February 5, 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 CWC Enterprises, LLC, dba Lady Luck Lounge, 1332 P Street, Suite B, requesting a Class C-122327 liquor license (beer, wine & distilled spirits on and off-sale).

CWC Enterprises, LLC intends to open and operate a dual-themed liquor establishment at this location. The first step was the issuance of a Class CCS-121853 and the opening of Stogies cigar bar on 09-06-2017. This is the final step to complete that goal.

The building in which the establishment is located is approximately 40 feet wide and 125 feet deep. The south portion of the building fronts P Street, it contains approximately 3,000 square feet, and currently houses Stogies cigar bar. Stogies cigar bar has an existing CCS-121853 (beer, wine & distilled spirits on & off-sale, cigar shop) liquor license.

The north portion of the building, containing approximately 2,000 square feet, will be Lady Luck Lounge. This space will serve as a type of speakeasy with its only entrance off of the alley. Patrons exiting the business will be directed into a hallway leading to a separate exit. Each business has a separate entrance/exit.

Chad Carlson, sole 100% shareholder and President of CWC Enterprises, LLC, is requesting that he be approved as the manager of the liquor license. Mr. Carlson completed the required alcohol management training on August 11, 2016.

Chad Carlson is an existing liquor licensee with six licenses in Lincoln, and an approved manager for five of the licenses. They are:

C-096732 – Misty’s, 3930 Village Dr
CK-053390 – Misty’s Restaurant & Lounge, 6235 Havelock Ave
L-059721 – Misty’s Steakhouse & Brewery, 200 N 11th St
CK-059720 - Misty’s Steakhouse & Brewery, 200 N 11th St
CK-097042 – Nebraska Champions Club, 707 Stadium Dr
CCS-121853 – Stogies, 1332 P Street, Suite A
Chad Carlson’s driver and criminal history are as follows:

03-16-2017 Fail to stay in lane  
(Sarpy Co/NSP)  
Infraction

09-27-2011 Violate speed limit 6-10 MPH  
(Lancaster Co/LPD)  
Infraction

02-18-2010 Violate speed limit 6-10 MPH  
(Lancaster Co/LPD)  
Infraction

06-09-2008 Violate speed limit 11-15 MPH  
(Lancaster Co/LPD)  
Infraction

09-03-2003 Misuse public property/abandon vehicle  
(Lancaster Co/NE G&P)  
Misdemeanor

10-10-2001 Speeding 6-10 MPH  
(Seward Co/NSP)  
Infraction

12-03-1990 Violate stop sign  
(Lancaster Co/LPD)  
Infraction

05-03-1989 No park permit  
Fail to appear  
(Lancaster Co/NE G&P)  
Misdemeanor

11-12-1987 Violate automatic traffic signal  
(Lancaster Co/LPD)  
Infraction

09-29-1987 Registration required on street  
(Lancaster Co/LPD)  
Misdemeanor

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 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

RECEIVED
JAN 10 2018

NEBRASKA LIQUOR CONTROL COMMISSION

Class Type
122327

Hot List: YES NO New/Replacing #

Initial

Applicant name CWC Enterprises, LLC

Trade name Lady Luck Lounge

Previous trade name N/A (Related to and Affiliated with CWC Enterprises, LLC d/b/a Stogies)

Contact email address cwcenterprisesllc@gmail.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.

Mon. 9:30 - Chad

Office use only
PAYMENT TYPE CK 1197
AMOUNT: 400
Received: JM
1. X 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. X Enclose application fee of $400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at PAYPORT.

3. X Enclose the appropriate application forms;
   Individual License (requires insert form 1)
   Partnership License (requires insert form 2)
   Corporate License (requires insert form 3a & 3c)
   xx Limited Liability Company (LLC) (requires form 3b & 3c)

4. X 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. N/A If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. N/A 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. N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (Form 125).

8. N/A Enclose a list of any inventory or property owned by other parties that are on the premises.

9. X 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. X Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State’s Office.

