February 19, 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 CJ's Kitchen, LLC, dba CJ's Neighborhood Bar & Grill, 200 West P Street, Unit #2, requesting a Class I-122232 liquor license.

This is the former location of Halftime Bar & Grill, which held a Class I liquor license and Shooters Bar & Grill, which held a Class C liquor license.

Carrie DeFreece, President of CJ's Kitchen, LLC, is requesting that she be approved as the manager of the liquor license. She is signed up to taken the Alcohol Management Training on 3-8-2018.

Ms. DeFreece has the following traffic convictions:

12-06-2016  Speeding 11-15 over the limit
(Otoe County)             Infraction
09-07-1990   Speeding
(Lancaster Co. / NSP)     Infraction
08-04-1989   Following Too Close
(Lancaster Co. / LPD)     Infraction

Ms. DeFreece has no criminal 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
APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95946
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

RECEIVED
JAN 04 2018

NEBRASKA LIQUOR
CONTROL COMMISSION

Hot List: YES ☐ NO ☑
New/Replacing #: 122232

Class Type I

Initial A#

Applicant name CJ's Kitchens, LLC

Trade name CJ's Neighborhood Bar & Grill

Previous trade name ph # 4024552587

Contact email address Carrie.defreeze@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.

Office use only
PAYMENT TYPE CK 1242
AMOUNT: 400
Ref 169402 Received: jm

160006647

FORM 100
REV FEB 2017
PAGE 1
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

[4/18]
APPLICATION FOR LIQUOR LICENSE
RETAIL
NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-95046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov/

RECEIVED
JAN 03 2018
NEBRASKA LIQUOR
CONTROL COMMISSION

Class 1, LLC

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS

RETAIL LICENSE(S) Application Fee $400 (nonrefundable)

_____ A BEER, ON SALE ONLY
_____ B BEER, OFF SALE ONLY
_____ C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
_____ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
____ J LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120
_____ AB BEER, ON AND OFF SALE
_____ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
_____ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

_____ Class K Catering license (requires catering application form 106) $100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

_____ Individual License (requires insert 1 FORM 104)
_____ Partnership License (requires insert 2 FORM 105)
_____ Corporate License (requires insert 3a FORM 101 & 3c FORM 103)
____ Limited Liability Company (LLC) (requires form 3b FORM 102 & 3c FORM 103)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable):
Commission will call this person with any questions we may have on this application:

Name_________________________________________ Phone number:______________________________________

Firm Name______________________________________
**PREMISES INFORMATION**

Trade Name (doing business as)  
CS Neighborhood Bar & Grill

Street Address #1  
200 W. P Street & Unit No. 2

Street Address #2

City  
Lincoln  
County  
Lancaster  
Zip Code  
68528

Premises Telephone number

Business e-mail address  
Carrie.defreeze@gmail.com

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

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

Street Address #1  
1109 W. Britt Dr.

Street Address #2

City  
Lincoln  
State  
NE  
Zip Code  
68521

**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 90' x width 60' in feet  
100' x 50'

Is there a basement?  
Yes  
No

Is there an outdoor area?  
Yes  
No

If yes, length 21' x width 30' in feet  
26' x 30'

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

---

**Diagram:**

- **Outdoor Beer Garden:** 4,100 sq. ft.
- **Building:** 4,100 sq. ft.
- **Outdoor Area:** Approx. 26' x 30'
- **One Story Building:** Approx. 100' x 50'

---

**Notes:**

- Sun Valley Blvd.
- N →
- E

---

**Additional Information:**

- One story building approx. 100' x 50'
- Including outdoor area approx. 26' x 30'
1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual’s name. Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

- **YES**  
- **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>Carrie Defreeze</td>
<td>10/2015</td>
<td></td>
<td>Expired invalid license</td>
<td>Renewed, fine paid</td>
</tr>
<tr>
<td>Carrie Defreeze</td>
<td>10/2015</td>
<td></td>
<td>Speeding</td>
<td>Fine paid</td>
</tr>
</tbody>
</table>

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

- **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?

- **YES**  
- **NO**

**If yes**, give name and license number Shooters Bar and Grill - C-105599

C-111057

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

- **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.

**Halftime Bar & Grill**: I-121575

**Halftime Sports Bar and Grill**: I-121046
5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

[ ] YES  [x] NO

If yes, list the lender(s)

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?

[ ] YES  [ ] NO

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

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

[ ] YES  [ ] 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  [ ] 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.

[ ] Comer Bank, 1st & Comer; Carrie Defreeze

=> Owner

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.

[ ] N/A
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>Carrie DeFreece</td>
<td></td>
<td>In-process</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>
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</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.**

- Lease: expiration date
  - [X] 12/31/18
  - [X] Renewable to 12/31/19
  - [X] Automatically if notice not given by Aug. 1

- Deed

- Purchase Agreement

14. When do you intend to open for business? **March 2018**

15. What will be the main nature of business? **Food and alcohol service, entertainment**

16. What are the anticipated hours of operation? **11am-11pm Mon, 11am-2am Fri/Sat, 12pm-10pm Sun**

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>Year To</th>
<th>Spouse: City &amp; State</th>
<th>Year From</th>
<th>Year To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln, NE</td>
<td>1978</td>
<td>Present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</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: [Signature]

Print Name: Carrie Defreeze

Signature of Spouse: [Signature]

Print Name: [Print Name]

Signature of Applicant: [Signature]

Print Name: [Print Name]

Signature of Spouse: [Signature]

Print Name: [Print Name]

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

4th day of January, 2018

by Carrie Defreeze

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

Jill L. Nelson
Notary Public signature

[Notary 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.
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: Carrie J. DeFreece  DeFreece, Carrie J

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

CJ's Kitchens, LLC  10253078

✓ LLC Address: 1109 W. Britt Dr.

