



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

June 27, 2006

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Gas N Shop Inc, d.b.a. Cappy's 5560 South 48th Street requesting a class I liquor license.

This location was previously known as Cheerleaders which held a liquor license

Cappy's has requested that John Caporale be approved as the manager of the liquor license.

Background information on the applicant is as follows:

John Caporale was born in Beatrice, Nebraska. He attended Wymore High School graduating in 1989.

Mr. Caporale has been employed in the alcohol service industry since 1993.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules

Liquor License Investigation

Business (DBA) Cappy's

Manager Owner Other

Name: John Caporale

US Citizen? Yes No

Has applicant ever been cited for liquor law violations? No Yes
Explain ILLEGAL SEXUAL CONTACT 2006

Does applicant have an interest in another liquor license? No Yes
Explain _____

Is spouse qualified to hold a license? Yes No N/A

How is applicant if not an owner to be paid? Salary Hourly

How many hours will applicant be at the establishment? 50-70

Any other employment? No Yes, explain NO

Any previous experience with a liquor license? Yes No

Any criminal convictions? No Yes
Comments MIP 90 / 92 FINCO

Is applicant a property owner in Lincoln? Yes No

Is applicant involved in any civil litigation? No Yes
Comments _____

In System

Photo Records Check References

Comments _____

Interview Date 6 / 27 / 06

STATE OF NEBRASKA

7-24-06

Dave Heineman
Governor

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7252 (TTY)

June 20, 2006

AG-064565
179

Lincoln City Clerk
555 So 10th St
Suite 103
Lincoln NE 68508



RE: Cappy's

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days, not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

A handwritten signature in black ink that reads "Randy Seybert".

Randy Seybert
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

An Equal Opportunity/Affirmative Action Employer

R.L. (Dick) Coyne
Commissioner

RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION

Date Mailed from Commission Office: June 20, 2006

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, Sec. 134 (7) (reissue 1984) 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:

Gas N Shop Inc. dba Cappy's
5560 S 48th Street / Lincoln NE 68516
Application for Class I-73142
45th day 08/04/06

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 that 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: The motion passed: _____ The motion failed _____

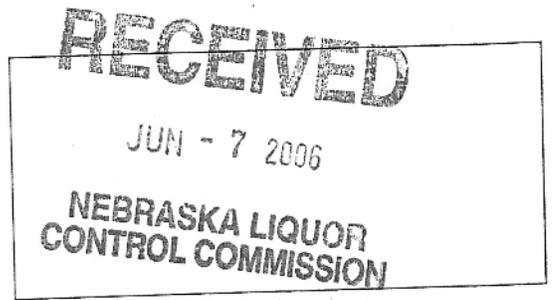
8. If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which the motion was made.

(Attached additional page if necessary)

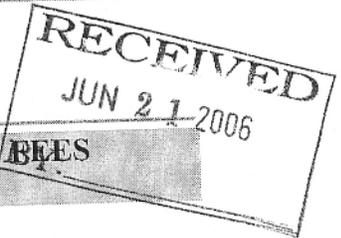
SIGN HERE _____ DATE _____
clerks signature

APPLICATION FOR LIQUOR LICENSE

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.nol.org/home/NLCC/



OFFICE USE ONLY



CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND BEES
CHECK DESIRED CLASS(S)

- RETAIL LICENSE(S)**
- A Beer, On Sale Only \$45.00
 - B Beer, Off Sale Only \$45.00
 - C Beer, Wine & Distilled Spirits, On & Off Sale. \$45.00
 - D Beer, Wine & Distilled Spirits, Off Sale Only \$45.00
 - I Beer, Wine & Distilled Spirits, On Sale Only \$45.00
- Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS			Bond
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	1,000 min.
<input type="checkbox"/>	O Boat	\$ 95.00	N/A
<input type="checkbox"/>	V Manufacturer, Beer, Wine & Distilled Spirits (additional fee of \$100 to \$1,000-call for exact amount)	\$ 45.00	10,000 min.
<input type="checkbox"/>	W Wholesale Beer	\$545.00	5,000
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	5,000
<input type="checkbox"/>	Y Farm Winery	\$295.00	1,000

All Class C licenses expire October 31st
 All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- Individual License, requires insert form 1
- Partnership License, requires insert form 2
- Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)
 Name: Sue Smehen Phone: 402-475-7101

Firm Name: GAS W SHOP INC

Firm address: 701 Marina Bay Pl.

