

**APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL**

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

RECEIVED		
JUN 22 2015		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES / NO <i>(D)</i>	New/Replacing # <i>26092</i> ✓	
Class Type <i>(D)</i>	113923	Initial <i>jm</i>

Applicant name Hergert Oil Company

Trade name Super C

Previous trade name Handy-Shop

Contact email address slim@superc.net

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.

✓ crim hist reported on application 6-25-15 to Mary Musman

prints on file per attorney office

6-25-15 entered into database Ag, FM, Enf & Local reports sent

Business Plan

Office use only	PAYMENT TYPE <u>CK 5346</u>
	AMOUNT: <u>400</u>
<u>Act 168443</u>	Received: <i>jm</i>



1500015847

RECEIVED
FORM 00
REV. MAR 2015
PAGE 1

1. On File Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application.
2. X Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport
3. X Enclose the appropriate application forms;
 - Individual License (requires insert form 1)
 - Partnership License (requires insert form 2)
 - Corporate License (requires insert form 3a & 3c)
 - Limited Liability Company (LLC) (requires form 3b & 3c)
4. X If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for.
5. X If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6. X If buying the business of a current liquor license holder:
 - a. Provide a copy
 - b. Provide a copy
 - c. Enclose a list of
7. N/A If requesting to open
8. X Enclose a list of
9. X For citizenship or residency
 - a. For residency or citizenship
 - b. See guideline for
10. X Corporation or Limited Liability Company of the Secretary of State's office
11. N/A Submit a copy of

RECEIVED

JUN 22 2015

NEBRASKA LIQUOR CONTROL COMMISSION

RECEIPT

DATE	<u>6-22-15</u>	No. 168443
FROM	<u>O'Neill, Heinrich, Dam Kroger, ...</u>	
FOR	<u>New App - Super C</u>	
	<input type="checkbox"/> CASH	\$ 400.00
	<input checked="" type="checkbox"/> CHECK # <u>5346</u>	
	<input type="checkbox"/> MONEY# _____ ORDER	
Received by <u>Jackie B Matulka</u>		

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.

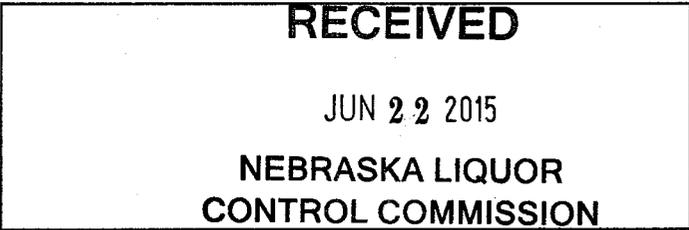
Signature

6-19-15

Date

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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



**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

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 Jessica Greenwald/Attorney; Trish Bell, Paralegal Phone number: (402) 434-3000
Firm Name O'Neill, Heinrich, Damkroger, Bergmeyer & Shultz, P.C., L.L.O.

PREMISES INFORMATION

Trade Name (doing business as) Super C

Street Address #1 1700 "L" Street

Street Address #2 _____

City Lincoln

County Lancaster

#2

Zip Code 68508

Premises Telephone number (402) 476-0135

Business e-mail address slim@superc.net

Is this location inside the city/village corporate limits:

city

YES

NO

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

Name Hergert Oil Co.

