APPLICATION FOR LIQUOR LICENSE CHECKLIST - RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

RECEIVED
JUL 8 2015
NEBRASKA LIQUOR CONTROL COMMISSION

Hot List: YES / NO	New/Replacing #	
Class Type 1K	113955	Initial mp

Applicant name Nebraska Fresh Mex Inc.

Trade name Chevy's Fresh Mex

Previous trade name

Contact email address leannr@porterapple.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.

RECEIPT

DATE 7-8-15 No. 168454

FROM Dakota Rio Inc

FOR New App - Chevy's Fresh Mex

☐ CASH

☒ CHECK # 3458 $ 400.00

☐ MONEY ORDER # 3457 $ 100.00

Received by Michelle Porter

Office use only

PAYMENT TYPE CK # 3458 $400.00

AMOUNT CK # 3457 $100.00

Received: MP

1500016803

Rec# 168454

RECEIVED

— Todd Porter — Craig Schreiber
Colette Wheeler Rhonda Schreiber

1. X OK Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application.

2. X OK Enclose application fee of $400, check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport + 100.00 catering

3. OK X 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)

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4. X 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.

5. N/A If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. N/A If buying the business of a current liquor license holder:
   a. Provide a copy of the purchase agreement from the seller (must read applicants name).
   b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
   c. Enclose a list of the assets being purchased (furniture, fixtures and equipment).

7. N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).

8. N/A Enclose a list of any inventory or property owned by other parties that are on the premises.

9. OK X For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
   a. For residency enclose proof of registered voter in Nebraska
   b. See guideline for further assistance http://www.lcc.nebraska.gov/brochures.html

10. OK X 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.

11. OK X Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Todd G Porter
Signature

6-30-15
Date

birth cert copy
premise #
lease comm Exhibit A.

SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

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DATE RECEIVED	
Office Use Only	
Class:_____	License #:_____

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Applicant Name: Nebraska Fresh Mex Inc.
(Corporation, LLC, Partnership or Individual)

Trade Name: Chevy's Fresh Mex
(Doing Business As)

( ) - leannr@porterapple.com
Phone Number — Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
  Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
  Fingerprint cards should be submitted with the application.
- Fee payment of **$28.75 per person** must be made directly to the NSP;
  You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
  or checks made payable to NSP should be mailed directly to the following address:
  The Nebraska State Patrol – CID Division
  3800 NW 12th Street
  Lincoln, NE 68521
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
  Include a list of names covered by your payment to insure proper application of payment.
- This completed form MUST be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

Please complete information on the following pages for EACH person fingerprinted.

1. Name: Todd G. Porter Title: President

How was payment made to NSP? ☐NSP PAYPORT ■CHECK SENT TO NSP

2. Name: Craig A. Schreiber Title: General Manager

How was payment made to NSP? ☐NSP PAYPORT ■CHECK SENT TO NSP

3. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

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4. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

5. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

6. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

7. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

8. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

I hereby certify that fees of $28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Todd G. Porter Title: President

Signature: Todd G Porter Date: 7-7-15

APPLICATION FOR CATERING (K)
TO LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
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Include application fee of $100

(Check payable to Liquor Control Commission or pay online through PayPort found on our homepage)

LIQUOR LICENSE # _____ **CLASS TYPE** _____

LICENSEE NAME Nebraska Fresh Mex Inc.

TRADE NAME Chevy's Fresh Mex

PREMISE ADDRESS 5500 S. 56th St.

CITY Lincoln

CONTACT PERSON Craig Schreiber

PHONE NUMBER OF CONTACT PERSON 402-202-2804

EMAIL ADDRESS OF CONTACT PERSON _____

- **Copy of this application will be forwarded to your local governing body for recommendation per Neb. Rev. Stat. §53-134(7), after receipt of recommendation there is a 10 day holding period for any citizen protests**
- **Processing may take approx. 45-60 days from receipt of application by the Nebraska Liquor Control Commission**
- **The holder of a catering license may deliver, sell, or dispense alcoholic liquor, including beer, for consumption at premises designed in a special designed license (SDL) issued pursuant to section §53-124.11**
- **SDL must be applied for and received 10 working days prior to the day of each event**
- **A holder of a catering license shall not cater an event unless such licensee receives a SDL**
- **SDL application form 108 may be found at this link: http://www.lcc.nebraska.gov/LicensingForms/108%20SDL%206-2013a.pdf**
- **Only twelve (12) SDLs will be issued at any specific location that could otherwise hold a liquor license Rules and Regulations Chapter 2-013.06**
- **Renewal fee is $100 payable at time of underlying liquor license**

