



LINCOLN POLICE DEPARTMENT  
575 South 10th Street Lincoln, NE 68508  
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

March 18, 2015

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

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Smokem Dano, Inc., DBA Hickory Road BBQ & Catering Co., 5555 S 48<sup>th</sup> Street, Suite C, requesting a class I-111582 liquor license.

Rachelle Emshoff, president of the corporation, has requested that she be approved as the manager of the liquor license. She has not yet completed the required management training. Ms. Emshoff is scheduled to take the training on April 9<sup>th</sup>, 2015.

No areas of concern were found.

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.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**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.ne.gov

<b>RECEIVED</b>		
FEB 24 2015		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES / <b>NO</b>	New/Replacing #	
Class Type <b>I</b>	<b>111582</b>	Initial <b>RS</b>

Applicant name Rachelle Emshoff - ~~Smokedan~~ Smokedano Inc.  
 Trade name Hickory Road BBQ & Catering Co.  
 Previous trade name Out of Bounds Sports Grill  
 Contact email address rachelle@hickoryroadbbq.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.

<b>RECEIPT</b>	DATE <u>2-24-15</u> No. <u>168295</u>
	FROM <u>Smokedano Inc.</u>
	FOR <u>New App</u>
	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>213</u> <span style="border: 1px solid black; padding: 2px;">\$400<sup>00</sup></span> <input type="checkbox"/> MONEY# _____ ORDER Received by <u>Randy Taylor</u>

Office use only  
 PAYMENT TYPE CK 7013  
 AMOUNT: \$400  
Rct 168295 Received: mm



1500004673

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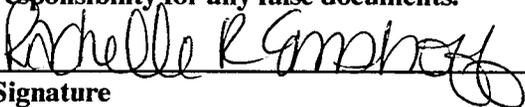
## REQUIRED ATTACHMENTS

Each item must be checked and included with application or marked N/A (not applicable)

1.  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.  Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.
3.  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)
4.  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.  If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6.  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.  If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).
8.  Enclose a list of any inventory or property owned by other parties that are on the premise.
9.  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.  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.  Submit a copy of your business plan.

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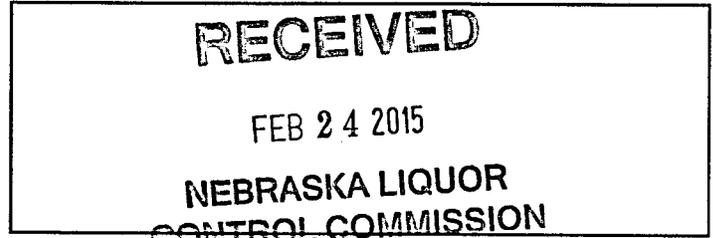
I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

  
Signature

2-19-2015  
Date

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301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
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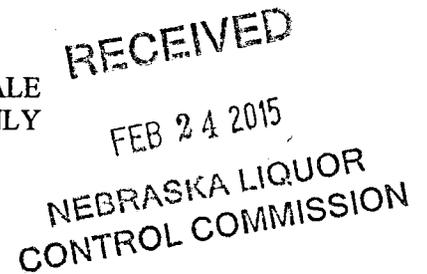


**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS**

**RETAIL LICENSE(S)**

Application Fee \$400 (non refundable)

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- 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
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE



- 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

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)
- 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 \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_

**PREMISE INFORMATION**

Trade Name (doing business as) Hickory Road BBQ & Catering Co.

Street Address #1 5571 S. 48th Street

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

City Lincoln County NE Zip Code 68516

Premise Telephone number None Yet

Business e-mail address rachelle@hickoryroadbbq.com

Is this location inside the city/village corporate limits:  YES

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

Name Rachelle Emshoff

Street Address #1 914 Central Avenue

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

City Auburn State NE Zip Code 68305

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NO  
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**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 75 x width 87 in feet

Is there a basement? Yes \_\_\_ No X If yes, length \_\_\_ x width \_\_\_ in feet

Is there an outdoor area? Yes \_\_\_ No X If yes, length \_\_\_ x width \_\_\_ in feet

