CITY OF LINCOLN
NEBRASKA

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

LINCOLN
The Community of Opportunity

December 14, 2004

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 Chipotle Mexican Grill, 2801 Pine Lake Road requesting a class I liquor license.

Chipotle Mexican Grill has requested that Aaron (Mike) Dansky be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Aaron Dansky was born in Hayward, California. He attended Summerville High School graduating in 1986.

Aaron Dansky employment history is as follows:

Present	Manager, Chipotle Mexican Grill	Lincoln, NE.
2002 – 2004	Manager, Chili's	Lincoln, NE.
2000 - 2002	Manager, Cracker Barrel	Lincoln, NE.
1999 – 2000	Manager, Koo Koo Roo	Del Mar, CA.

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 and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

Liquor License Investigation

Business (DBA) Chipotle Mexican Grill

Manager Owner Other

Name: AARON (MIKE) DANSKY

US Citizen ? Yes No

Has applicant ever been cited for liquor law violations ? No Yes
Explain

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 ? 45+

Any other employment ? No Yes,explain

Any previous experience with a liquor license? Yes No

Any criminal convictions ? No Yes
Comments

Is applicant a property owner in Lincoln ? Yes No

Is applicant involved in any civil litigation ? No Yes
Comments

(✓) Photo (✓) Records Check (✓) References

Comments

Interview Date 12 / 14 / 04

STATE OF NEBRASKA

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 800 833-7352 (TTY)
web address: http://www.nol.org/home/NLCC/

Mike Johanns
Governor

A4-135294
175

December 3, 2004

Lincoln City Clerk
555 S. 10th Street
Lincoln, NE 68508

Re: Liquor application for **Chipotle Mexican Grill**

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) 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.

FILED
CITY CLERKS OFFICE
2004 DEC -7 A 9:29
CITY OF LINCOLN
NEBRASKA

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Tami Freeman
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

FORM 35-4001
REV. 12/99

Printed with soy ink on recycled paper

APPLICATION FOR LICENSE
Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

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

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NOV -
NEBRASKA LIQUOR
CONTROL COMMISSION

LIC #66350

INSTRUCTIONS: Include: **1.** Applicable fees payable to Liquor Control Commission **2.** Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 **3.** Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska **4.** Commission checklist, form 4251 **5.** Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock **6.** All applications must be typewritten or printed clearly **7.** Submit in **Triplicate** **8.** Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
☐ A Beer, On Sale Only - Inside Corporate Limits	$45.00	Collected a Local Level	exempt
☐ F Beer, On Sale Only - Outside Corporate Limits	$45.00	Collected at Local Level	exempt
☐ B Beer, Off Sale Only - Inside/Outside Corporate Limits	$45.00	Collected at Local Level	exempt
☐ J Wine, Beer, On Sale Only - Inside Corporate Limits	$45.00	Collected at Local Level	exempt
☑ I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	$45.00	Collected at Local Level	exempt
☐ D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	$45.00	$150.00	exempt
☐ D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	$45.00	$150.00	exempt
☐ C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	$45.00	Collected at Local Level	exempt
☐ M Bottle Club (Spirits, Wine, Beer, On Sale)	$45.00	Collected at Local Level	exempt
☐ H Nonprofit Corporation	$45.00	Collected at Local Level	exempt
☐ K Wine Only, Off Sale	$45.00	Collected at Local Level	exempt
☐ O Boat	$45.00	$50.00	exempt
☐ V Manufacturer of Beer, Wine & Distilled Spirits	$45.00	Varies $100 to $1,000	*$10,000 min.
☐ X Wholesale Liquor	$45.00	$500.00	*$ 5,000 min.
☐ W Wholesale Beer	$45.00	$250.00	*$ 5,000 min.
☐ Y Farm Winery	$45.00	$250.00	*$ 1,000 min.
☐ L Craft Brewery (Brew Pub)	$45.00	$250.00	*$ 1,000 min.

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NEBRASKA LIQUOR
CONTROL COMMISSION

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION
Type of application being applied for (check appropriate box) 1. ○ Individual License requires Form 1 to be attached. 2. ○ Partnership License requires Form 2 to be attached. 3. ● Corporate License requires Forms 3 and Manager Application to be attached	Name: John M. Boehm Firm Name: Butler, Galter & Boehm Address: 811 S 13 St., Lincoln, NE 68508

SECTION A – LOCATION INFORMATION – Must be completed by all applicants

Trade Name (name of business): Chipotle Mexican Grill	Telephone Number at premise to be licensed:
1) Street Address of Proposed licensed premise: 2801 Pine Lake Road	2) Mailing Address for receipt of Liquor Control Commission mailings: 1543 Wazee Street, Suite 200
City: Lincoln County: Lancaster #2 Zip Code: 68516 Is this located inside the city limits? ● Yes ○ No	City: Denver County: Denver Zip Code: 80202