Office use only
PAYMENT TYPE _____
AMOUNT: _____
RECEIVED: _____
RECEIPT# _____

BARCODE LABEL

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NEBRASKA LIQUOR
CONTROL COMMISSION

Todd G Porter
Signature of Licensee

State of ~~Nebraska~~ South Dakota
County of Minnehaha The foregoing instrument was acknowledged before me this

6-30-15 by LeAnn L. Robbins
Date name of person acknowledged signing document

LeAnn L Robbins
Notary Public Signature

Affix Seal

LeAnn L. Robbins
NOTARY PUBLIC
SOUTH DAKOTA
SEAL SEAL

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

RETAIL LICENSE(S) Application Fee $400 (non refundable)

- [ ] A BEER, ON SALE ONLY
- [ ] B BEER, OFF SALE ONLY
- [ ] C BEER, WINE, DISTILLED SPIRTS, ON AND OFF SALE
- [ ] D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- [x] I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- [ ] AB BEER, ON AND OFF SALE
- [ ] AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- [ ] IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

- [x] Class K Catering license (requires catering application form 106) $100.00

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

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

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- [ ] Individual License (requires insert form 1)
- [ ] Partnership License (requires insert form 2)
- [x] Corporate License (requires insert form 3a & 3c)
- [ ] Limited Liability Company (LLC) (requires form 3b & 3c)

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

Name Tim O'Neill, Attorney ; Trish Bell, Paralegal Phone number: (402) 434-3000

Firm Name O'Neill Heinrich Damkroger Bergmeyer & Shultz, PC, LLO

PREMISES INFORMATION

Trade Name (doing business as) Chevy's Fresh Mex

Street Address #1 5500 S. 56th St.

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Street Address #2

City Lincoln County Lancaster Zip Code 68516

Premises Telephone number

Business e-mail address

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

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

Name Nebraska Fresh Mex

Street Address #1 4101 Carnegie Place

Street Address #2

City Sioux Falls State SD Zip Code 57106

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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length ____ x width _____ in feet
Is there a basement? Yes____ No____ If yes, length _____x width _____ in feet
Is there an outdoor area? Yes___ No____ If yes, length____ x width_____ in feet

See Attached

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

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NEBRASKA LIQUOR CONTROL COMMISSION

PREMISE INFORMATION

Trade Name (doing business as) Chevy's Fresh Mex

Street Address #1 5500 S 56th St.

Street Address #2

City Lincoln County Lancaster Zip Code 68516

Premise Telephone number

Business e-mail address

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

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

Name

Street Address #1

Street Address #2

City State Zip Code

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.