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

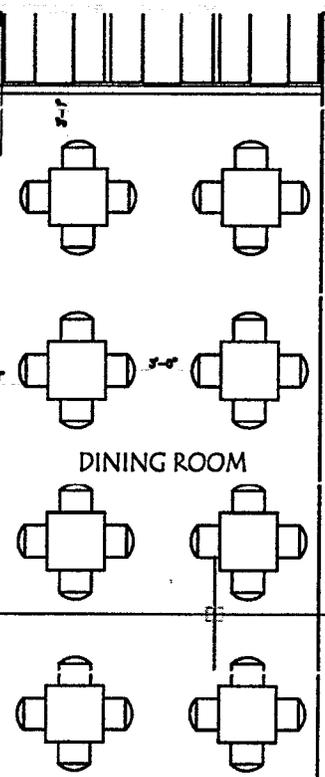
8'-7 1/2"

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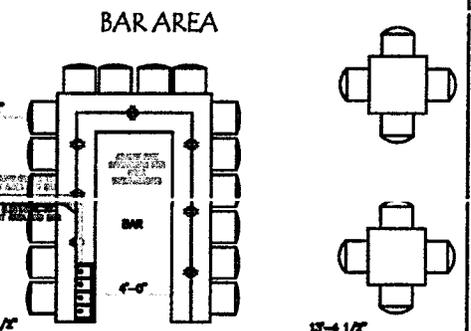
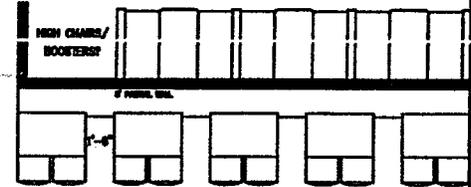
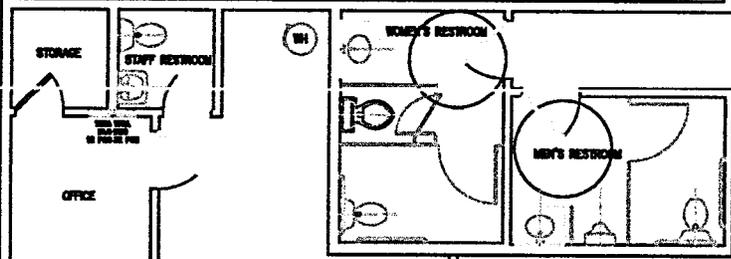
NEBRASKA LIQUOR CONTROL COMMISSION

DANCING SPACE



DINING ROOM

7'-4 3/8"



BAR AREA



KITCHEN

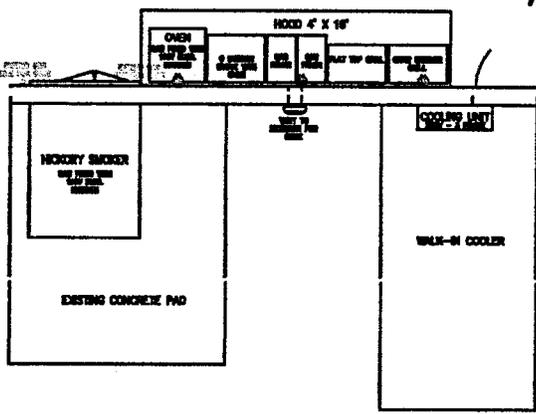
5'-0"

5'-2 1/2"

6'-8 1/2"

15'-4 1/2"

3'-0 7/8"



NOODY SMOKE

EXISTING CONCRETE PAD

WALK-IN COOLER

WIND DOOR

FEB 24 2015

**APPLICANT INFORMATION**

**NEBRASKA LIQUOR CONTROL COMMISSION**

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

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
Rachelle Emshoff	01/1990	Auburn, NE	MIP	Plead Guilty
Rachelle Emshoff	05/2001	Papillion, NE	Speeding	Paid Fine
Dan Emshoff	01/1990	Auburn, NE	DUI	Plead Guilty
Don Emshoff	05/2006	Tecumseh, NE	Speeding	Paid Fine
Don Emshoff	03/2012	Papillion, NE	Speeding	Paid Fine
Both traffic violations				

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?

YES  NO

If yes, list the lender(s) Union Bank

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)

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No silent partners

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

YES  NO

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

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

YES  NO

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

9. Is anyone listed on this application a law enforcement officer?

YES  NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Union Bank, Rachel Emshoff, Dan Emshoff, Austin Emshoff \* I did have Austin get fingerprinted but he will just be an employee \*

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.

