

RESOLUTION NO. _____

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A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA RECOMMENDING TO THE NEBRASKA LIQUOR CONTROL COMMISSION, APPROVAL OF THE CLASS Z LIQUOR LICENSE APPLICATION FOR CUT SPIKE DISTILLERY LLC DBA CUT SPIKE DISTILLERY IN LA VISTA, NEBRASKA.

WHEREAS, Cut Spike Distillery LLC dba Cut Spike Distillery, 11941 Centennial Road, Suite 1, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class Z Liquor License, and

WHEREAS, the Nebraska Liquor Control Commission has notified the City of said application, and

WHEREAS, the City has adopted local licensing standards to be considered in making recommendations to the Nebraska Liquor Control Commission, and

WHEREAS, said licensing standards have been considered by the City Council in making its decision.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, hereby recommend to the Nebraska Liquor Control Commission approval of the Class Z Liquor License application submitted by Cut Spike Distillery LLC dba Cut Spike Distillery, 11941 Centennial Road, Suite 1, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 1ST DAY OF APRIL, 2014.

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Pamela A. Buethe, CMC
City Clerk

LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM

TO: PAM BUETHE, CITY CLERK
FROM: BOB LAUSTEN, POLICE CHIEF
SUBJECT: LOCAL BACKGROUND- MICRODISTILLERY LICENSE/MANAGER CUT-SPIKE DISTILLERY
DATE: 3/25/2014
CC:

The police department conducted a check of computerized records on the applicant, Jason Payne for criminal conduct in Nebraska and Sarpy County in reference to the Liquor License application. The applicant has no entries.

RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION

Date delivered from NLCC office: March 21, 2014

JBM

I, _____ Clerk of _____
(City, Village or County)

Nebraska, hereby report to the Nebraska Liquor Control Commission in accordance with Revised Statutes of Nebraska, Chapter 53, Section 134 (7) the recommendation of said city, village or county, as the case may be relative to the application for a license under the provisions of the Nebraska Liquor Control Act as applied for by:

Cut Spike Distillery LLC DBA Cut Spike Distillery

11941 Centennial Road, Suite 1, La Vista, NE 68128 (Sarpy County)

NEW APPLICATION for Class Z 106685

45 days – May 5, 2014

1. Notice of local hearing was published in a legal newspaper in or of general circulation in city, village or county, one time not less than 7 nor more than 14 days before time of hearing.

Check one: Yes _____ No _____

The Statutes require that such hearing shall be held not more than 45 days after the date of receipt of this notice from the Commission.

2. Local hearing was held not more than 45 days after receipt of notice from the Nebraska Liquor Control Commission.

Check one: Yes _____ No _____

3. Date of hearing of Governing Body:

4. Type or write the Motion as voted upon by the Governing Body. If additional Motions are made by the Governing Body, then use an additional page and follow same format.

5. Motion was made by: **Seconded by:**

6. Roll Call Vote:

7. **Check one:** Motion Passed: **Motion Failed:**

8. If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which

the motion was made.

(Attached additional page(s) if necessary)

SIGN HERE _____ **DATE** _____
(Clerks Signature)

APPLICATION FOR LIQUOR LICENSE
MICRODISTILLERY
CHECKLIST

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.ne.gov

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FEB 25 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

Applicant Name

Cut Spike Distillery, LLC

21000085

E-Mail Address:

jason@cutspike.com

Web Site Address:

www.cutspike.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 state.

3-25-14 Crim hist sent

to Mary Messman

REQUIRED ATTACHMENTS

Microdistillery means a distillery located in Nebraska that is licensed to distill liquor on the premises of the distillery licensee and produces ten thousand or fewer gallons of liquor annually.

