile Court
Supreme Court Judge Dist 1	Judge of Supreme Court Dist.
Legislative District 46	Legislative District
Lower Platte South NRD SubD 5	Natural Resources District
PSC District 1	Public Service Comm District
Board of Regents District 1	Board of Regents
Lincoln City Council DIST 04	City Council (Ward)
Mayor of Lincoln	Mayor
County Commissioner DIST 02	County Board (Commis./Superv)
LPS School Board DIST 03	School Board Ward
State Board of Education Dist1	State Board of Education
City of Lincoln	City Council (Ward)
Lower Platte South NRD At Larg	Natural Resources District

[Voter View Mobile](#)
[Registration Information](#) [Polling Place](#) [Provisional Ballot](#) [Absentee Ballot](#)
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 © Voter View 3.13.1208.8

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

DATE RECEIVED	
Office Use Only	
Class: _____	License #: _____

Applicant Name: DHABS LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: BARRYMORE'S
(Doing Business As)

(402) 476 6540
Phone Number

NATE@RococoTheatre.com
Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- 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.
- Fee payment of ~~\$28.75~~ per person must be made directly to the NSP;
You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp or checks made payable to NSP should be mailed directly to the following address:
**The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521**
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
Include a list of names covered by your payment to insure proper application of payment.
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

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

1. Name: Nate Becwar
(Please print legibly)

Date of Birth: _____
How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck # _____

2. Name: _____
(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____
How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck # _____

3. Name: _____
(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____
How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck # _____

4. Name: _____
(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____
How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck # _____

5. Name: _____
(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____
How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck # _____

6. Name: _____
(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____
How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck # _____

I hereby certify that fees of \$28.75 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): Nate Becwar Title: _____

Signature: [Signature] Date: _____

Point-of-Sale Payments

PAYPORT

NEBRASKA.GOV

PURCHASE RECEIPT

Nebraska State Patrol - Criminal Identification Division

3800 NW 12th Street, Suite A

Lincoln NE 68521

(402)479-4971

Antonina.Anderson-Trumble@nebraska.gov

OTC Local Ref ID: 20432114

THANK YOU FOR USING THE NEBRASKA STATE PATROL PAYPORT SERVICE

Status:	APPROVED
Customer Name:	DHABS,LLC / Barrymore's
Account Number:	*****5919
Routing Number:	104913912
Total Amount Charged	USD\$47.00

Items	Location	Quantity	TPE Order ID	Total Amount
Liquor License		1	26257616	\$45.25

Applicant Name: **Nata Becwar**

Date of Birth: **07/19/1988**

Last four digits Soc. Security Number: **0074**

Total remitted to the Nebraska State Patrol - Criminal Identification Division	\$45.25
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I authorize "" to electronically debit my account.
Customer Copy