Street Address #1 6221 South 58th Street, Suite B

Street Address #2 _____

City Lincoln

State NE

Zip Code 68516

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

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

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

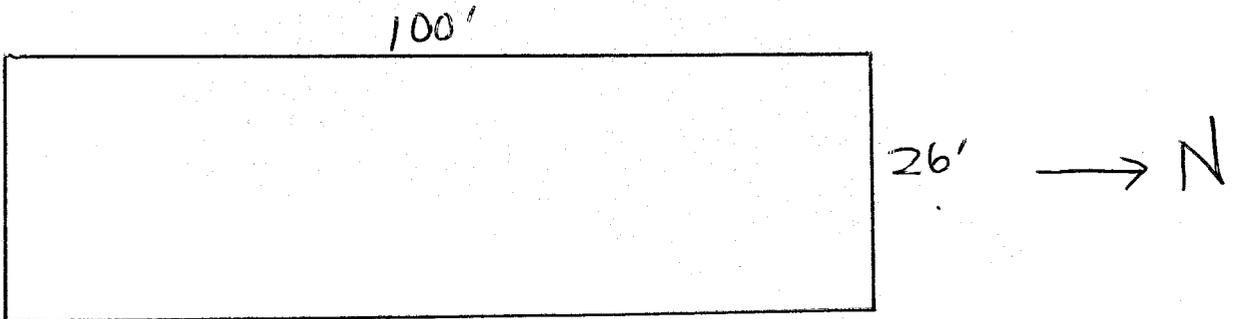
Building: length 100' x width 26' in feet

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

Entire one-story building, 26' x 100'. No basement or outdoor area.



APPLICANT INFORMATION

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

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

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
Daniel Hergert	Approx. 3/73	Lincoln, NE	DUI	Ticket
Daniel Hergert	Approx. 5/73	Lincoln, NE	<small>Being in place where controlled substance being used</small>	Ticket
Daniel Hergert	Various	Various	4-5 speeding tickets	Tickets

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

YES NO

If yes, give name of business and liquor license number

Handy-Shop #026092

- 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 Handy-Shop #026092

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

RECEIVED

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

JUN 22 2015

YES NO

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

NEBRASKA LIQUOR
CONTROL COMMISSION

No silent partners

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

YES NO

see attached lease both building & fixtures

If yes, list such item(s) and the owner. outdoor tanks and canopies owned by Canyon Road Management, LLC

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

YES NO

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

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

YES NO

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

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

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

Union Bank & Trust Co., Lincoln, NE -- Dan R. Hergert

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.

Hergert Oil Company currently has NE License #s 083141, 083142 and 105979

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)
Joel Larson	12/2013	Responsible Hospitality Council Manager Training, Lincoln, NE

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Joel B. Larson/Corp. Manager	2/13/96	Super C -- 3202 S. 10th Street, Lincoln, NE
Joel B. Larson/Corp. Manager	2/13/96	Super C -- 3400 Village Dr., Lincoln, NE
Joel B. Larson/Corp. Manager	2/13/96	Super C -- 501 W. A Street, Lincoln, NE

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 7-31-16 with automatic annual renewals
- Deed
- Purchase Agreement

14. When do you intend to open for business? Upon receipt of liquor license

15. What will be the main nature of business? Petroleum distribution

16. What are the anticipated hours of operation? 6:00 am - 1:00 am 7 days/wk

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

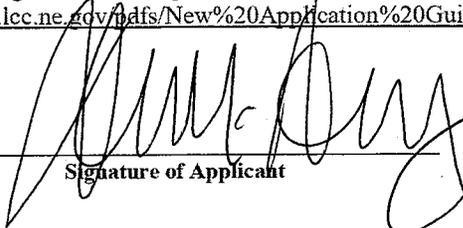
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE						
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR		
	FROM	TO		FROM	TO	
Dan Hergert -- Lincoln, NE	1953	Present	Mary Hergert -- Lincoln, NE	1976	Present	
Joel Larson -- Lincoln, NE	1992	Present	Jessica Machado-Larson	1977	Present	

If necessary attach a separate sheet.

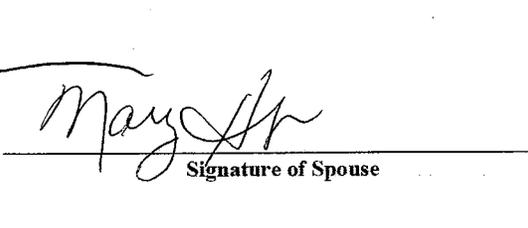
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) 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>



Signature of Applicant



Signature of Spouse

Daniel R. Hergert

Print Name

Affidavit of Nonparticipation

Print Name

Signature of Applicant

Print Name

Signature of Spouse

Print Name

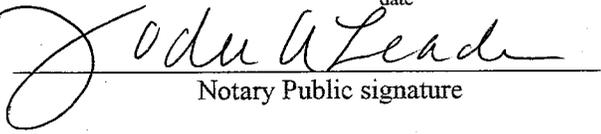
ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