Rachelle Emshoff, 914 Central Avenue, Auburn #35591

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)
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		FEB 24 2015

For list of NLCC certified training programs see: [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
		NEBRASKA LIQUOR CONTROL COMMISSION

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.**

- Lease: expiration date 03/31/2025
- Deed
- Purchase Agreement

14. When do you intend to open for business? May 2015

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

16. What are the anticipated hours of operation? 11 am - 11 pm daily

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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Rachelle Emshoff, Auburn, NE	1994	Present	Dan Emshoff, Auburn, NE	1994	Present

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 <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>

Rachelle Emshoff  
Signature of Applicant

Dan Emshoff  
Signature of Spouse

Rachelle Emshoff  
Print Name

Dan Emshoff  
Print Name

\_\_\_\_\_  
Signature of Applicant

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

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

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ACKNOWLEDGEMENT

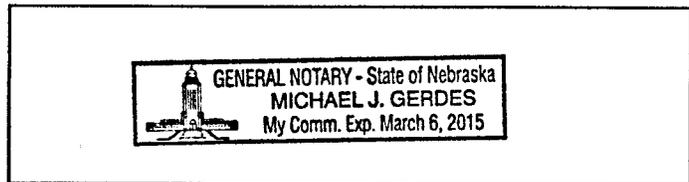
State of Nebraska  
County of NEMAHA

The foregoing instrument was acknowledged before me this

2-24-2015  
date

by RACHELE EMSHOFF & DAN EMSHOFF  
name of person(S) acknowledged (individual(s) signing)

Michael J. Gerdes  
Notary Public signature



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

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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: Rachelle Emshoff

Name of Corporation that will hold license as listed on the Articles  
Smokemdano, Inc. 010056085

Corporation Address: 914 Central Avenue

City: Auburn State: NE Zip Code: 68305

Corporation Phone Number: 402-274-9988 Fax Number \_\_\_\_\_

Total Number of Corporation Shares Issued: 10,000

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

Last Name: Emshoff First Name: Rachelle MI: R

Home Address: 1203 14th Street City: Auburn

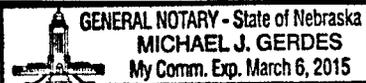
State: NE Zip Code: 68305 Home Phone Number: 402-274-7446

Rachelle Emshoff, President  
Signature of President/CEO

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Nemaha  
2-24-2015  
Date  
Michael J. Gerdes

The foregoing instrument was acknowledged before me this  
by RACHELLE EMSHOFF  
name of person acknowledge

Affix Seal  


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

Last Name: Emshoff First Name: Rachelle MI: R  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: President Number of Shares 5000  
Spouse Full Name (indicate N/A if single): Dan M Emshoff  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Emshoff First Name: Dan MI: M  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: VP/Sec/Treasurer Number of Shares 5000  
Spouse Full Name (indicate N/A if single): Rachelle R Emshoff  
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: FEB 24 2015

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**NEBRASKA LIQUOR CONTROL COMMISSION**  
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: \_\_\_\_\_

Is the applying corporation controlled by another corporation/company?

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

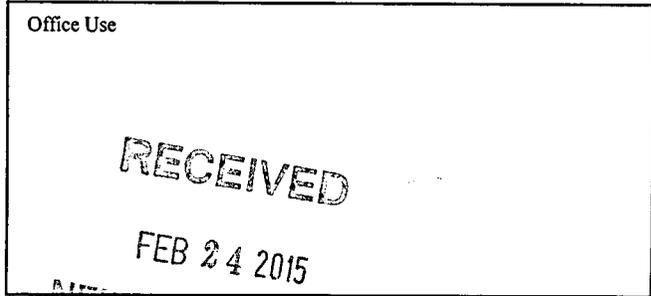
If yes, provide the Federal ID # \_\_\_\_\_

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**FEB 24 2015**  
**NEBRASKA LIQUOR**  
**CONTROL COMMISSION**

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.

**MANAGER APPLICATION  
INSERT - FORM 3c**

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



**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. See Form 147 for further information, this form **MUST** be included with your application.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC: Smokendano, Inc.

**Premise information**

Liquor License Number: \_\_\_\_\_ Class Type \_\_\_\_\_ (if new application leave blank)

Premise Trade Name/DBA: Hickory Road BBQ & Catering Co.