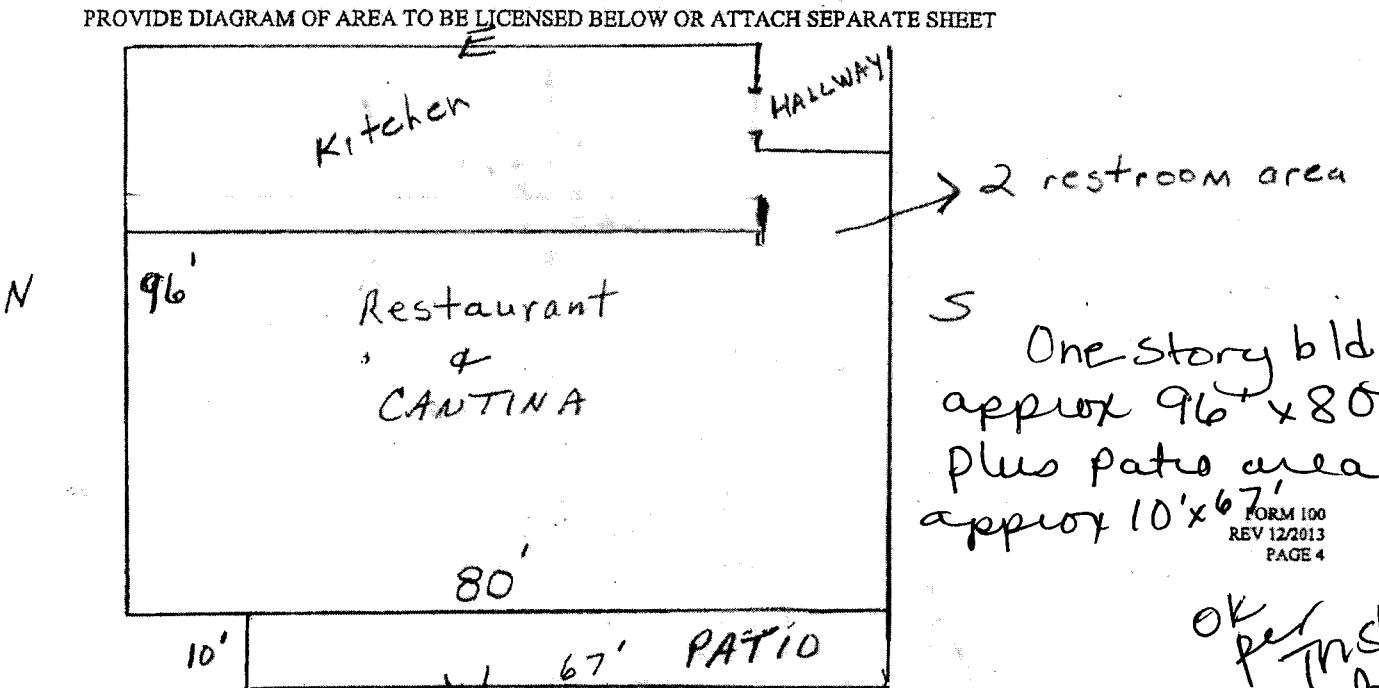
**For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 96' x width 80' in feet

Is there a basement to be licensed? Yes ___ No ✓ If yes, length ___ x width ___ in feet

Is there an outdoor area? Yes ✓ No ___ If yes, length 67 x width 10' in feet

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



One story bldg approx 96' x 80' plus patio area approx 10' x 67'

OK per Trish Bell

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

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

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☑ 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
Todd Porter	07/2012	Hanson County South Dakota	Speeding	Ticket

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

☐ YES ☒ NO

If yes, give name of business and liquor license number_____

a) Submit a copy of the sales agreement
b) Include a list of alcohol being purchased, list the name brand, container size and how many
c) Submit a list of the furniture, fixtures and equipment

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

☐ YES ☒ NO

If yes, give name and license number_____

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

☐ YES ☒ NO

If yes:
a) Attach temporary operating permit (TOP) (form 125)
b) TOP will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

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CONTROL COMMISSION

☒ YES ☐ NO

If yes, list the lender(s) First Bank & Trust - Sioux Falls SD

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

☐ YES ☒ NO

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

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

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

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

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

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.

West Gate Bank - Todd Porter & LeAnn Robbins

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.

Todd G. Porter - Norfolk NE Lic #65922 see attached

Needs training

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

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Craig Schreiber, Corp. Mgr.		Signing up for manager training for Aug. 13, 2015

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

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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.**

- [x] Lease: expiration date_____
- [ ] Deed
- [ ] Purchase Agreement

14. When do you intend to open for business? approximately 9-15-15

15. What will be the main nature of business? Restaurant

16. What are the anticipated hours of operation? 11 am - 11 pm M-Th 11am - 12 midnight Sat 9:30 am - 9 pm Sun

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

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Todd Porter: Sioux Falls SD	1990	present	Colette Wheeler: Sioux Falls, SD	2007	present
			Colette Wheeler: Watertown, SD	2005	2007

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). See guideline for required signatures

Todd G. Porter Signature Todd G. Porter Print Name	Signature Print Name
Signature of Spouse Print Name	Signature of Spouse Print Name

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NEBRASKA LIQUOR CONTROL COMMISSIO