N/A

Required

1) Application fee \$400 plus licensee fee \$250

to be paid

Total \$650 (Check made payable to Nebraska Liquor Control Commission)

X

2) Copy of Federal Basic Permit issued by Alcohol and Tobacco Tax and Trade Bureau (TTB)

X

3) Alcoholic Liquor Tax Bond, \$1,000 minimum including the Power of Attorney documentation
(May use form 115)

3-21-14 Local report sheet ^{only} sent to locals

X

4) Submit diagram to include:

- Facility dimensions and description
- Identify production area
- Any storage area

*3-25-14 copy of complete application sent to
city of Lincoln (PMB)*

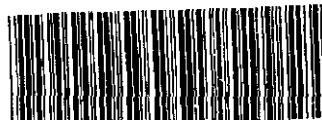
X

5) Copy of business plan

N/A

6) Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office or law enforcement agency listed in the enclosed fingerprint brochure.

CK 2600 - \$250.00



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FEB 25 2014

NEBRASKA LIQUOR
CONTROL BOARD

7) 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)

8) 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 making application. Lease term must run through the license year being applied for.

9) Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

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.


Authorized Signature

Jason Payne

Print Name

402-763-8868

Contact Phone Number

2/18/2014

Date

**APPLICATION FOR LIQUOR LICENSE
MICRODISTILLERY**

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

106685

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK IF SIR/ED CLASS(S)**

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Class Z Microdistillery Application fee \$400 plus licensee fee \$250
Total \$650 (Check made payable to Nebraska Liquor Control Commission) FEB 26 2014

Class K Catering license (requires catering application form 106) \$100.00 NEBRASKA LIQUOR
CONTROL COMMISSION

Copy of Federal Basic Permit

Alcoholic Liquor Tax Bond minimum of \$1,000 (form 115 may be used)

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

Term of license runs from May 1 – April 30
Catering license (K) expires same as craft brewery (brewpub) license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

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)

NAME OF PERSON 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 _____

PREMISE INFORMATIONTrade Name (doing business as) Cut Spike DistilleryStreet Address #1 11941 Centennial Road, Ste 1

Street Address #2

City La Vista County Sarpy # 50 Zip Code 68128Premise Telephone number 402-763-8868**RECEIVED** NO
 YES
FEB 25 2014

Is this location inside the city/village corporate limits:

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

Name Cut Spike DistilleryNEBRASKA LIQUOR
COMMISSIONStreet Address #1 11941 Centennial Road, Ste 1

Street Address #2

City La Vista State NE Zip Code 68128**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****RECOMMENDED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, and/or sales areas. 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.

Length 52 feetWidth 42 feet

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

*No Basement One Story**See Attached*

APPLICATION FOR LICENSE**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

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.

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
Jason Payne	07/2000	Iowa City, IA	Public Intoxication	fine paid
				RECEIVED
				FEB 25 2014

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

NEBRASKA LIQUOR

DEPARTMENT OF AGRICULTURE

3. Was this premise licensed as a liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number Cut Spike Distillery, LLC, Z-084858

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

YES NO

If yes:

- a) Attach temporary operating permit (form 125)
- b) T.O.P. 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?

YES NO

If yes, list the lender Core Bank, Omaha, Nebraska

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

YES NO

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

FEB 25 2014

Quaff, LLC owns 100% of the Applicant *controlling corp* **NEBRASKA LIQUOR**
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 premise 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)

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.

Core Bank - withdrawals and checks may be issued by Jason Payne, Brian Magee, and Quaff, LLC's accountant

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.

Upstream Brewing Company

Class 1 - 34776 (Alcoholic Liquor on Sale)

Class L - 34777 (Brewpub)

Upstream Brewing Company West

Class L - 084643 (Brewpub)

Class CK - 084642 (Catering)

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as follows:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

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FEB 26 2014

NEBRASKA LIQUOR

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Jason Payne	09/2003 - 11/2008	Upstream Brewing Company
Jason Payne	11/2008 - present	Lucky Bucket Brewing Company and Cut Spike Distillery

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 _____
 Deed _____
 Purchase Agreement _____