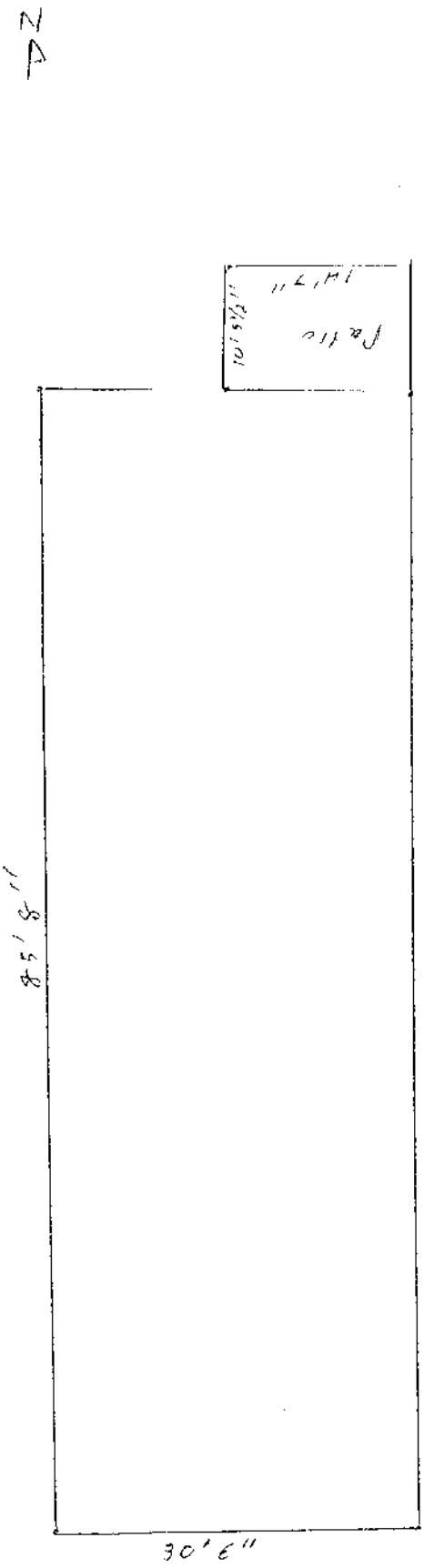
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided 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 where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

one story area known as suite V approx 86' x 31' plus patio area 11' x 15' to the North

see next page for sketch


N
Porch
14'7"
10'5½"
85'8"
30'6"

SECTION B	OTHER INFORMATION REQUIRED *		
	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed
* 1. **READ CAREFULLY**. Answer completely and accurately. Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. 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 ○	See attached next page.
* 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).	Yes ○	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 copy.	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 licensee be entitled to a share of the profits of the establishment? If yes, explain.	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 ○	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?	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. Per Sec. §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 persons exact duties.	Yes ○	No ◉	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	Wells Fargo M. Steven Ells Kevin M. Reddy		
11. List all past and present liquor licenses held 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.	See attached		
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.	Michael Dansky 45-50 hours a week		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Chili's Corporate Training Pizzeria Uno Corporate Training 2 years as manager with Chili's
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 interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	See attached lease and assignment 10 years from issuance
15. When do you intend to open for business?	12/21/04

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
M. Steven Ells	1993	2004	Denver, Colorado
M. Steven Ells	1992	1993	Boulder, Colorado
Kevin M. Reddy	1998	2004	Littleton, Colorado
Kevin M. Reddy	1995	1998	Cary, North Carolina
Kevin M. Reddy	1992	1995	Aurora, Illinois

The undersigned applicant(s) hereby consent(s) to a background investigation and release of 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 and/or inaccurate.

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. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign here _____

Sign Here Kevin M. Reddy

Sign Here _____

Sign Here _____

Sign Here _____

Sign Here _____

Sign Here _____

Sign Here _____

Subscribed in my presence and sworn to before me this 2nd day of Nov., 04

(SEAL) PUBLIC STATE OF COLORADO

My Commission Expires 7/5/2005

In compliance with 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 alternative format.

Sign here _____
Notary Public Signature

Verify & Print form

RECEIVED
NOV - 9 2004
NEBRASKA LIQUOR CONTROL COMMISSION

FORM 35-4010
1
REV 1/01

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

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 the application.

Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 8th day of Sept, A.D., 2003

KIM OGANESYAN NOTARY PUBLIC STATE OF COLORADO

My Commission Expires 7/9/2005

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.