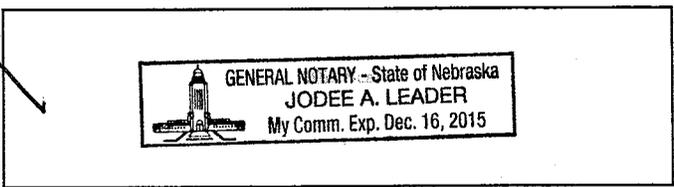
June 19, 2015

date

The foregoing instrument was acknowledged before me this *OK*
by Daniel R. Hergert and Mary Hergert
name of person(S) acknowledged (individual(s) signing)



Notary Public signature



RECEIVED

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.

**NEBRASKA LIQUOR
CONTROL COMMISSION**

JUN 22 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

Office Use

RECEIVED

JUN 22 2015

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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: Hergert Oil Company

Premise information

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

Premise Trade Name/DBA: Super C

Premise Street Address: 1700 "L" Street

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: (402) 476-0135

Email address: slim@superc.net

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

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

voter reg 1 pc, print on file per atty office, signed

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Larson First Name: Joel MI: B
 Home Address (include PO Box if applicable): 2523 Arlene Avenue
 City: Lincoln County: Lancaster Zip Code: 68502
 Home Phone Number: (402) 261-5586 Business Phone Number: (402) 436-2111
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Britton, SD
 Email address: joel@superc.net

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

YES NO *spousal*

Spouse's information

Spouses Last Name: Machado-Larson First Name: Jessica MI: L
 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
Lincoln, NE	1992	Present	Lincoln, NE	1977	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1993	2000	Mail Boxes, Inc.	Keith & Lee Baue	unknown
1990	1993	U.S. Marines	S. Sgt. Basil Smith	unknown

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

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

YES NO

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

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

YES NO

IF YES, list the name of the premise(s):

NE License #s 083141, 083142 and 105979 -- all Super C

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

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

✓ *NLCC Training Certificate Issued: 12/13/13 Name on Certificate: Joel Larson

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Joel Larson	12/2013	Responsible Hospitality Council Manager Training, Lincoln, NE
RECEIVED		
JUN 22 2015		
NEBRASKA LIQUOR CONTROL COMMISSION		

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Joel B. Larson, Corp. Manager	2/13/96	Super C -- 3202 S. 10th St., Lincoln, NE
Joel B. Larson, Corp. Manager	2/13/96	Super C -- 3400 Village Dr., Lincoln, NE
Joel B. Larson, Corp. Manager	2/13/96	Super C -- 501 W. A Street, Lincoln, NE

5. Have you enclosed Form 147 regarding fingerprints?

✓ YES NO Fingerprints on file. Were filed less than 2 years ago.

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.

Signature of Manager Applicant

Signature of Spouse

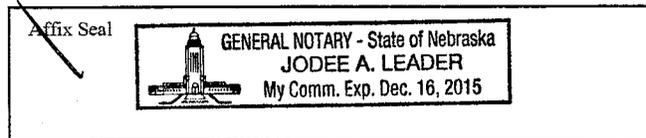
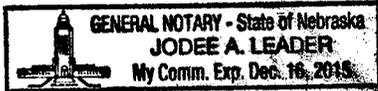
ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

June 19, 2015
date

The foregoing instrument was acknowledged before me this
by Joel Larson and Jessica Machado-Larson
name of person acknowledged

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.

RECEIVED
JUN 22 2015
NEBRASKA LIQUOR CONTROL COMMISSION

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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

Office Use
RECEIVED
JUN 22 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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

Jessica L. Machado-Larson
Signature of spouse asking for waiver
(Spouse of individual listed below)

Jessica L. Machado-Larson
Printed name of spouse asking for waiver

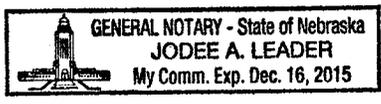
State of Nebraska

County of Lancaster

June 19, 2015
date

The foregoing instrument was acknowledged before me this
by Jessica L. Machado-Larson
name of person acknowledged

