

Lincoln



Nebraska's Capital City

December 27, 2001

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

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of RT Omaha Franchise, LLC, d.b.a. Ruby Tuesday, 2700 North Hill Road requesting a class I liquor license for this location.

Douglas Daize holder of 99% all shares requests that he be approved as the manager of this liquor license.

Douglas Daize has been approved by the council as the owner/manager of the Ruby Tuesday located at 247 North 8th Street and 5508 South 56th Street.

Background information on Douglas Daize has been omitted but is available for review at council's request.

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



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



Release

*Set date 1-7-02
PH: 1-28-02*

STATE OF NEBRASKA



NEBRASKA LIQUOR CONTROL COMMISSION
Forrest D. Chapman
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)

December 20, 2001

Mike Johanns
Governor

City Clerk
County/City Bldg
555 S 10th
Lincoln NE 68508

146927
116
1

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.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Jill L. Nelson

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

24728 / 5508 556



ruby tuesday, inc.

I 54125

TRANSMITTED VIA FAX 402-471-2814

December 17, 2001

Jill Nelson
Nebraska Liquor Control Commission
301 Centennial Mall South
Lincoln, NE 68509

RE: NEW APPLICATION FOR LIQUOR LICENSE
RT Omaha Franchise, LLC
d/b/a Ruby Tuesday
2700 North Hill Road
Lincoln (Lancaster County), NE 68521

Dear Ms. Nelson:

Please be advised that I inadvertently checked the wrong type of license on the above referenced new application.

PLEASE CHANGE THE LICENSE TYPE FROM CLASS M TO A CLASS I, SPIRITS, WINE, BEER ON SALE INSIDE CORP. LIMITS.

Thank you for bringing this to my attention. If you require any additional information, please call me at 251-634-4896.

Sincerely,

Nancy Coats
License Specialist



3. If you are buying the business of a present licensee, are you assuming the present liquor bills?	YES	NO	Explanation/Comments
		<input checked="" type="checkbox"/>	
4. Are you buying all the alcoholic liquor stock of the present license? If yes attach an inventory including brand names and container-sizes of the stock to this application. If no please explain.		<input checked="" type="checkbox"/>	
5. Are fixtures, furniture, equipment or stock encumbered? If YES, by whom? Include inventory or any property owned by other party		<input checked="" type="checkbox"/>	
6. Are you borrowing any money to establish or operate this business? If yes, list the person, Bank or financial institution borrowed from and the amount borrowed. Include a copy of all contracts, promissary notes or any other agreements for repayment.	<input checked="" type="checkbox"/>		SUNTRUST, P. O. BOX 4418, ATLANTA, GA 30302 (REFER TO ATTACHED)
7. List the name and address of the primary bank/financial institution to be used by the business, include any account numbers. Furnish the account numbers of all checking, savings or other accounts and the names of individuals authorized to write checks, make deposits or withdrawals on such accounts.			TO BE ASSIGNED CLOSER TO OPENING WILL ADVISE
8. Does the premises require remodeling or construction? If YES, give completion date.	<input checked="" type="checkbox"/>		TO OPEN MARCH 2002
9. Will any person or persons other than named on this application (partners, corporate officers, directors) have any interest or ownership directly or indirectly in this business? If YES, explain.	<input checked="" type="checkbox"/>		RUBY TUESDAY, INC. OWNS 12 INT. 150 W. CHURCH AVE. MARYVILLE, TN RT OMAHA IS FRANCHISEE.
10. Does anyone named on this application, including corporate officers or stockholders, hold a current Nebraska Alcoholic Beverage License? If YES, list licenses and date acquired.	<input checked="" type="checkbox"/>		RT OMAHA FRANCHISE, LLC #43864, 42624, 49084, 50868
11. Were you the owner, or partner, or an officer of a corporation, on any previous license held in Nebraska or any other state. If YES, list all previous licenses & locations held.		<input checked="" type="checkbox"/>	ONLY LICENSES LISTED IN #10
12. If YES was your previous license canceled or revoked by the Liquor Control Commission?		<input checked="" type="checkbox"/>	
13. Do you intend to manage the business yourself? If filing as a corporation, this question applies to the manager applicant. If other than a corporation how many hours do you intend to be present in the licensed establishment, supervising?	<input checked="" type="checkbox"/>		ADDITIONAL EMPLOYEES WILL ASSIST IN MANAGEMENT - DOUG DAIZE WILL OVERSEE. 40 HRS - PLUS AS REQUIRED
14. Have all persons listed on this application provided proof of citizenship, birth certificate, or naturalization papers? (Not applicable to Corporate Applications)	<input checked="" type="checkbox"/>		
15. Is the premises within 150 feet of any church, school, hospital, home for aged or indigent persons, or for veterans, their wives or children or within 300 feet of a college or university campus? (Sec §53-177) IF YES, ineligible; unless premises had been licensed at least 2 years continuously prior to a new application.		<input checked="" type="checkbox"/>	
16. Identify each type of business or activity proposed to be operated in conjunction with the license being applied for (e.g. pool hall, restaurant, type of entertainment) and indicate the present or future public convenience or necessity which will be provided for if a license is granted. FULL SERVICE RESTAURANT SERVING LIQUOR, BEER AND WINE 7 DAYS PER WEEK			
17. Describe the nature of the neighborhood or community immediately surrounding the proposed licensed premises. RETAIL/COMMERCIAL			
18. Are the required fingerprint card(s) and the proper fee(s) included with this application? The application will not be processed until the required fingerprints & fees are received by the Commission. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FINGERPRINTS ON FILE FOR DOUGLAS DAIZE 1998 AND ALSO MARCH, 2001			
19. Are you a law enforcement officer in any capacity? If yes, list your agency and duties (only eligible if NOT a manager, officer or stockholder of over 25%). Statute §53-125(15) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