Signature of Licensee/Applicant

KEVIN M. REDDY

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 8th day of Sept., A.D., 2003

KIM OGANESYAN NOTARY PUBLIC STATE OF COLORADO

My Commission Expires 7/9/2005

Signature of Notary Public

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NOV - 9 2004

NEBRASKA LIQUOR CONTROL COMMISSION

FORM 35-4178
REV 2/01

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

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NOV - 9 2004
NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS:

1) Application and application for manager must be typewritten and submitted in triplicate
2) Fingerprint cards (2 cards per person) must be submitted for: **a)** each stockholder owning over 25% of the stock, **b)** chief executive officer, **c)** proposed manager and **d)** all spouses
3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**: Chipotle Mexican Grill of Colorado, LLC *

Total Number of Shares (if corporation): *

Corporate Street Address: 1543 Wazee Street, Suite 200 *

Mailing address for receipt of Liquor Control Commission Mailings: 1543 Wazee Street, Suite 200 *

Corporate Telephone Number: 303-595-4000 *

City: Denver *

County: Denver *

State: CO *

Zip Code: 80202 * -

Name of Registered Agent: CT Corporation *

Name of Proposed Manager: Aaron Michael Dansky *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name: M. Steven Ells *

Title: Manager *

Date of Birth: *

Social Security Number: *

Home Address (1): 100 S. Marion Parkway *

City: Denver *

State: CO *

Zip Code: 80209 * -

Home Telephone Number: 303-744-3002 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**	Social Security Number	Date of Birth	Title
Name: Ells, Matthew Steven			Manager
Spouse Name: None			
Partner Number of Shares / % 0	Spouse Number of Shares / % 0		

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**	Social Security Number	Date of Birth	Title
Name			

Reddy, Kevin Michael			Manager
Spouse Name Reddy, Leigh Overstreet			N/A
Partner Number of Shares / % 0	Spouse Number of Shares / % 0		

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes ◉ No ○

Name of control Corporation

Chipotle Mexican Grill, Inc.

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAT 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: January 1 Ending date: December 31

State of Colorado)
) ss.
Denver County)

KIM OGANESIAN NOTARY PUBLIC STATE OF COLORADO

Notary Public Signature & Seal

My Commission Expires 7/3/2005

By _____
President/Member

Kevin Reddy
Secretary/Member

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

Verify Form and Print

FORM 35-4183
REV. 02/01

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NEBRASKA LIQUOR CONTROL COMMISSION

Application for Corporate Manager

Must Be A Nebraska Resident
Please submit in Triplicate

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

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

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation: Chipotle Mexican Grill of Colorado, LLC *

Class & License number: I- *

Trade Name of Licensed Premise: Chipotle Mexican Grill *

Street Address of Licensed Premise: 2801 Pine Lake Road *

City: Lincoln *

County: Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO: _____

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden): Dansky, Aaron Michael *

Sex *: F ○ M ◉

Social Security Number: *

Date of Birth: *

Place of Birth: Hayward, CA *

Home Street Address: 300 Hadkins Road *

City: Malcolm *

County: Lancaster *

State: NE *

Zip Code: 68402 *

Home Telephone Number: 402-796-2609 *

Business Telephone Number: 402-474-1133 *
420 - 2801

Drivers License Number: *

State: NE *

cell 450-3802

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NEBRASKA LIQUOR CONTROL COMMISSION

Are You Married? * Yes ◉ No ○ If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)
Dansky, Julie Lyn (Brown)

Social Security Number

Drivers License Number

State
NE

Date of Birth

Place of Birth
Lincoln, Nebraska

* 1. **READ CAREFULLY.** Answer completely and accurately.
Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes ◉ No ○ See attached

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

Yes ○ No ◉

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

Yes ○ No ◉

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

Yes ◉ No ○

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

Yes ◉ No ○

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

	Year From	Year To
Applicant: City & State: Malcolm, Nebraska	2002	2004
Spouse: City & State: Malcolm, Nebraska	2001	2004

	Year From	Year To
Applicant: City & State: Independence, Kentucky	2001	2002
Spouse: City & State: Raymond, Nebraska	1989	2001

	Year From	Year To
Applicant: City & State: Lincoln, Nebraska	2000	2001
Spouse: City & State:		

	Year From	Year To
Applicant: City & State: Solana Beach, California	1999	2000
Spouse: City & State:		

EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer	Year From	Year To
Chili's	2002	2004

Name of Supervisor: Will Hoyt
Telephone Number: 402-420-2800

Name of Employer	Year From	Year To
Cracker Barrel	2000	2002

Name of Supervisor: Jeff Hanselmann
Telephone Number: 402-476-4901

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

SPOUSE

STATE OF NEBRASKA)
) SS
COUNTY OF)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Signature of Applicant

Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 1 day of November, 2004.

Subscribed in my presence and sworn to before me this 29 day of October, 2004.

