

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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 5, 2011

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 Smooth, 1644 'O' Street requesting a class C/K liquor license.

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

Brandy Kroese has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Brandy Kroese was born in Lincoln, Nebraska. She attended Southeast Community College graduating in 2008.

Brandy Kroese employment history is as follows:

|             |                                |              |
|-------------|--------------------------------|--------------|
| 2010        | Account Manager, Nelnet        | Lincoln, NE. |
| 2005 - 2009 | Manager, Bath & Body Works     | Lincoln, NE. |
| 2001 - 2005 | Customer Service, Pegler Sysco | Lincoln, NE. |

Shane Harrington has applied to be the owner of Smooth. The Lincoln Police Department has the following information regarding Mr. Harrington.

Shane Harrington has a history of arrest and conviction in criminal activities including thefts, assaults, disturbances, sale of alcohol with out a license. The majority of these events being from 1992 - 2004.

In 2003 and 2006 Mr. Harrington was involved in a commercial website upon which violations of Lincoln's municipal ordinance 9.16.230 Public Nudity ordinance were depicted. The person who appeared nude in public was cited and convicted. Mr. Harrington was the owner of the website.



A nationally accredited law enforcement agency



Mr. Harrington is the President of a corporation which promotes web based adult websites. These websites still contain content depicting the violation of Lincoln municipal ordinance 9.16.230, Public Nudity prohibited.

Ms. Kroese has signed up for the required training.

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.

A handwritten signature in black ink, appearing to read 'Tom Casady', written in a cursive style.

THOMAS K. CASADY, Chief of Police

**PREMISE INFORMATION**

Trade Name (doing business as) Smooth

Street Address #1 1644 O Street

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 402-261-8432

**RECEIVED**

Is this location inside the city/village corporate limits:  YES  NO **DEC 22 2010**

