

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

NAME OF LICENSED CORPORATION Mary's Place, Inc.		CLASS & LICENSE NUMBER		
TRADE NAME OF LICENSED PREMISE Mary's Place				
STREET ADDRESS OF LICENSED PREMISE 1920 West "O" Street	CITY Lincoln	COUNTY Lancaster	ZIP CODE 68528	
On behalf of the corporation, I designate this individual as corporate manager.				
Signature of Corporate President/CEO:				
NAME (LAST, FIRST, MIDDLE, MAIDEN) Jones, Mary Joann	SEX F <input checked="" type="checkbox"/> M <input type="checkbox"/>	SOCIAL SECURITY NUMBER ██████████	DATE OF BIRTH 1-██████	PLACE OF BIRTH Osceola, NE
HOME STREET ADDRESS 4205 "L" Street	CITY Lincoln	COUNTY Lancaster	STATE NE	ZIP CODE 68510
HOME TELEPHONE NUMBER (402) 327-0880	BUSINESS TELEPHONE NUMBER (402) 434-3335		DRIVERS LICENSE NUMBER & STATE ██████████	
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) N/A		SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE	
DATE OF BIRTH:		PLACE OF BIRTH:		
<p>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 criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Applicant pled no contest to a Class I misdemeanor of false reporting (§28-907) in April of 1999. (There is no disqualification under §53-125(5) as charge was pursuant to article 9 of Chapter 28.)</p>				

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

YES NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

YES NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

YES NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

YES NO

APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE		YEAR FROM TO	
Lincoln, NE		1980	2001				

FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
3-95	1-96	Firstier Bank	Peggy Lemon	1-800-872-2657
8-89	Present	Joe's Place	Pat Quattrocchi	434-3335

STATE OF NEBRASKA)
) SS
COUNTY OF)

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, an affidavit may be attached, however, fingerprint cards are still required to be filed.

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 and inaccurate.

Mary Jones
Signature of Applicant

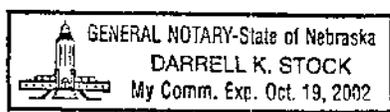
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 29th
day of May, 2001

Subscribed in my presence and sworn to before me this _____
day of _____

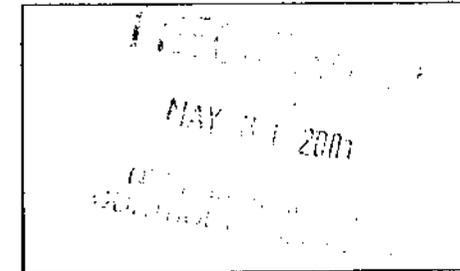
Darrell K. Stock
Notary Signature & Seal

Notary Signature & Seal



Corporation Application for License - Form 3 and 4

Nebraska Liquor Control Commission



INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate.
- 2) Fingerprint cards (2 cards per person) must be submitted for each stockholder owning over 25% stock, chief executive officer, manager and all spouses.
- 3) Information regarding spouses must be completed; indicate if **NOT** married, or, spouse may provide an affidavit of **NO** interest if they have no interest at all, directly or indirectly.

Is this corporation organized under the laws of Nebraska, not for profit, exempted from the payment of Federal Income Taxes as provided by Section (501)(c)(4), (7) or (8) Internal Revenue Code of 1954. YES NO If yes, a certified copy of letter of exemption from the Internal Revenue Service shall be attached to this application recognizing the exempt status of the corporation.

Name of Corporation That Will Hold License. Attach copy of State of Nebraska Registration			Total Number of Shares Attach Copies of Stock Certificates.	
Mary's Place			1000	
Corporate Street Address (1)		Corporate Street Address (2)		Corporate Telephone Number
1920 West "O" Street		n/a		402-434-3335
City	County	State	Zip Code	
Lincoln	Lancaster	NE	68528	
Name of Resident Agent			Name of Manager	
Mary J. Jones			Mary J. Jones	
IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER				
Name		Title	Date of Birth	Social Security Number
Mary J. Jones		President	██████████	██████████
Home Address (1)		Home Address (2)		Driver's License Number
4205 "L" Street		n/a		██████████
City		State	Zip Code	Home Telephone Number
Lincoln		NE	68510	327-0880
			Business Telephone Number	
			434-3335	

Corporation Application for License - Form 3 and 4

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS AND SPOUSES					
Name of Officers, Directors, Spouses and Address Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title	Number of Shares	
OFFICER'S NAME Mary Joann Jones	[REDACTED]	[REDACTED]	President/Secretary/Treasu	1000	
Spouse's Name					
OFFICER'S NAME					
Spouse's Name					
OFFICER'S NAME					
Spouse's Name					
OFFICER'S NAME					
Spouse's Name					
OFFICER'S NAME					
Spouse's Name					
OFFICER'S NAME					
Spouse's Name					

(If Necessary, Continue on Separate Sheet)