11. X 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

_1/8/18_

Date
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
_____ B BEER, OFF SALE ONLY
xxx 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)
xxx 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 Lyle E. Wheeler, Jr. or Paul J. Peter
Phone number: 402-475-8230

Firm Name Keating, O'Gara, Nedved & Peter, PC, LLO

RECEIVED
JAN 10 2018
NEBRASKA LIQUOR CONTROL COMMISSION

FORM 100
REV FEB 2017
PAGE 3
PREMISES INFORMATION
Trade Name (doing business as) Lady Luck Lounge

Street Address #1 1332 "P" Street

Street Address #2

City Lincoln County Lancaster Zip Code 68506

Premises Telephone number in process

Business e-mail address cwenterpriseslc@gmail.com

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

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

Name Chad Carlson, Manager

Street Address #1 2326 Andrea Place

Street Address #2

City Lincoln State NE Zip Code 68512

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 39 x width 127 in feet

Is there a basement? Yes No xxx

If yes, length ______ x width ______ in feet

Is there an outdoor area? Yes No xxx

If yes, length ______ x width ______ in feet

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

See attached. (Please note: Two establishments are co-located in these premises - the other being CWC Enterprises, LLC d/b/a "Stogies," license #121853. The portion of the premises under consideration in this application has been identified on the attachment. Although co-located, the establishments operate independently and have separate entrances.)
Main entrance to Lady Luck Lounge

Storage for Stogie's

No alcohol in hallway

Exit

Employee Only Access into Lady Luck from Common hallway

1st Floor
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.

   X 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>Chad Carlson</td>
<td>3/16/17</td>
<td>Papillion, Nebraska</td>
<td>Improper lane change</td>
<td>Pled guilty; 1 point and fine</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

   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: **Leaf and Hops - No. 111554**

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?

XX YES    NO

If yes, list the lender(s)
Pinnacle Bank, Lincoln, Nebraska

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

YES XX NO

If yes, explain. (all involved persons must be disclosed on application)

N/A

No silent partners

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

YES XX NO

If yes, list such item(s) and the owner.

N/A

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 XX 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

N/A

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

YES XX NO

If yes, list the person, the law enforcement agency involved and the person’s exact duties.

N/A

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, Lincoln, Nebraska - Chad W. Carlson as sole signatory

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.

1. P.R. Ventures, Inc., 6235 Havelock Ave., Lincoln, NE 68507 - License #53390

2. PRA, Inc., 200 North 11th Street, Lincoln, NE 68508 - License #59720

3. C&RV, LLC, 2930 Village Drive, Lincoln, NE 68516 - License #096732

4. P.R. Ventures, Inc. - Champions Club, 707 Stadium Drive, Lincoln, NE 68508 - License #097042

5. CWC Enterprises, LLC d/b/a Stogies, 1332 "P" Street, Lincoln, NE 68508 - License #121853
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>(d) Chad W. Carlson</td>
<td>1989- present</td>
<td>Various training services with the LLC; managed catering and liquor sales for Cornhusker Hotel and Misty's operations for over 25 years.</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>Chad W. Carlson</td>
<td>1989</td>
<td>Cornhusker Hotel, Lincoln, NE</td>
</tr>
<tr>
<td></td>
<td>2001</td>
<td>Misty's, Lincoln, NE</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.**

**xxx** Lease: expiration date 5/31/2022 (Three (3) five year options thereafter)

**Deed**

**Purchase Agreement**

14. When do you intend to open for business? **February 1, 2018**

15. What will be the main nature of business? **“Speak Easy” Liquor Lounge**

16. What are the anticipated hours of operation? **5:00 p.m. - 2:00 a.m.**

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**

<table>
<thead>
<tr>
<th>APPLICANT: CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>TO</th>
<th>SPouse: CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1632 West Garfield Circle, Lincoln, NE</td>
<td>1999</td>
<td>2006</td>
<td>same</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6100 Pine Knot Drive, Denton, NE</td>
<td>2006</td>
<td>2017</td>
<td>same</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2326 Andrea Place, Lincoln, NE</td>
<td>2017</td>
<td>present</td>
<td>same</td>
<td></td>
<td></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**

Chad W. Carlson

**Print Name**

**Signature of Applicant**

Krista J. Carlson

**Print Name**

**Signature of Spouse**

**Print Name**

---

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

Jan 9, 2018

Notary Public signature

**The foregoing instrument was acknowledged before me this**

by Chad W. Carlson and Krista J. Carlson

(name of person(s) acknowledged (individual(s) signing))

---

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.
I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit 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 or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Krista J. Carlson
Printed name of spouse asking for waiver

(State of listed below)
Nebraska

(County of)
Lancaster

January 9, 2018
date

Notary Public signature

The foregoing instrument was acknowledged before me this
by
name of person acknowledged

Affix Seal

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

Chad W. Carlson
Printed name of applying individual

(State of listed above)
Nebraska

(County of)
Lancaster

January 9, 2018
date

Notary Public signature

The foregoing instrument was acknowledged before me this
by
name of person acknowledged

Affix Seal

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.
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

Office Use
RECEIVED
JAN 0 2018

NEBRASKA LIQUOR
CONTROL COMMISSION

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: Paul J. Peter

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
CWC Enterprises, LLC

LLC Address: 530 South 13th Street, Suite 100
City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: in process LLC Fax Number: in process

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

Last Name: Carlson First Name: Chad MI: W.