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

Name Shane Harrington **NEBRASKA LIQUOR CONTROL COMMISSION**

Street Address #1 9420 Larges Court

Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68512

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

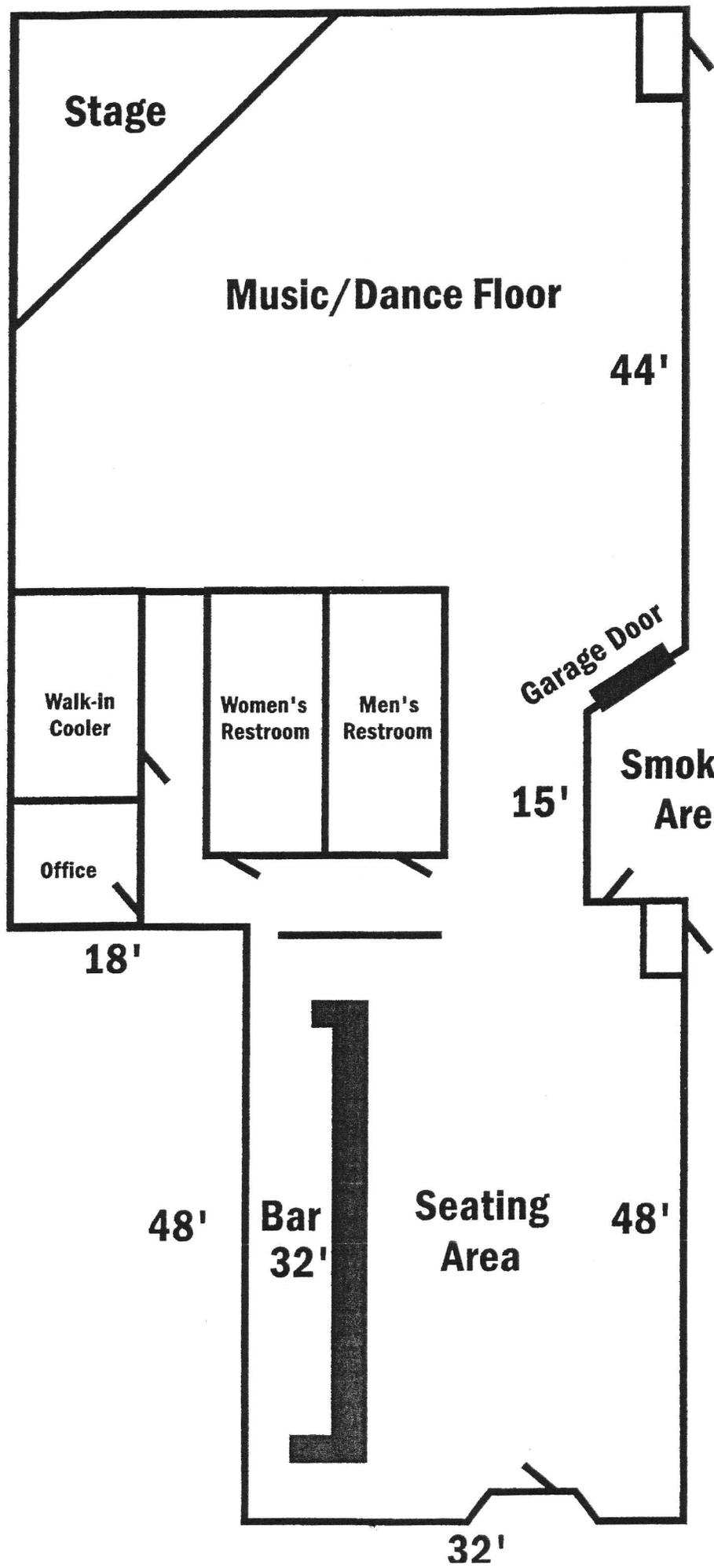
Length 117' feet  
Width 50' feet

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

*Irregular shaped area on 1<sup>st</sup> floor of  
2-story bldg approx 117' x 50'*

50'

69'



**Entire One  
Story Bldg.  
Approx.  
117'x50'**

**No  
Basement**



**RECEIVED**

DEC 22 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

117'

**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 name.

YES  NO

If yes, please explain below or attach a separate page.

DEC 22 2010

| Name of Applicant | Date of Conviction (mm/yyyy) | Where Convicted (city & state) | Description of Charge                | Disposition<br>NEBRASKA LIQUOR CONTROL COMMISSION |
|-------------------|------------------------------|--------------------------------|--------------------------------------|---|
| Shane Harrington  | 3/1994                       | Lincoln, NE                    | Assault (m)                          | (m) Guilty  |
| Shane Harrington  | 5/1993                       | Lincoln, NE                    | Steal money or goods less than \$300 | (m) Guilty  |
| Shane Harrington  | 3/1994                       | Lincoln, NE                    | Theft by unlawful taking             | (m) Guilty  |
| Shane Harrington  | 10/1999                      | Lincoln, NE                    | Sell alcohol without license         | (m) Guilty  |
|                   |                              |                                |                                      |   |
|                   |                              |                                |                                      |   |

**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 a liquor licensed business within the last two (2) years?**

YES  NO

If yes, give name and license number Sidewinders #81345

**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) Attach statement(s) from all beer wholesalers (in your particular geographical area) and all liquor wholesalers indicating that the seller is not delinquent or have any debts owed to the wholesalers.

**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 \_\_\_\_\_

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

RECEIVED

YES  NO

DEC 22 2010

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

NEBRASKA LIQUOR CONTROL COMMISSION

**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)(1)

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.

US Bank - Shane Harrington

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

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

RECEIVED

DEC 22 2010

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

NEBRASKA LIQUOR CONTROL COMMISSION

| Applicant Name | Date Trained (mm/yyyy) | Name of program where trained (name, city)                                 |
|----------------|------------------------|--|
| Brandy Kroese  | TBD                    | Responsible Hospitality Council - Service Management Training. Lincoln, NE |
|                |                        |  |
|                |                        |  |

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 December 2013
- Deed
- Purchase Agreement