PREMISE INFORMATION

Trade Name (doing business as) Cappy's

Street Address #1 5560 So. 48th St. #4

Street Address #2 _____

City Lincoln County Lawrence

Zip Code 68516

Telephone number at premise to be licensed Not yet

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

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: Cappy's

Street Address #1 5560 So. 48th #4

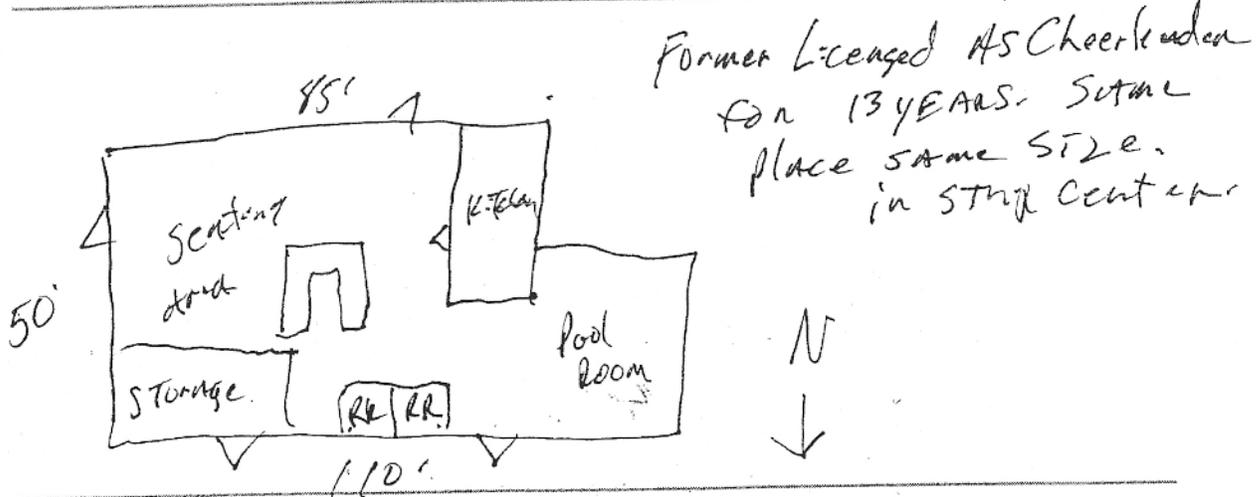
Street Address #2 _____

City Lincoln County Lawrence

Zip Code 68516

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, 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 in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



Former Licensed As Cheerleader
for 13 YEARS. Same
place same size.
in STRY Center

APPLICANT INFORMATION

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 If yes, please explain below or attach a separate page.
 No

Minor in Possession 1990 + 1992

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- Yes
Current business name and license number _____
 No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- Yes
 No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- Yes _____
 No _____

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

Yes _____
No _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

Yes Pool / Table Valley Vending Services

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

Yes _____

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

Yes _____

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

Yes _____

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Hastings State Bank
Larry W. Coffey - Tom Vik - John Caporale

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 reasons for termination of any licenses previously held.

Several off sale Licenses under
Gas n Shop Inc.
see attached list

RECEIVED

JUN - 7 2006

LICENSE APPLICATION CHECKLIST

NEBRASKA LIQUOR CONTROL COMMISSION

Applicant Name CASIN SHOP INC. Telephone

Trade Name CAPPY'S Previous Trade Name Cheerleaders

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. All applications & attachments must be submitted in triplicate. 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.

REQUIRED ATTACHMENTS

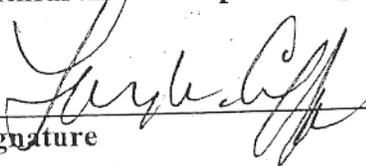
Each item must be checked off and included or marked N/A for not applicable.