ACKNOWLEDGEMENT

State of ~~Nebraska~~ South Dakota
County of Minnehaha

The foregoing instrument was acknowledged before me this

6-30-15 by Todd G. Porter
date name of person(s) acknowledged (individual(s) signing)

LeAnn L. Robbins
Notary Public Signature

My Commission Expires
January 7, 2020

LeAnn L. Robbins
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA

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
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Website: www.lcc.ne.gov

Office Use

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CONTROL COMMISSION

Manager must:

- Complete all sections of the application – make sure it is signed by a **corporate officer***
  *corporate officer must be an individual on file with the Liquor Control Commission

- Include two signed, completed fingerprint cards with a check for $38 payable to the NE State Patrol (unless you have fingerprints on file with us that are less than two years old, you must indicate that on the application). If fingerprints were rolled at Nebraska State Patrol indicate cards to be mailed by NSP.

- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)

- Be a registered voter in the State of Nebraska, include a copy of voter card with application

Spouse who **will not** participate in the business, spouse must:

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**

- Need not answer question #1 of the application

Spouse who **will** participate in the business, the spouse must:

- Sign the application

- Include two signed, completed fingerprint cards with a check for $38 payable to the NE State Patrol (unless you have fingerprints on file with us that are less than two years old, you must indicate this on the application). If fingerprints were rolled at Nebraska State Patrol indicate cards to be mailed by NSP.

- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)

- Be a registered voter in the state of Nebraska, include a copy of voter card with application

- Spousal Affidavit of Non Participation Insert **not** required

MANAGER APPLICATION
INSERT - FORM 3c

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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: Nebraska Fresh Mex Inc.

Premise information

Liquor License Number: _____ Class Type I
(if new application leave blank)

Premise Trade Name/DBA: Chevy's Fresh Mex

Premise Street Address: 5500 S. 56th St.

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: not assigned yet

Email address: _____

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

Todd E Porter

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
3/08	current	Chevys	Bob Amor	605 362 2610
2/04	2/08	Famous Daves	Charles Kono	605 395 4728

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

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): LINCOLN NE. TGIFRIDAYS

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

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CONTROL COMMISSION

Manager's information must be completed below PLEASE PRINT CLEARLY prints

Last Name: Schreiber First Name: Craig MI: A

Home Address (include PO Box if applicable): 2610 S 74th ST.

City: Lincoln NE County: LANCASTER Zip Code: 68506

Home Phone Number: 402 202 2804 Business Phone Number: not assigned yet

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Fargo N.D.

Email address: crg schreiber@yahoo.com

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

☒ YES ☐ NO

Spouse's information Affidavit

Spouses Last Name: Schreiber First Name: Rhonda MI: L

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Minot, ND

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
LINCOLN NE	1989	2015	LINCOLN NE.	1989	2015

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NEBRASKA LIQUOR CONTROL COMMISSION

Needs training

4. List the alcohol related training and/or experience (when and where) of the person making application.

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CONTROL COMMISSION

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Craig Schreiber		Signing up for manager training for Aug. 13, 2015

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

Experience: Resume attached.

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

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.

Craig Schreiber
Signature of Manager Applicant

Rhonda L Schreiber
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this 3/2/2015 (date) by Craig Schreiber Rhonda Schrebe (name of person acknowledged)

Shelby A. Maahs
Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
SHELBY A. MAAHS
My Comm. Exp. Sept. 12, 2015

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.

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NEBRASKA LIQUOR
CONTROL COMMISSION

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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

RECEIVED
JUL 8 2015
NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Rhonda L Schreiber
Signature of spouse asking for waiver
(Spouse of individual listed below)

Rhonda L. Schreiber
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

03-10-2015
date

The foregoing instrument was acknowledged before me this

by Rhonda L. Schreiber
name of person acknowledged

Joseph G Kotopka
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
JOSEPH G KOTOPKA
My Comm. Exp. March 17, 2018

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Craig A Schreiber
Signature of individual involved with application
(Spouse of individual listed above)

Craig A Schreiber
Printed name of applying individual

State of NEBRASKA

County of LANCASTER

3/2/2015
date

The foregoing instrument was acknowledged before me this

by CRAIG A SCHREIBER
name of person acknowledged

Shelby A Maahs
Notary Public signature

Affix Seal
GENERAL NOTARY-State of Nebraska
SHELBY A. MAAHS
My Comm. Exp. Sept. 12, 2015