Home Address: 2326 Andrea Place City: Lincoln
State: NE Zip Code: 68512 Home Phone Number: (402) 429-6443

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of

The foregoing instrument was acknowledged before me this

by

name of person acknowledge

Affix Seal

GENERAL NOTARY - State of Nebraska
PAUL J. PETER
My Comm. Exp. August 10, 2021

FORM 102
REV JUNE 2015
Page 1 of 4
Is the applying Limited Liability Company controlled by another corporation/company?

☐ YES  ☐ NO

If yes, provide the following: N/A
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 #: N/A
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.

- Fingerprint 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.

- Fingerprint 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.
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: CWC Enterprises, LLC

Premises information
Liquor License Number: applied for Class Type C
(if new application leave blank)
Premises Trade Name/DBA: Lady Luck Lounge
Premises Street Address: 1332 "P" Street
City: Lincoln County: Lancaster Zip Code: 68508
Premises Phone Number: in process
Premises Email address: cwcenterprisesllc@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: Carlson  First Name: Chad  MI: W

Home Address: 2326 Andrea Place

City: Lincoln  County: Lancaster  Zip Code: 68512

Home Phone Number: (402) 429-6443

Driver's License: Nebraska

Social Security

Date Of Birth: Of Birth: Council Bluffs, Iowa

Email address: cwcenterprisesllc@gmail.com

Are you married? If yes, complete spouse's information (Even if a spouse affidavit has been submitted)

☑ YES  ☐ NO

Spouse's information

Spouses Last Name: Carlson  First Name: Krista  MI: J.

Social Security

Driver's License

Date Of Birth: Date Of Birth: Lincoln, Nebraska

---

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE LAST TEN (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>1632 West Garfield Circle, Lincoln, NE</td>
<td>1999</td>
<td>2006</td>
<td>same</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6100 Pine Knot Drive, Denton, NE</td>
<td>2006</td>
<td>2017</td>
<td>same</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2326 Andrea Place, Lincoln, NE</td>
<td>2017</td>
<td>present</td>
<td>same</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MANAGER'S LAST TWO EMPLOYERS

<table>
<thead>
<tr>
<th>YEAR FROM</th>
<th>TO</th>
<th>NAME OF EMPLOYER</th>
<th>NAME OF SUPERVISOR</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>2001</td>
<td>The Cornhusker Hotel</td>
<td>Jerry Barnes</td>
<td>(402) 474-7474</td>
</tr>
<tr>
<td>2001</td>
<td>present</td>
<td>Misty's</td>
<td></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>Chad W. Carlson</td>
<td>3/16/17</td>
<td>Papillion, NE</td>
<td>Improper lane change</td>
<td>Plead guilty; 1 point and fine</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):
Misty’s Havelock; Misty’s Downtown; Misty’s South; and Champions Club; CWC Enterprises, LLC d/b/a Stogies.

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>Chad W. Carlson</td>
<td>1989 - present</td>
<td>Various training services with the LLC; managed catering and liquor sales for Comhusker Hotel and Misty's operations for over 25 years.</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>Chad W. Carlson</td>
<td>1989</td>
<td>Cornhusker Hotel, Lincoln, NE</td>
</tr>
<tr>
<td></td>
<td>2001</td>
<td>Misty's, Lincoln, NE</td>
</tr>
</tbody>
</table>

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 §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

January 7 2023

by

NAME OF PERSON BEING ACKNOWLEDGED

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.
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: CWC Enterprises, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: Lady Luck Lounge
(Doing Business As)

(402) 479-6443 cwcenterprisesllc@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 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: Chad W. Carlson  
   Date of Birth:  
   Date fingerprints were taken: 6-2-17  
   Location where fingerprints were taken: NSP-3800 NW 12th, Lincoln, NE 68521  
   How was payment made to NSP? ☐ NSP PAYPORT ☐ CASH ☒ CHECK SENT TO NSP Ck # 10124  
   My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago ☐  

2. 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 ☐  

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 ☐  

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 ☐  

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): Chad Carlson  
Title: Manager  
Signature:  
Date: 1/8/18  

FORM 147  
REV DEC 2016  
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