City: Lincoln  State: NE  Zip Code: 68521

LLC Phone Number: (402) 450-5787  LLC Fax Number

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

Last Name: DeFreece  First Name: Carrie  MI: J

✓ Home Address: 1109 W. Britt Dr.  City: Lincoln

State: NE  Zip Code: 68521  Home Phone Number: (402) 450-5787

Carrie DeFreece

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

✓ 44th day of January, 2018

Date

Jeff A. Nelson

The foregoing instrument was acknowledged before me this

name of person acknowledge

Affix Seal

GENERAL NOTARY - State of Nebraska
JILL L. NELSON
My Comm. Exp. March 6, 2018
List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: DeFreece  First Name: Carrie  MI: J.

Social Security Number: 

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

Spouse Social Security Number: _______________  Date of Birth: _______________

Percentage of member ownership: 100% 

Last Name: _______________  First Name: _______________  MI: ______

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: 

Last Name: _______________  First Name: _______________  MI: ______

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: 

Last Name: _______________  First Name: _______________  MI: ______

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?

☑️ 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  Ending Date: December

☑️ Is this a Non Profit Corporation?

☐ YES  ☑️ NO

If yes, provide the Federal ID #. __________________________
STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

CJ'S KITCHENS, LLC


I further certify that attached is a true and correct copy of the above mentioned Certificate of Organization.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of December 7, 2017

[Signature]
Secretary of State
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: CJ's Kitchens, LLC

Premise Information
✓ Premise Trade Name/DBA: CJ's Neighborhood Bar & Grill
✓ Premise Street Address: 200 W. P street Unit No.2
City: Lincoln County: Lancaster Zip Code: 68528
Premise Phone Number:
Premise Email address: Carrie.desieree@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: DeFreece  First Name: Carrie  MI: J.
Home Address: 1109 W. Britt Dr.
City: Lincoln  County: Lancaster  Zip Code: 68521
Home Phone Number: (402) 450-5787

Driver's License: NE
Social Security
Date of Birth: Birth: Omaha, NE
Email address: Carrie.defreeze@gmail.com

Are you married? If yes, complete spouse's information (Every spouse listed must be 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:

Applicant & Spouse must list residences for the past 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>Lincoln, NE</td>
<td>1998</td>
<td>Present</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MANAGER'S LAST TWO EMPLOYERS

<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>2017</td>
<td>Present</td>
<td>Carlos Servan</td>
<td>402-471-8104</td>
</tr>
<tr>
<td>1998</td>
<td>WasteCap Nebraska</td>
<td>Tyler Mainquist</td>
<td>402-420-1556</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>Carrie DeFreece</td>
<td>10/2015</td>
<td>Auburn, NE</td>
<td>invalid Drivers License</td>
<td>Renewed</td>
</tr>
<tr>
<td>Carrie DeFreece</td>
<td>10/2015</td>
<td>Auburn, NE</td>
<td>Speeding</td>
<td>Paid 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):

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>Carrie DeFreeze</td>
<td></td>
<td><strong>In-process</strong></td>
</tr>
</tbody>
</table>

*For list of NLCC Certified Training Programs see training

Experience:

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<th>Applicant Name / Job Title</th>
<th>Date of Employment:</th>
<th>Name &amp; Location of Business:</th>
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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.

Signature of Manager Applicant ______________________________ Signature of Spouse ______________________________

ACKNOWLEDGEMENT

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

4th day of January, 2018

Notary Public signature ______________________________________

NAME OF PERSON BEING ACKNOWLEDGED ______________________________________

GENERAL NOTARY - State of Nebraska
JILL L. NELSON
My Comm. Exp. March 8, 2018

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: C J's Kitchens, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: C J's Neighborhood Bar & Grill
(Doing Business As)

Phone Number (402) 450-5787
Contact E-mail Address Carrie.defreece@gmail.com

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

- 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 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: Carrie J. DeFreece Date of Birth: 
Date fingerprints were taken: 12/15/17 Location where fingerprints were taken: NSP - Lincoln
How was payment made to NSP? □ NSP PAYPORT □ CASH □ CHECK SENT TO NSP Ck # 1239

My fingerprints are already on file with the commission – fingerprints completed for a previous
application less than 2 years ago  YES □

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  YES □

3. Name: ___________________________ Date of Birth: ______________ Last 4 SSN: ________
Date fingerprints were taken: __________ Location where fingerprints were taken: ______________
How was payment made to NSP? □ NSP PAYPORT □ CASH □ CHECK SENT TO NSP Ck # _______

My fingerprints are already on file with the commission – fingerprints completed for a previous
application less than 2 years ago  YES □

4. Name: ___________________________ Date of Birth: ______________ Last 4 SSN: ________
Date fingerprints were taken: __________ Location where fingerprints were taken: ______________
How was payment made to NSP? □ NSP PAYPORT □ CASH □ CHECK SENT TO NSP Ck # _______

My fingerprints are already on file with the commission – fingerprints completed for a previous
application less than 2 years ago  YES □

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): Carrie J. DeFreece Title: Owner

Signature: ___________________________ Date: 12/15/17