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008

APPLICATION FOR LIQUOR LICENSE
CORPORATION
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.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

1) **All officers, directors and stockholders must be listed**
2) **President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.**
3) **Officers, directors and stockholders 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 Incorporation (must show electronic stamp or barcode receipt by Secretary of States Office)

Name of Registered Agent: Rick Ediger

Name of Corporation that will hold license as listed on the Articles

Nebraska Fresh Mex Inc. # 10207420

Corporation Address: 4101 Carnegie Place

City: Sioux Falls State: SD Zip Code: 57106

Corporation Phone Number: 605-361-5301 Fax Number 605-361-5308

Total Number of Corporation Shares Issued: 1000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Porter First Name: Todd MI: G

Home Address: 4101 Carnegie Place City: Sioux Falls

State: SD Zip Code: 57106 Home Phone Number: 605-351-2054

Todd G Porter

Signature of President/CEO

ACKNOWLEDGEMENT

State of ~~Nebraska~~ South Dakota
County of Minnehaha

The foregoing instrument was acknowledged before me this

6-30-15 **by** Todd G. Porter

Date **name of person acknowledging**

LeAnn L. Robbins

Affix Seal LeAnn L. Robbins NOTARY PUBLIC SOUTH DAKOTA (SEAL) (SEAL)

My Commission Expires
January 7, 2020

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Porter First Name: Todd MI: G Prints

Social Security Number: Date of Birth:

Title: President/Treasurer Number of Shares 800

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

Spouse Social Security Number: Date of Birth:

Last Name: Amor First Name: Robert MI:

Social Security Number: Date of Birth:

Title: Vice President/Secretary Number of Shares 200

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

Spouse Social Security Number: Date of Birth:

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Title: Number of Shares

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

Spouse Social Security Number: Date of Birth:

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Title: Number of Shares

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

Spouse Social Security Number: Date of Birth:

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NEBRASKA LIQUOR
CONTROL COMMISSION

Is the applying corporation controlled by another corporation/company?

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CONTROL COMMISSION

☐YES ☒NO

If yes, provide the following:

1) Name of corporation _____

2) Supply an organizational chart of the controlling corporation named above

3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the Corporation'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.

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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Office Use

RECEIVED
JUL 8 2015
NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required, however, I am obligated to sign and disclose any information on all applications needed to process this application.

Colette Wheeler
Signature of spouse asking for waiver
(Spouse of individual listed below)

Colette Wheeler
Printed name of spouse asking for waiver

State of South Dakota

County of Minnehaha

The foregoing instrument was acknowledged before me this

6-30-15
date

by Colette Wheeler
name of person acknowledged

LeAnn L. Robbins
Notary Public signature

My Commission Expires
January 7, 2020

Affix Seal
LeAnn L. Robbins
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Todd G. Porter
Signature of individual involved with application
(Spouse of individual listed above)

Todd G. Porter
Printed name of applying individual

State of South Dakota

County of Minnehaha

The foregoing instrument was acknowledged before me this

6-30-15
date

by Todd G. Porter
name of person acknowledged

LeAnn L. Robbins
Notary Public signature

My Commission Expires
January 7, 2020

Affix Seal
LeAnn L. Robbins
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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JUL 8 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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Barbara A. Amor
Signature of spouse asking for waiver
(Spouse of individual listed below)

Barbara A. Amor
Printed name of spouse asking for waiver

State of South Dakota

County of Minnehaha

The foregoing instrument was acknowledged before me this

7-3-15
date

by Barbara A Amor
name of person acknowledged

LeAnn L Robbins
Notary Public signature

My Commission Expires
January 7, 2020

Affix Seal
LeAnn L. Robbins
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Signature of individual involved with application
(Spouse of individual listed above)

Robert Amor
Printed name of applying individual

State of South Dakota

County of Minnehaha

The foregoing instrument was acknowledged before me this

7-3-15
date

by Robert Amor
name of person acknowledged

LeAnn L Robbins
Notary Public signature

My Commission Expires
January 7, 2020

Affix Seal
LeAnn L. Robbins
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