Premise Street Address: 5571 S. 48th Street

City: Lincoln County: Lincoln Zip Code: 68516

Premise Phone Number: None yet

Email address: rachelle@hickoryroadbbq.com

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](http://www.lcc.ne.gov/license_search/licsearch.cgi)

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

**Manager's information must be completed below. PLEASE PRINT CLEARLY.**

Last Name: Emshoff First Name: Rachelle MI: R

Home Address (include PO Box if applicable): 1203 14th Street

City: Auburn County: Nemaha Zip Code: 68305

Home Phone Number: 402-274-7446 Business Phone Number: 402-274-9988

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

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

Email address: rachelle@hickoryroadbbq.com

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

YES  NO

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**Spouse's information**

Spouses Last Name: Emshoff First Name: Dan MI: M

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

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

**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
Auburn NE	1994	present	Auburn NE	1994	present

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1996	<del>2004</del> present	Self employed <sup>Out of</sup> Bounds	self	402-274-7446
2004	present	Smokemdano	self	402-274-7446

**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
Rachelle Emshoff	01/1990	Auburn, NE	MIP	Plead Guilty
Rachelle Emshoff	05/2001	Billon, NE	Speeding	Paid Fine
Dan Emshoff	01/1990	Auburn, NE	DUI	Plead Guilty
Dan Emshoff	05/2006	Tecumseh, NE	Speeding	Paid Fine
Dan Emshoff	03/2012	Billon, NE	Speeding	Bud Fine

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):

Hickory Road B&B, Auburn NE

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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

NEBRASKA LIQUOR CONTROL COMMISSION



**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.

Rachelle Emshoff  
Signature of Manager Applicant

Dan Emshoff  
Signature of Spouse

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ACKNOWLEDGEMENT

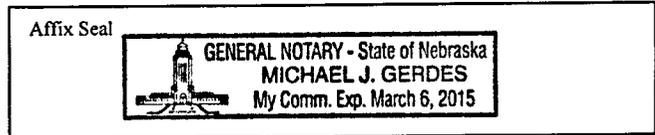
State of Nebraska

County of NEMAHA

2-24-2015  
date

The foregoing instrument was acknowledged before me this  
**NEBRASKA LIQUOR CONTROL COMMISSION**  
by RACHELLE EMSHOFF  
name of person acknowledged

Michael J. Gerdes  
Notary Public signature



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.

**SUBMISSION OF FINGERPRINTS /  
PAYMENT OF FEES TO NSP-CID**

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

DATE RECEIVED <b>RECEIVED</b> FEB 24 2015 NEBRASKA LIQUOR Office Use Only CONTROL COMMISSION	
Class: _____	License #: _____

Applicant Name: Smokandano, Inc.  
(Corporation, LLC, Partnership or Individual)

Trade Name: Hickory Road BBQ Catering Co.  
(Doing Business As)

(402) 274-7446  
Phone Number

rachelle@hickoryroadbbq.com  
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](http://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 12<sup>th</sup> 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.**

Name (Print): Rachelle Emshoff Title: President  
 Name (Print): Dan Emshoff Title: Spouse  
 Location: NSP 4411 S. 108<sup>th</sup>, Omaha, NE 68137 Date 2/10/2015  
Where fingerprints were taken  
 PayPort Receipt #: 4886300 \$ 28<sup>75</sup> Check Name & No.: \_\_\_\_\_ \$ \_\_\_\_\_

Name (Print): Dan Emshoff Title: VP/Sec/Treas  
 Name (Print): Rachelle Emshoff Title: Spouse  
 Location: NSP 4411 S. 108<sup>th</sup>, Omaha, NE 68137 Date 2/12/2015  
Where fingerprints were taken  
 PayPort Receipt #: 4886300 \$ 28<sup>75</sup> Check Name & No.: \_\_\_\_\_ \$ \_\_\_\_\_

Name (Print): Austin Emshoff Title: Manager  
 Name (Print): — Title: Spouse  
 Location: NSP 4411 S. 108<sup>th</sup>, Omaha, NE 68137 Date 2/17/2015  
Where fingerprints were taken  
 PayPort Receipt #: 4946372 \$ 28<sup>75</sup> Check Name & No.: \_\_\_\_\_ \$ \_\_\_\_\_

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 FEB 24 2015

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.

**NEBRASKA LIQUOR  
 CONTROL COMMISSION**

Name (Print): Rachelle Emshoff Title: President

Signature:  Date: 2-13-2015

**MANAGER APPLICATION  
INSERT - FORM 3c**

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

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Manager must:

- Complete all sections of the application. Be sure it is signed by a **corporate officer**, corporate officer must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- 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
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- 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