Notary Signature & Seal

Notary Signature & Seal

GENERAL NOTARY - State of Nebraska
NANCY L. WILKEN
My Comm. Exp. April 15, 2006

Verify and Print

GENERAL NOTARY - State of Nebraska
NANCY L. WILKEN
My Comm. Exp. April 15, 2006

FORM 35-4013
REV. 2/01

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NOV - 9 2004
NEBRASKA LIQUOR
CONTROL COMMISSION

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

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 the application.

Julie Dansky
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 29 day of October, A.D., 2004.

GENERAL NOTARY - State of Nebraska
NANCY L. WILKEN
My Comm. Exp. April 15, 2006

Nancy L. Wilken
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.

Signature of Licensee/Applicant

AARON M. DANSKY
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 1 day of November, A.D., 2004.

GENERAL NOTARY - State of Nebraska
NANCY L. WILKEN
My Comm. Exp. April 15, 2006

Nancy L. Wilken
Signature of Notary Public

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NOV - 9
NEBRASKA LIQUOR
CONTROL COMMISSION

RECEIVED
NOV - 9 2004
NEBRASKA LIQUOR
CONTROL COMMISSION

FORM 35-4178
REV 2/01

CITY OF LINCOLN
NEBRASKA

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

LINCOLN
The Community of Opportunity

December 15, 2004

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, 600 West 'O' Street requesting a class D liquor license.

Gas N Shop has requested that Connie Hynek be approved as the manager of the liquor license.

Background information on Connie Hynek will be omitted as she had previously been approved by the Council on several Gas N Shop liquor licenses.

Stockholder information is included for your review.

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.

THOMAS K. CASADY, Chief of Police

STATE OF NEBRASKA

; 10-04

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 800 833-7352 (TTY)
web address: http://www.nol.org/home/NLCC/

March 9, 2004

Mike Johanns
Governor

City Clerk
555 South 10th Street
Lincoln NE 68508-3993

Gas N Shop
600 W 'O' St.
Class D

A4-137742
147

Re: Liquor application for Gas N Shop

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) 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.

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DEC 14 2004
BY: City Clerk

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

Michelle Porter

Michelle Porter
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

D# 66556
Lease
New
Local

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DEC - 8 2004
NEBRASKA LIQUOR CONTROL COMMISSION

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

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

INSTRUCTIONS: Include: **1.** Applicable fees payable to Liquor Control Commission **2.** Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 **3.** Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska **4.** Commission checklist, form 4251 **5.** Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock **6.** All applications must be typewritten or printed clearly **7.** Submit in **Triplicate** **8.** Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
☐ **A** Beer, On Sale Only - Inside Corporate Limits	**$45.00**	Collected a Local Level	exempt
☐ **F** Beer, On Sale Only - Outside Corporate Limits	**$45.00**	Collected at Local Level	exempt
☐ **B** Beer, Off Sale Only - Inside/Outside Corporate Limits	**$45.00**	Collected at Local Level	exempt
☐ **J** Wine, Beer, On Sale Only - Inside Corporate Limits	**$45.00**	Collected at Local Level	exempt
☐ **I** Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	**$45.00**	Collected at Local Level	exempt
☑ **D** Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	**$45.00**	**$150.00**	exempt
☐ **D1** Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	**$45.00**	**$150.00**	exempt
☐ **C** Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	**$45.00**	Collected at Local Level	exempt
☐ **M** Bottle Club (Spirits, Wine, Beer, On Sale)	**$45.00**	Collected at Local Level	exempt
☐ **H** Nonprofit Corporation	**$45.00**	Collected at Local Level	exempt
☐ **K** Wine Only, Off Sale	**$45.00**	Collected at Local Level	exempt
☐ **O** Boat	**$45.00**	$50.00	exempt
☐ **V** Manufacturer of Beer, Wine & Distilled Spirits	**$45.00**	Varies $100 to $1,000	*$10,000 min.
☐ **X** Wholesale Liquor	**$45.00**	$500.00	*$ 5,000 min.
☐ **W** Wholesale Beer	**$45.00**	$250.00	*$ 5,000 min
☐ **Y** Farm Winery	**$45.00**	$250.00	*$ 1,000 min.
☐ **L** Craft Brewery (Brew Pub)	**$45.00**	$250.00	*$ 1,000 min.