- 2. 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate 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.
- 2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate/LLC License – Form 3 and manager application (with corporate application only). LLC application must include all members.
- 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- N/A 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicants name.
- NA 6. Enclose a copy of the Temporary Agency Agreement, if applicable. Must be on Commission forms only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- N/A 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

- NA 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- NA 9. For Individual and Partnership applications enclose proof of citizenship, birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.
10. If a corporation enclose a copy of the articles of incorporation. This document must show receipt (barcode) by the Secretary of States Office.

When you have completed this checklist, the application form(s) and attached a the required documents, in triplicate, submit them to: **Nebraska Liquor Control Commission, 301 Centennial Mall South, PO Box 95046, Lincoln, NE 68509-5046**

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 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.



Signature

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

John Caporale - 50-70 hrs

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

13 yrs. with Cheerleaders - 11 yrs as MGR.

14. 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

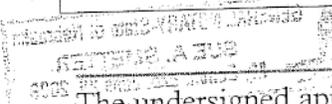
15. When do you intend to open for business? 7-15-06

16. What will be the main nature of business? What are the anticipated hours of operation? Bar + grill + Keno - 9am - 1am

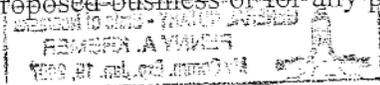
17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
Larry Coffey	1973	2006	Lincoln NE
Connie Coffey	1951	2006	" "
John Caporale	1988	2006	Lincoln NE
Thomas VIK			
David Cap			
Sue Smetter			

enclosed.



The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), 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 or 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.

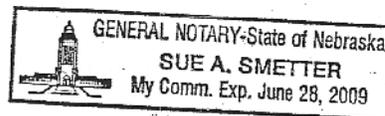
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

<u>Lawrence A. Apps</u> (sign here)	<u>Thomas V. ...</u> (sign here)
+ <u>Connie J. Zeffey</u> (sign here)	<u>Christine ...</u> (sign here)
x <u>[Signature]</u> (sign here)	<u>Sue A. Smetter</u> (sign here)
<u>[Signature]</u> (sign here)	<u>Susan ...</u> (sign here)
_____ (sign here)	_____ (sign here)

Subscribed in my presence and sworn to before me this

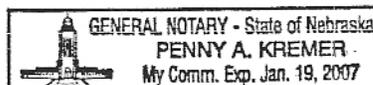
5th day of June 2006

Sue A. Smetter
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

JUNE 5th, 2006
Penny A. Kremer



FORM 35-4010
REV. 4/05

RECEIVED

JUN - 7 2006

NEBRASKA LIQUOR
CONTROL COMMISSIO

Licenses held by Larry W. Coffey, Owner, Gas 'N Shop, Inc.

Store	Type	License No.	Store	Type	License No.
1	B	12757	41	F	62038
2	D	12758	41	K	24323
3	B	12632	41	B	24317
4	B	12679	42	B	29817
5	B	12675	44	B	25283
6	B	12738	46	B	25841
7	B	12645	47	B	24899
8	B	12662	48	D	27759
9	D	65411	49	B	26823
11	B	16360	50	B	25279
13	B	16363	51	D	28201
14	B	16361	52	B	28199
15	B	16358	53	B	58437
16	B	12642	54	B	30206
17	D	18766	55	B	30207
18	B	12644	56	B	32838
19	B	16364	57	B	34189
20	B	16362	58	K	34190
21	D	13611	58	B	34188
23	B	16541	59	B	36507
24	B	13860	60	B	15155
25	B	14293	62	B	21605
26	B	16542	64	D	43512
29	B	36002	65	B	47057
31	B	15983	71	B	49075
32	D	16673	72	B	62824
33	B	16982	75	B	53128
34	B	19555	76	K	54633
35	B	18894	76	B	54629
36	B	25843	77	D	56807
37	B	20161	78	B	58439
38	B	21719	79	B	58436
38	K	21718	81	D	66556
39	B	21695			