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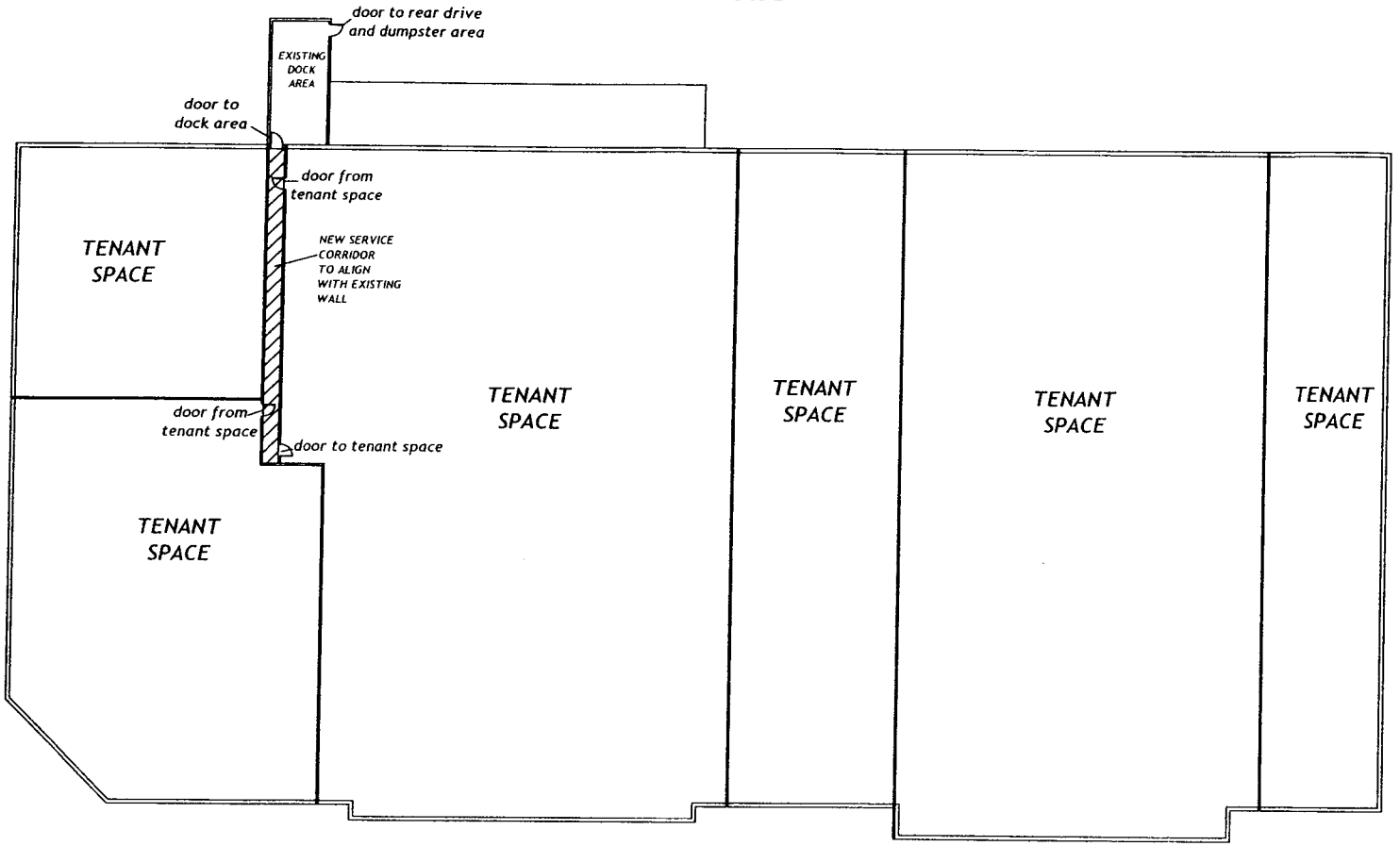
FORM 35-4178
Revised 1/2008

EXHIBIT A-2



Building Plan

not to scale

PERKIN'S PROPERTIES
EDGEWOOD SHOPPING CENTER
56th & Highway 2
Lincoln, Nebraska