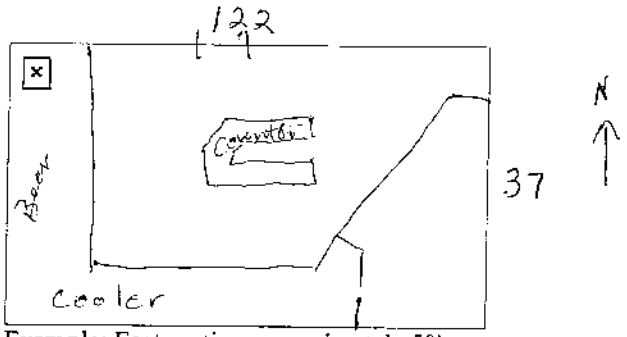
TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION
Type of application being applied for (check appropriate box) 1. Individual License requires Form 1 to be attached. 2. Partnership License requires Form 2 to be attached. 3. X Corporate License requires Forms 3 and Manager Application to be attached	**Name** Dorothy Bockoven, Attorney at Law **Firm Name** Gas 'N Shop, Inc. **Address** PO Box 81463, Lincoln, NE 68501

SECTION A – LOCATION INFORMATION – Must be completed by all applicants

Trade Name (name of business): Gas 'N Shop	Telephone Number at premise to be licensed: unknown
1) Street Address of Proposed licensed premise: 600 West O Street	2) Mailing Address for receipt of Liquor Control Commission mailings: PO Box 81463
City: Lincoln County: Lancaster Zip Code: 68528 Is this located inside the city limits? (Yes) No	City: Lincoln County: Lancaster Zip Code: 68501

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided 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 where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

See Att.

one floor - restrooms will be on the east in between Gas 'N Shop & McDonald's.

SECTION B	OTHER INFORMATION REQUIRED *		
	Yes	No	Explanation/Comments **Note: Only what is visible on screen will be printed**
* 1. **READ CAREFULLY**. Answer completely and accurately. Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. 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	Tom Vik 9/01 DUI Lancaster County; 1975 DUI (to the best of his recollection) Robert Hynek 1979 DUI Douglas County; DUI 1981 Douglas County
* 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).	Yes	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 copy.	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	Hastings State Bank
* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.	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	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?	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. Per Sec. §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 persons exact duties.	Yes	No	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	Hastings State Bank Larry W. Coffey Tom Vik		
11. List all past and present liquor licenses held 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.	Larry W. Coffey and Gas 'N Shop holds several licenses		
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	Connie L. Hynek Unknown at this time		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	TAM training Lincoln Beverage Hospitality Course
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 interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	attached
15. When do you intend to open for business?	April 2005

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
See attached sheet			

The undersigned applicant(s) hereby consent(s) to a background investigation and release of 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 and/or inaccurate.

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. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign here [signature]

Sign Here [signature]

Sign Here [signature]

Sign Here [signature]

Sign Here [signature]

Sign Here [signature]

Sign Here [signature]

Sign Here [signature]

Subscribed in my presence and sworn to before me this 3rd day of December, 2004

(SEAL) GENERAL NOTARY - State of Nebraska PENNY A. KREMER My Comm. Exp. Jan. 19, 2007

In compliance with 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 alternative format.