Principal Residence of Larry W. Coffey

<u>Name</u>	<u>From</u>	<u>Address</u>
Larry W. Coffey	1999 to Present	730 Lakeshore Drive Lincoln, NE 68528
	1998 to 1999	492 West Lakeshore Drive Lincoln, NE 68528
	1991 to 1998	5805 The Knolls Lincoln, NE
	1977 to 1991	Rt. 1, Box 42A Pleasant Dale, NE
	1974 to 1977	309 North 3 rd Hastings, NE
	1971 to 1974	1584 South Cotner Lincoln, NE
	1969 to 1971	515 North Husband Stillwater, OK
	1958 to 1969	1217 South 129 E. Ave. Tulsa, OK

Principal Places of Residence for All Required to Sign

Larry W. Coffey (see separate sheet)

Connie F. (Rose) Coffey

730 Lakeshore Drive

Lincoln, NE 68521

06/2002 to present

700 Eastside Blvd.

Hastings, NE 68901

4/1996 to 6/2002

1121 Pleasant Street

Hastings, NE 68901

3/1986 to 4/1996

Sue A. Smetter

Box 65

Goehner, NE 68364

12/1985 to present

Thomas Vik and Christine Vik

1801 Donald Circle

Lincoln, NE 68505

8/1992 to present

David Cap and Susan A. Cap

6815 Ridge Road

Lincoln, NE 68512

9/2001 to present

1514 North 143rd Circle

Omaha, NE 68154

7/1998 to 9/2001

9216 Talmadge Court

Plattsmouth, NE 68048

4/1996 to 9/2001

APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a

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.nol.org/home/NLCC

RECEIVED

JUN - 7 2006

NEBRASKA LIQUOR
CONTROL COMMISSION

Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

GAS 'N SHOP INC.

Corporate Street Address: 701 MARINA BAY PL.

City: Lincoln

State: NE

Zip Code: 68528

Corporate Telephone Number 402-478-1101

Total number of shares issued (if corporation) 100

Is this a Non Profit Corporation? YES NO
If yes, what is your Federal ID #?

Name of Registered Agent Larry W. Coffey

Name of Proposed Manager John Caporale
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Coffey First Name: Larry MI W.

Address Street 730 Lakeshore dr. City Lincoln

State NE Zip Code 68528 Home Phone number

Social Security Number 440-50-7603 Date of Birth

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Coffey First Name Lamy
Social Security Number [redacted] Date of Birth [redacted]
Title Pres. Number of Shares 100
Spouse Name (indicate N/A if single) Connie F. Coffey
Spouse Social Security Number [redacted] Date of Birth [redacted]
Title _____ Number of Shares 0

Last Name Vik First Name Thomas
Social Security Number [redacted] Date of Birth [redacted]
Title V.P. of Finance Number of Shares 0
Spouse Name (indicate N/A if single) Chris E. Vik
Spouse Social Security Number [redacted] Date of Birth [redacted]
Title _____ Number of Shares 0

Last Name Cap First Name David
Social Security Number [redacted] Date of Birth [redacted]
Title Chief Oper. Officer Number of Shares 0
Spouse Name (indicate N/A if single) Susan A. Cap
Spouse Social Security Number [redacted] Date of Birth [redacted]
Title _____ Number of Shares 0

Last Name Smetter First Name Steve

Social Security Number _____ Date of Birth 1/1/1951

Title Secretary Number of Shares 0

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

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Is this Corporation or Limited Liability Company controlled by another Corporation?

Yes No

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date

Jan 1

Ending Date

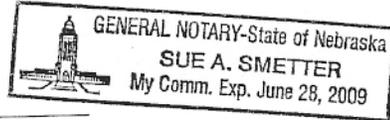
Dec 31

Larry Whippy

Signature of President/Managing Member

Sue A. Smetter

Notary Public Signature & Seal

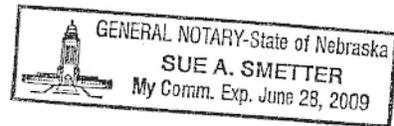


Subscribed in my presence and sworn to before me this

5th day of June 2006

Sue A. Smetter

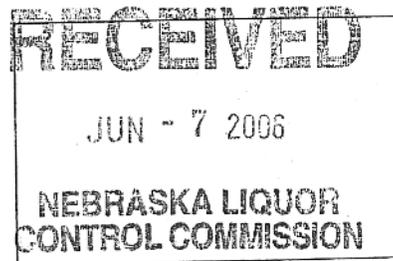
Notary Public Signature & Seal



In compliance with the ADA, this application for license form 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
CORPORATION MANAGER - FORM 3b
MUST BE A NEBRASKA RESIDENT