Jodee A Leader
Notary Public signature

Affix Seal


OR

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

Joel B. Larson
Signature of individual involved with application
(Spouse of individual listed above)

Joel B. Larson
Printed name of applying individual

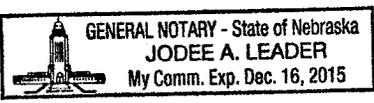
State of Nebraska

County of Lancaster

June 19, 2015
date

The foregoing instrument was acknowledged before me this
by Joel B. Larson
name of person acknowledged

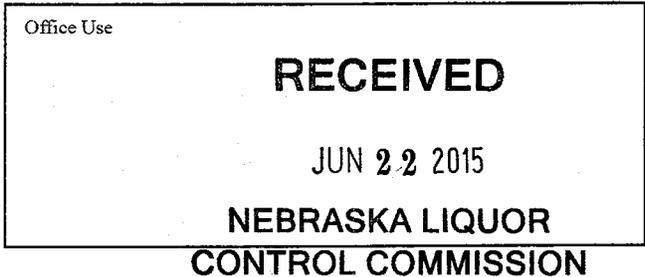
Jodee A Leader
Notary Public signature

Affix Seal


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

**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



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: Daniel R. Hergert

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

Corporation Address: 6221 South 58th Street, Suite B

City: Lincoln State: NE Zip Code: 68516

Corporation Phone Number: (402) 436-2111 Fax Number: _____

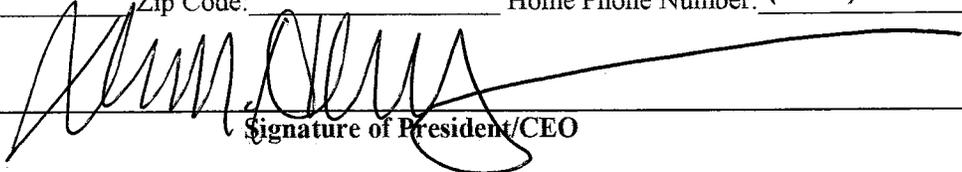
Total Number of Corporation Shares Issued: 42 (21 outstanding)

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

Last Name: Hergert First Name: Dan MI: R.

Home Address: 7350 Canyon Road City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: (402) 423-5559

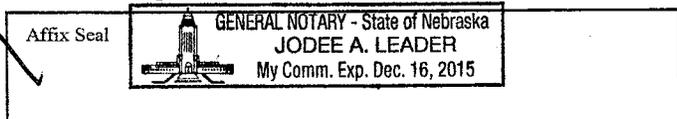

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster
June 19, 2015
Date
Jodee A Leader

The foregoing instrument was acknowledged before me this

by Daniel R. Hergert
name of person acknowledge



DL

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

Last Name: Hergert First Name: Daniel MI: R

Social Security Number: _____ Date of Birth: _____

Title: Pres., Sec., Treas., Dir., SH Number of Shares 21

Spouse Full Name (indicate N/A if single): Mary J. Hergert - spousal

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: _____

RECEIVED

JUN 22 2015

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: _____

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 1 Ending Date: December 31

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID # _____

RECEIVED
 JUN 22 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.

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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

Office Use
RECEIVED
JUN 22 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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

Mary J. Hergert

Mary J. Hergert

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

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

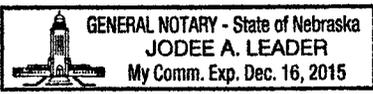
June 19, 2015
date

The foregoing instrument was acknowledged before me this
Mary J. Hergert

by

name of person acknowledged

Jodee A. Leader
Notary Public signature

Affix Seal


OR

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

Daniel R. Hergert

Daniel R. Hergert

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

Printed name of applying individual

State of Nebraska

County of Lancaster

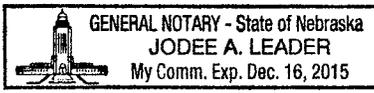
June 19, 2015
date

The foregoing instrument was acknowledged before me this
Daniel R. Hergert

by

name of person acknowledged

Jodee A. Leader
Notary Public signature

Affix Seal


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