Sign here [signature]
Notary Public Signature

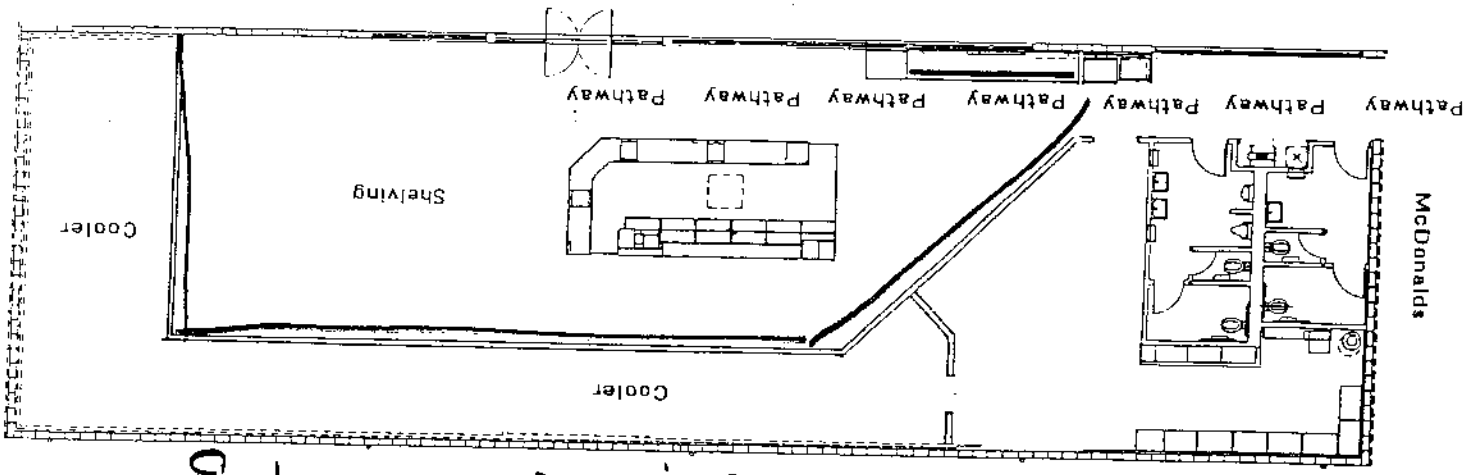
Verify & Print form

RECEIVED
DEC - 8 2004
NEBRASKA LIQUOR CONTROL COMMISSION

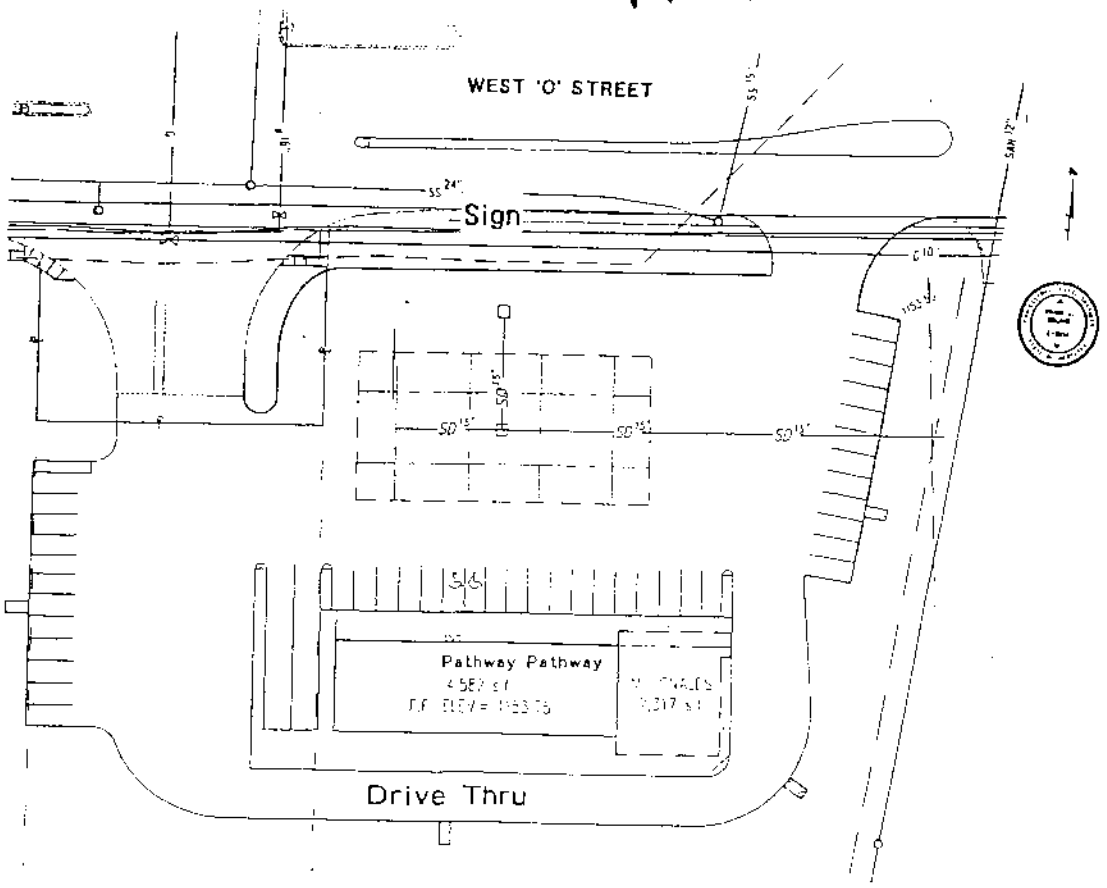
FORM 35-4010
1
REV 1/01

EXHIBIT B

PLANS OF THE McDONALD'S PREMISES, EASEMENTS AND RESTROOMS



East corner of main floor approx 122' x 37'



Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

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NEBRASKA LIQUOR CONTROL COMMISSION

INSTRUCTIONS:
1) Application and application for manager must be typewritten and submitted in triplicate
2) Fingerprint cards (2 cards per person) must be submitted for: **a)** each stockholder owning over 25% of the stock. **b)** chief executive officer. **c)** proposed manager and **d)** all spouses
3) Information regarding spouses must be completed
Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**
Gas 'N Shop, Inc. *

Total Number of Shares (if corporation)
100 *

Corporate Street Address
701 Marina Bay Place *

Mailing address for receipt of Liquor Control Commission Mailings
PO Box 81463 *

Corporate Telephone Number
402-475-1101 *

City
Lincoln *

County
Lancaster *

State
NE *

Zip Code
68528 * -

Name of Registered Agent
Dorothy Bockoven *

Name of Proposed Manager
Connie L. Hynek *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name
Larry W. Coffey *

Title
President *

Date of Birth
*

Social Security Number
*

Home Address (1)
730 Lakeshore Drive *

City
Lincoln *

State
NE *

Zip Code
68528 * -

Home Telephone Number
402-474-1669 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**	Social Security Number	Date of Birth	Title
Name: Coffey, Larry Wayne			President
Spouse Name: Coffey, Connie F. (Rose)			
Partner Number of Shares / % 100	Spouse Number of Shares / % 0		

Name of Officers, Directors, Members and Spouses.

Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Vik, Thomas C.			Treas./VP of Finance
Spouse Name Vik, Chris E. (Shope)			
Partner Number of Shares / % 0	Spouse Number of Shares / % 0		

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**	Social Security Number	Date of Birth	Title
Name Cap, David T.			Chief Operations Ofcr
Spouse Name Cap, Susan A.			
Partner Number of Shares / % 0	Spouse Number of Shares / % 0		

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**	Social Security Number	Date of Birth	Title
Name Smetter, Sue A.			Secretary
Spouse Name			
Partner Number of Shares / % 0	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes (No)

Name of control Corporation _____

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAT 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: January 1 Ending date: December 31

State of NEBRASKA)

) **ss.**

LANCASTER **County**)

Penny A. Kremer
Notary Public Signature & Seal

GENERAL NOTARY - State of Nebraska
PENNY A. KREMER
My Comm. Exp. Jan. 19, 2007

By _____
President/Member

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

Sue A Snoeker
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01

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NEBRASKA LIQUOR
CONTROL COMMISSION

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

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 the application.

Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 3rd day of December, A.D., 2004.

Penny A. Kremer
Signature of Notary Public

GENERAL NOTARY - State of Nebraska
PENNY A. KREMER
My Comm. Exp. Jan. 19, 2007

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.

Signature of Licensee/Applicant

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 3rd day of December, A.D., 2004.

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DEC - 8 2004
NEBRASKA LIQUOR CONTROL COMMISSION

Penny A. Kremer
Signature of Notary Public

GENERAL NOTARY - State of Nebraska
PENNY A. KREMER
My Comm. Exp. Jan. 19, 2007

FORM 35-4178
REV 2/01

Application for Corporate Manager

Must Be A Nebraska Resident
Please submit in Triplicate

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

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

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation: Gas 'N Shop, Inc. *

Class & License number: D *

Trade Name of Licensed Premise: Gas 'N Shop #81 *

Street Address of Licensed Premise: 600 West O Street *

City: Lincoln *

County: Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden): Hynek, Connie Lou (Heinke) *

Sex *: F M

Social Security Number: *

Date of Birth: *

Place of Birth: Nebraska City, Nebraska *

Home Street Address: 4107 R Road *

City: Talmage *

County: Otoe *

State: NE *

Zip Code: 68448 *

Home Telephone Number: 402-264-4015 *

Business Telephone Number: 402-475-1101 *

Drivers License Number: *

State:

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DEC - 8 2004
NEBRASKA LIQUOR CONTROL COMMISSION

Are You Married? * Yes No If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)
Hynek, Robert Dean

Social Security Number

Drivers License Number

State
NE

Date of Birth

Place of Birth
Schuyler, 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 criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

(Yes) No See attached

* 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 See attached

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

Yes (No)

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

(Yes) No

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

(Yes) No

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

	Year From	Year To
Applicant: City & State: 4107 R Road, Talmage NE	1974	now
Spouse: City & State: 4107 R Road, Talmage NE	1992	now

	Year From	Year To
Applicant: City & State		
Spouse: City & State		

	Year From	Year To
Applicant: City & State		
Spouse: City & State		

	Year From	Year To
Applicant: City & State		
Spouse: City & State		

EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer	Year From	Year To
Nemaha Valley Schools	1976	1988

Name of Supervisor: unknown

Telephone Number: unknown

Name of Employer	Year From	Year To
Gas 'N Shop, Inc.	1987	now

Name of Supervisor

Telephone Number

Dave Cap	402-475-1101

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

STATE OF NEBRASKA)
) SS
COUNTY OF)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Carmen L Hyatt
Signature of Applicant

Robert D. Hyatt
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 8th day of DEC. 2004.

Subscribed in my presence and sworn to before me this 8th day of DEC. 2004.