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION GAS 'N SHOP INC.
CLASS & LICENSE NUMBER I
TRADE NAME CAPPY'S
STREET ADDRESS 5560 So. 48th #4 CITY Lincoln Ne. 68516

SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME John F. Caporale
ADDRESS 5100 Spruce Street
CITY Lincoln STATE NE ZIP CODE 68516
HOME PHONE NUMBER 402-484-5277 BUSINESS PHONE NUMBER N/A
SEX MALE FEMALE SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ PLACE OF BIRTH Beatrice, NE
DRIVERS LICENSE NUMBER & STATE _____ NE

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Lorena Caporale
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
DRIVERS LICENSE NUMBER & STATE _____ NE

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.

John Lepore - minor in possession 1990 + 1992

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

Planning to take Hospitality Management Seminar Class

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

YES NO

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
<u>Lincoln, NE</u>	<u>1990</u>	<u>Present</u>	<u>Lincoln, NE</u>	<u>1976</u>	<u>Present</u>

EMPLOYERS - LIST LAST TWO EMPLOYERS			
MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>1993</u>	<u>Cheerleaders Bar</u>	<u>Stan Hoffmeyer</u>	<u>402-421-7992</u>
<u>2001</u>	<u>Cheerleaders Bar</u>	<u>Dan Bergmann</u>	<u>402-421-7992</u>

PERSONAL OATH AND CONSENT OF INVESTIGATION MUST BE SIGNED BY APPLICANT & SPOUSE

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 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]
Signature of Applicant

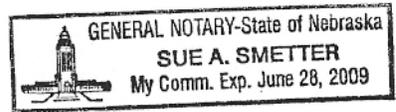
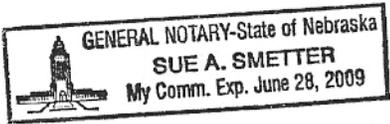
[Signature]
Signature of Spouse

Subscribed in my presence and sworn to before me this 5th
day of June 2006

Subscribed in my presence and sworn to before me this 5th
day of June 2006

[Signature]
Notary Signature & Seal

[Signature]
Notary Signature & Seal



RECEIVED

JUN - 7 2006

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

NEBRASKA LIQUOR
CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

Lori A. Caporale
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 6th day
of July 2006

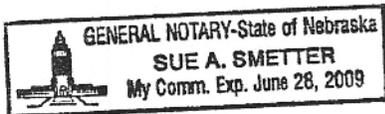
Sue A. Smetter
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

John F. Caporale
Signature of licensee/applicant
Print name of licensee/applicant

SUBSCRIBED in my presence and sworn to before me this 6th day
of July 2006

Sue A. Smetter
Signature of Notary Public



STATE OF

NEBRASKA
RECEIVED

JUN - 7 2006

NEBRASKA LIQUOR
CONTROL COMMISSION

Department of State
Lincoln, Nebraska

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



I, Scott Moore, Secretary of State of Nebraska do hereby certify;

GAS 'N' SHOP, INC.

was duly incorporated under the laws of this state on March 29, 1974 and do further certify that no occupation taxes assessed are unpaid and no annual reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on February 29, in the year of our Lord, two thousand.



SECRETARY OF STATE

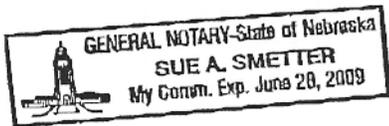
NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

RECEIVED

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

Larry W. Coffey
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 19th day
of June 2006



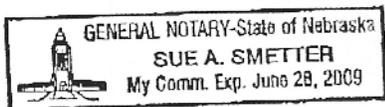
Sue A. Smetter
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Larry W. Coffey
Signature of licensee/applicant

Larry W. Coffey
Print name of licensee/applicant

SUBSCRIBED in my presence and sworn to before me this 19th day
of June 2006



Sue A. Smetter
Signature of Notary Public