15. When do you intend to open for business? March 2011

16. What will be the main nature of business? Nightclub/bar

17. What are the anticipated hours of operation? Thursday - Saturday 8pm - 2am

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

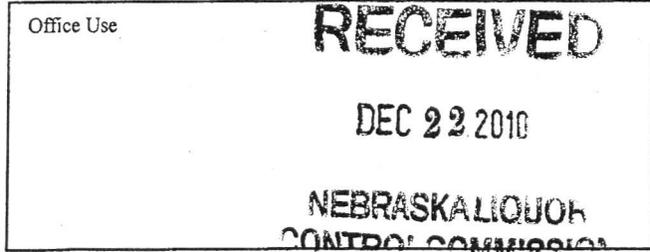
| RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE |      |         |                      |      |    |
|--|------|---------|----------------------|------|----|
| APPLICANT: CITY & STATE  | YEAR |         | SPOUSE: CITY & STATE | YEAR |    |
|  | FROM | TO      |                      | FROM | TO |
| Shane Harrington, Lincoln, NE  | 1975 | Present |                      |      |    |
| Brandy Kroese, Lincoln, NE   | 1981 | Present |                      |      |    |
|  |      |         |                      |      |    |
|  |      |         |                      |      |    |
|  |      |         |                      |      |    |

If necessary attach a separate sheet.



**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.ne.gov](http://www.lcc.ne.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 (2 cards per person)
- 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 (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Law Office of Barbra Medbery-Prchal Brandon K Dickerson

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

Kali Records LLC

LLC Address: 700 R Street, #82221

City: Lincoln State: NE Zip Code: 68501

LLC Phone Number: 402-310-4373 LLC Fax Number: 402-261-5746

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Harrington First Name: Shane MI: A.

Home Address: 9420 Larges Court City: Lincoln

State: NE Zip Code: 68512 Home Phone Number: 402-310-4373

Signature of Managing/Contact Member

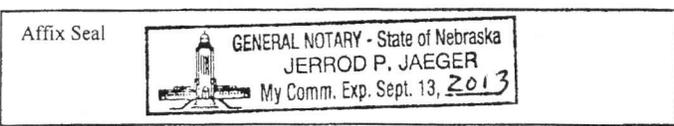
**ACKNOWLEDGEMENT**

State of Nebraska  
County of Lancaster

The foregoing instrument was acknowledged before me this

December 21, 2010  
Date

by Shane Harrington  
name of person acknowledge



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Harrington First Name: Shane MI: A.

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 100%

*Printed  
& Signed*

**RECEIVED**

DEC 22 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

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?

YES

NO

RECEIVED

DEC 22 2010

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

NEBRASKA LIQUOR CONTROL COMMISSION

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 #. \_\_\_\_\_

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.



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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

RECEIVED

DEC 22 2010

PUBLIC RECORD CRIMINAL HISTORY LISTING

NEBRASKA LIQUOR  
 CONTROL BOARD

PAGE: 1 FOR: SHANE ADAM HARRINGTON  
 Printed 12-02-2010 W\M DOB:

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges resulting in diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "\*\*\*END OF LISTING\*\*\*" does not appear at the bottom of this report, then this list is not complete.

CODES FOR CRIMINAL HISTORY

M=Misdemeanor F=Felony I= Infraction O=Other

.....

|                     |   |        |
|---------------------|---|--------|
| Cited on 09-11-1999 | for (M) SELL ALCOHOL WITHOUT LICENSE            | Case   |
| Disposed 10-07-1999 | as (M) SELL ALCOHOL WITHOUT LICENSE             | Cit#   |
| FOUND GUILTY        | Fined \$175.00                                  |        |
| -----               |   |        |
| Cited on 11-18-1993 | for (F) THEFT BY UNLAWFUL TAKING \$500 - \$1500 | Case   |
| Disposed 03-04-1994 | as (M) THEFT BY UNLAWFUL TAKING UNDER \$200 (M  | Cit#   |
| FOUND GUILTY        | Fined \$300.00                                  |        |
| -----               |   |        |
| Cited on 04-08-1993 | for (M) STEAL MONEY OR GOODS LESS THAN \$300    | Case   |
| Disposed 05-25-1993 | as (M) STEAL MONEY OR GOODS LESS THAN \$300     | Cit#   |
| FOUND GUILTY        | Fined \$150.00                                  |        |
| -----               |   |        |
| Cited on 04-06-1993 | for (M) ASSAULT, STRIKE OR CAUSE BODILY INJURY  | Case   |
| Disposed 03-04-1994 | as (M) ASSAULT, STRIKE OR CAUSE BODILY INJURY   | Cit# : |
| FOUND GUILTY        | Sentenced to 10 DAYS                            |        |
| RB JAIL DEFER       | 3-7-94  |        |

.....