Penny A. Kremer
Notary Signature & Seal

GENERAL NOTARY - State of Nebraska
PENNY A. KREMER
My Comm. Exp. Jan. 19, 2007

Penny A. Kremer
Notary Signature & Seal

GENERAL NOTARY - State of Nebraska
PENNY A. KREMER
My Comm. Exp. Jan. 19, 2007

Verify and Print

FORM 35-4013
REV. 2/01

RECEIVED
DEC - 8 2004
NEBRASKA LIQUOR CONTROL COMMISSION

CITY OF LINCOLN
NEBRASKA

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

LINCOLN
The Community of Opportunity

December 14, 2004

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 Delray Ballroom & Lounge, 817 'R' Street requesting that Annette Erhart be approved as the manager of the class I liquor license.

Background information on the applicant is as follows:

Annette Erhart was born in Omaha, Nebraska. She attended Murdock High School graduating in 1979.

Mrs. Erhart has been self employed as the owner / operator of Annette's Catering since 1997.

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.

THOMAS K. CASADY, Chief of Police

Liquor License Investigation

Business (DBA) Del Ray Ballroom

Manager Owner Other

Name: Annette Erhart

US Citizen ? Yes No

Has applicant ever been cited for liquor law violations ? No Yes
Explain

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 N/A

How many hours will applicant be at the establishment ? 2 nights per week

Any other employment ? No Yes, explain Catering Business

Any previous experience with a liquor license? Yes No

Any criminal convictions ? No Yes
Comments

Is applicant a property owner in Lincoln ? Yes No

Is applicant involved in any civil litigation ? No Yes
Comments

(✓) Photo (✓) Records Check (✓) References

Comments

Interview Date 12 / 14 / 04

Russ

STATE OF NEBRASKA

Verdate 12/20/05

PH: 1-10-05

RECEIVED
DEC 7 2004
BY: City Clerk

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 800 833-7352 (TTY)
web address: http://www.nol.org/home/NLCC/

Mike Johanns
Governor

December 3, 2004

A4-135276
21A.

City Clerk of Lincoln
555 S 10 Street
Lincoln, NE 68508

RE: Manager Application Submittal

Dear Sir/Madam:

The corporation Grannette, Inc (Limited Partnership) DBA DelRay Ballroom and Lounge has submitted the enclosed Application for Corporate Manager. The establishment has the following liquor license(s) Class I #61039 and is located at 817 "R" Street, Lincoln, NE 68508 (Lancaster County). The applicant's name is Annette M Erhart.

Please present this application to your City/County Council and return the results of the action taken to our office. If you have any questions or comments, please give me a call at (402) 471-4881.

Sincerely,

Jackie B. Matulka

Jackie B. Matulka
Licensing Division

Enclosure

INTERVIEW 12-14-04
@ 9:00 AM

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

RECEIVED
DEC - 3 2004
NEBRASKA LIQUOR CONTROL COMMISSION

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509
Phone: (402) 471-2571 **Fax:** (402) 471-2814 **Web address:** http://www.nol.org/home/NLCC/

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION	CLASS & LICENSE NUMBER
Grannette, Inc	I 61039

TRADE NAME OF LICENSED PREMISE: DelRay Ballroom and Lounge

STREET ADDRESS OF LICENSED PREMISE	CITY	COUNTY	ZIP CODE
817 R St.	Lincoln	Lancaster	68508

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO: Annette M. Erhart

APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, FIRST, MIDDLE, MAIDEN)	SEX	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH
Erhart, Annette, Marie Groleau	(F) M			Omaha

HOME STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
13314 Adams St.	Weeping Water	Cass	NE	68463

HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	DRIVERS LICENSE NUMBER & STATE
(402) 267-7445	(402) 267-7445	

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE
Erhart Robert thomas		

DATE OF BIRTH:	PLACE OF BIRTH Syracuse 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 criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.
☐ Yes ☒ No

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 817 R St Lincoln 68508
61039 9/15/03

FORM 35-4013
REV 2/01

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

☐ YES ☒ NO

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

☒ YES ☐ NO

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

☒ YES ☐ NO Filed 9/15/03

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
Annette Eckart Weeping Water NE	1980	2004	Robert Eckart Weeping Water NE	1980	2004

EMPLOYERS - LIST LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1984	1992	First Congregational Church UCC	Bill Jameson	402-267-3645
1992	1996	Plattsmouth Animal Hospital	Dr. Charles Stoehr	402-296-2179

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

STATE OF NEBRASKA)
) SS
COUNTY OF)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit 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 and inaccurate.

Annette Marie Eckart
Signature of Applicant

Robert Thomas Eckart
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 2nd day of December.

Subscribed in my presence and sworn to before me this 2 day of Dec. 2004.

Dustin Bauer
Notary Signature & Seal

Jana Lindsey
Notary Signature & Seal

DUSTIN BAUER
MY COMMISSION EXPIRES
October 19, 2008

JANA LINDSEY
MY COMMISSION EXPIRES
July 4, 2005