May 2015

May 31, 2015

14. When do you intend to open for business?

Currently open for business

15. What will be the main nature of business?

Manufacture and Wholesale of Spirits

16. What are the anticipated hours of operation?

Tasting Room - Wednesday through Friday 4 pm - 10 pm, Saturday 11 am - 5 pm

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					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Omaha, Nebraska	2002	present	Omaha, Nebraska	2004	present

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.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

J.P. PRESIDENT/MANAGING
Signature of Applicant MEMBER

Cathy Magel
Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

Megan K. Payne
Signature of Spouse

Brian J. Payne
Signature of Spouse

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Signature of Spouse

11/13/2014

RECEIVED
Signature of Spouse

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Douglas

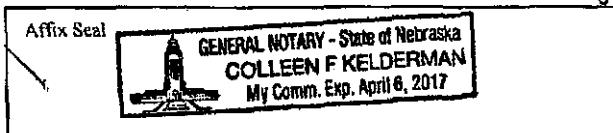
2-20-14

date

Colleen F. Kelderman

Notary Public signature

by Colleen F. Kelderman name of person acknowledged
Megan K. Payne Brian J. Payne Cathy Magel



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.

**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.ne.gov

Office Use

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 in the State of Nebraska
- Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.
- 21 years of age or older

Corporation/LLC Information

Name of Corporation/LLC:

Cut Spike Distillery LLC

Liquor License Number:

Class Type

Z

(if new application leave blank)

Premise Trade Name/DBA:

Cut Spike Distillery

Premise Street Address:

11941 Centennial Road, Ste 1

City: **La Vista**

County:

Sarpy

Zip Code:

68128

Premise Phone Number:

402-763-8868

Email address:

jason@cutspike.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. Click on this link to see authorized individuals. http://www.lcc.ne.gov/license_search/licsearch.cgi



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Signed. BC, voter reg, no prints required due to

Manager information must be completed below PLEASE PRINT CLEARLY ANNEXATION

Last Name: Payne

First Name: Jason

MI: D

Home Address (include PO Box if applicable): 615 N 40th St

City: Omaha

County: Douglas

Zip Code: 68131

Home Phone Number: 402-490-1357

Business Phone Number: 402-763-8868

Social Security Number: _____

Drivers License Number & State: _____

Date Of Birth: _____

Place Of Birth: Little Rock, AR

Email address: jason@cutspike.com

Are you married? If yes, complete spouses information (Even if a spousal affidavit has been submitted) _____

YES

NO

no prints required due to

Sign, BC, voter reg, annexation

Spouse's Information

Spouses Last Name: Payne

First Name: Megan

MI: K

Social Security Number: - - -

Drivers License Number & State: _____

Date Of Birth: _____

Place Of Birth: Omaha, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT _____ SPOUSE _____

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha, NE	2002	present	Omaha, NE	2004	present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2003	2008	Upstream Brewing Company	Brian Magee	402-344-0200
2002	2003	Cargill	Jim Tischer	N/A

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. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

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
Jason Payne	07/2000	Iowa City, IA	Public Intoxication	fine paid

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):

Lucky Bucket Brewing Company
and Cut Spike Distillery

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: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Jason Payne/President	2008 to present	Lucky Bucket Brewing Company and Cut Spike Distillery
Jason Payne/Head Brewer	2003 to 2008	Upstream Brewing Company

5. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?
(Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

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.

J.P. PRESIDENT / MANAGING MEMBER
Signature of Manager Applicant

Megan K. Payne Megan K. Payne
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

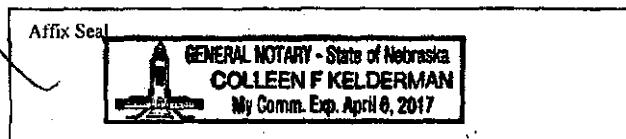
2-20-14

date

by Jason Payne Megan Payne
name of person acknowledged

Colleen F. Kelderman

Notary Public signature



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