A nationally accredited law enforcement agency





THOMAS K. CASADY, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

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

LINCOLN  
The Community of Opportunity

MAYOR CHRIS BEUTLER

lincoln.ne.gov

RECEIVED

DEC 22 2010

PUBLIC RECORD CRIMINAL HISTORY LISTING

NEBRASKA LIQUOR  
CONTROL COMMISSION

PAGE: 2

FOR: SHANE ADAM HARRINGTON

Printed 12-02-2010

W\M DOB

\*\*\* END OF LISTING \*\*\*



A nationally accredited law enforcement agency



RECEIVED

**APPLICATION FOR LIQUOR LICENSE  
CATERING 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.lcc.ne.gov

DEC 22 2010  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**FEE \$100.00**

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER K

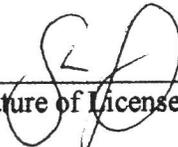
NAME OF LICENSEE Kall Records, LLC

TRADE NAME Smooth

PREMISE ADDRESS 1644 O Street

CITY/STATE/ZIP CODE Lincoln, NE 68508

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

  
\_\_\_\_\_  
Signature of Licensee

Subscribed in my presence and sworn to before me this 21<sup>ST</sup> day of December, 2010

  
\_\_\_\_\_  
Notary Public Signature & Seal

GENERAL NOTARY - State of Nebraska  
JERROD P. JAEGER  
My Comm. Exp. Sept. 13, \_\_\_\_\_



**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](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

DEC 22 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/limited liability Corporation (LLC) information

Name of Corporation/LLC: Kali Records, LLC

Premise information

Premise License Number: \_\_\_\_\_  
(if new application leave blank)

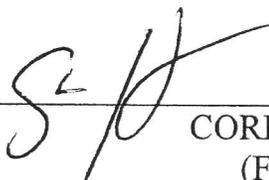
Premise Trade Name/DBA: Smooth

Premise Street Address: 1644 O Street

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 402-261-8432

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

DEC 22 2010

*Print  
of  
copy*

Manager information must be completed below. PLEASE PRINT CLEARLY.

Gender:  MALE  FEMALE

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Kroese First Name: Brandy MI: L.

Home Address (include PO Box if applicable): 3711 Faulkner Dr., Apt. 302

City: Lincoln State: NE Zip Code: 68516

Home Phone Number: 402-202-4603 Business Phone Number: 402-261-8432

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

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

YES  NO

Spouse's information:

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

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

| CITY & STATE |  | YEAR FROM TO |         | CITY & STATE |  | YEAR FROM TO |  |
|--------------|--|--------------|---------|--------------|--|--------------|--|
| Lincoln, NE  |  | 1981         | Present |              |  |              |  |
|              |  |              |         |              |  |              |  |
|              |  |              |         |              |  |              |  |

MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM | TO      | NAME OF EMPLOYER  | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|-----------|---------|-------------------|--------------------|------------------|
| 2/2010    | Present | Facts Management  | Jen Thuelin        | 402-466-1063     |
| 5/2005    | 10/2009 | Bath & Body Works | Brenda Coffey      | 402-423-6333     |

RECEIVED

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY

Has anyone who is a party to this application, or their spouse, EVER been convicted of or pled 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.

---

---

---

---

---

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES       NO

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

YES       NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES       NO

5. List the training and/or experience (when and where)

| Date:            | Where:                      |
|------------------|-----------------------------|
| 5/2005 - 10/2009 | Bath & Body Works - Manager |
|                  |                             |
|                  |                             |

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.

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.

RECEIVED

DEC 22 2010

NEBRASKA LIQUOR CONTROL COMMISSION

Brandy L. Kroese  
Signature of Manager Applicant

\_\_\_\_\_  
Signature of Spouse

State of Nebraska

County of Lancaster

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this December 21, 2010 by

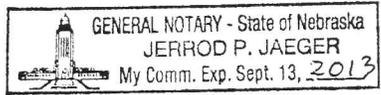
The foregoing instrument was acknowledged before me this \_\_\_\_\_ by

Brandy L. Kroese

\_\_\_\_\_

[Signature]  
Notary Public signature

\_\_\_\_\_  
Notary Public signature

Affix Seal Here  


Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

