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
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  Robert Batt
Commissioner  Chairman
An Equal Opportunity Employer
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: 68504

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@cascotheatre.com

☐ YES  ☐ NO

Spouses Last Name:  First Name:  MI:

Social Security Number:

Driver's License Number & State:

Date Of Birth:  Place Of Birth:

<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>1988</td>
<td>Present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.loc.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: DHABS, 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 18th Street
City: Lincoln County: Lancaster Zip Code: 68508
Premises Phone Number: 402-476-6494
Premises Email address: nate@roccocothreatre.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)
<table>
<thead>
<tr>
<th>YEAR</th>
<th>NAME OF EMPLOYER</th>
<th>NAME OF SUPERVISOR</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>2014</td>
<td>Union Bank</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>2014</td>
<td>Don Ding's</td>
<td></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>Nate Resor</td>
<td>05/2011 Leroy</td>
<td>Lincoln, NE</td>
<td>Speeding Ticket</td>
<td>Stop class</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: 11/9/17   Name on Certificate: Nathan Brewer

<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>Nathan Brewer</td>
<td>11/2017</td>
<td>State alcohol</td>
</tr>
<tr>
<td>&quot;</td>
<td>11/2017</td>
<td>City alcohol</td>
</tr>
<tr>
<td>&quot;</td>
<td>11/2017</td>
<td>Hospitality Enthusiast</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>Nathan Brewer / Bartender</td>
<td>5/14-present</td>
<td>Barimore's 124 N 85th, Lincoln</td>
</tr>
<tr>
<td>&quot;</td>
<td>2011-2013</td>
<td>Don Dino's 84th &amp; Van Dorn, Lincoln</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. (See §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]

ACKNOWLEDGMENT

State of Nebraska
County of Lancaster

January 3rd, 2018

[Notary Public signature]

The foregoing instrument was acknowledged before me this date by Nathan Becwar

NAME OF PERSON BEING ACKNOWLEDGED

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.
Registrait Search Information

Name: Nathan R Beower
Party: Democratic
Polling Place: Indian Center
1100 Military Rd
(South Door ⇒ Room on Left)
Lincoln, NE 68506

Districts

<table>
<thead>
<tr>
<th>DISTRICT NAME</th>
<th>DISTRICT TYPE</th>
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</thead>
<tbody>
<tr>
<td>Lincoln Public Schools</td>
<td>School District</td>
</tr>
<tr>
<td>Southeast Corn College Dist 4</td>
<td>Community College District</td>
</tr>
<tr>
<td>Southeast Corn College At Large</td>
<td>Community College District</td>
</tr>
<tr>
<td>U.S. Congressional Dist 1</td>
<td>U.S. Congressional District</td>
</tr>
<tr>
<td>Appeals Court Judge Dist 1</td>
<td>Judge of Appeals Court Dist</td>
</tr>
<tr>
<td>County Judge Dist 3</td>
<td>Judge of County Court Dist</td>
</tr>
<tr>
<td>District Judge Dist 3</td>
<td>Judge of District Court Dist</td>
</tr>
<tr>
<td>Juv Ct Judge, Lancaster Co.</td>
<td>Judge of Juvenile Court</td>
</tr>
<tr>
<td>Supreme Court Judge Dist 1</td>
<td>Judge of Supreme Court Dist</td>
</tr>
<tr>
<td>Legislative Dist 48</td>
<td>Legislative District</td>
</tr>
<tr>
<td>Lower Platte South NRD SubD 5</td>
<td>Natural Resources District</td>
</tr>
<tr>
<td>PSC District 1</td>
<td>Public Service Comm District</td>
</tr>
<tr>
<td>Board of Regents Dist 1</td>
<td>Board of Regents</td>
</tr>
<tr>
<td>Lincoln City Council DIST 04</td>
<td>City Council (Ward)</td>
</tr>
<tr>
<td>Mayor of Lincoln</td>
<td>Mayor</td>
</tr>
<tr>
<td>County Commissioner DIST 02</td>
<td>County Board (Comm./Superv)</td>
</tr>
<tr>
<td>LPS School Board DIST 03</td>
<td>School Board Ward</td>
</tr>
<tr>
<td>State Board of Education Dist</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>City of Lincoln</td>
<td>City Council (Ward)</td>
</tr>
<tr>
<td>Lower Platte South NRD At Lrg</td>
<td>Natural Resources District</td>
</tr>
</tbody>
</table>
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: DHALE LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: BARRYMORE'S
(Doing Business As)

Phone Number: (402) 471-6540
Contact E-mail Address: NATAC@rococtheatre.com

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".
- Fingerprint cards taken at NSP locations will be forwarded to NSP – CID; Applicant(s) will not have cards to include with license application.
- Fingerprint cards should be submitted with the application.
- Fee payment of $25.00 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).
- Fingerprint cards 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.

FORM 147
REV OCT 2015
PAGE 1
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: _____________________________  
Date: 

FORM 147
REV MAR 2015
PAGE 2
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 |

<table>
<thead>
<tr>
<th>Items</th>
<th>Location</th>
<th>Quantity</th>
<th>TPE Order ID</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor License</td>
<td>26257616</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant Name: Nata Becwar
Date of Birth: 07/19/1968
Last four digits Soc. Security Number: 0074
Total remitted to the Nebraska State Patrol - Criminal Identification Division: $45.25

I authorize to electronically debit my account.
Customer Copy


11/17/2017