10. Principal Residence Since Age 18. All individuals, partners, stockholders owning more than 25% stock, chief executive officer, and spouses must complete. If necessary, continue on separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
DOUGLAS B. DAIZE	08-93	CURRENT	2111 BOSTON DR. LINCOLN, NE 68521
DOUGLAS B. DAIZE	1980	1993	PLEASE REFER TO ATTACHED LISTING
MICHELLE DAIZE	08-93	CURRENT	2111 BOSTON DR. LINCOLN, NE 68521
MICHELLE DAIZE	1980	1993	PLEASE REFER TO ATTACHED LISTING

PERSONAL OATH AND CONSENT TO INVESTIGATION

Must be signed in the presence of a notary public. Must be signed by the applicant and spouse; if a partnership, all partners and spouses must sign and if a corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable. (Cr. 3-002.07) Nebraska Liquor Control Act/Rules & Regulations.

STATE OF NEBRASKA)
 COUNTY OF _____) ss.

The above individual(s), being first duly sworn upon oath, depose(s) and state(s) that the undersigned is/are the applicant(s) and/or spouse(s) of applicant(s) who make(s) 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. (§53-131.01) Nebraska Liquor Control Act.

The undersigned applicant(s) hereby consent(s) 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(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 to the Nebraska Liquor Control Commission. 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.

If an individual owner, I shall supervise in person, the management and operation of the business. I intend to carry on the business authorized by the license for myself and not as an agent for any other person or entity. If a corporation, the manager shall superintend in person, the management and operation of the business. If a partnership, one partner shall, in person, superintend the management and operation of the business. I as a licensee, whether individual, corporate or partnership, agree to responsibly manage and operate this business within any applicable laws, rules, regulations, or ordinances and I further agree to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

sign here _____ sign here _____
 DOUGLAS BRYAN DAIZE, PRESIDENT (SOLE OFFICER)
 sign here _____ sign here _____
 sign here _____ sign here _____
 sign here _____ sign here _____

subscribed in my presence and sworn to before me this 12 day of December, 2001

SEAL)

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 Melinda J. Ortiz

Notary Public Signature
 GENERAL NOTARY-State of Nebraska
 MELINDA J. ORTIZ
 My Comm. Exp. Jan. 23, 2005

APPLICATION FOR LICENSE *Per Brian Will w/City Planning -*
 Nebraska Liquor Control Commission, PO Box 95046, 301 Centennial Mall So.
 Lincoln, NE 68509-5046, Phone: (402) 471-2571 Fax: (402) 471-2814

No Special Permit Needed
12/17/01 JUN
RECEIVED
IS4125
 DEC 17 2001
 NEBRASKA LIQUOR CONTROL COMMISSION

City Clerk 1/22 + 2/4
INSTRUCTIONS: All applications must be typewritten and submitted in triplicate to: Nebraska Liquor Control Commission, P.O. Box 95046, Lincoln NE 68509. 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. Corporate stockholders not included 3. Lease or proof of ownership. Statute 53-131.01(2).

Shay to accept old forms/application per May 12/17/01 JUN
 Web address: <http://www.nol.org/home/NLCC>

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
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$ 45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside Corporate Limits	45.00	Collected at Local Level	exempt
<input type="checkbox"/> E Beer, Off Sale Only-Outside Corporate Limits	45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corp. Limits	45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corp. Limits	45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only-Inside Corp. Limits	45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer, On and Off Sale-Inside Corp. Limits Do you wish sampling restriction (Lottery)? <input type="checkbox"/> Yes <input type="checkbox"/> No	45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer (See Statute §53-124) Wine & Distilled Spirits	45.00	Varies \$100 to \$1000	*10,000 minimum
<input type="checkbox"/> X Wholesale Liquor	45.00	\$500.00	*5,000 minimum
<input type="checkbox"/> W Wholesale Beer	45.00	\$250.00	*5,000 minimum
<input type="checkbox"/> Y Farm Winery	45.00	\$250.00	*1,000 minimum
<input type="checkbox"/> L Craft Brewery (Brew Pub)	45.00	\$250.00	*1,000 minimum

TYPE OF APPLICATION	CORPORATE SURETY BOND INFORMATION
Type of Application Being Applied for (place appropriate number in box) <input type="checkbox"/> 1=Individual License Requires Form 1 to be Attached <input type="checkbox"/> 2=Partnership License Requires Form 2 to be Attached <input checked="" type="checkbox"/> 3=Corporate License Requires Forms 3 & Manager Application to be Attached	Bond Company - for Classes L V W X Y Only <input type="text"/> Start Date Month/Day/Year <input type="text"/> Bond Number <input type="text"/>

PREMISE INFORMATION - Must be complete by all applicants

Trade Name RT OMAHA FRANCHISE, LLC D/B/A RUBY TUESDAY	Telephone Number 251-634-4896 OR 402-477-9510
Street Address of Proposed Licensed Premise 2700 NORTH HILL ROAD	2) Mailing Address for Official Deliverance of Mail from the Commission 7420 HITT ROAD, SUITE A, MOBILE, AL 36695
City LINCOLN	County LANCASTER
	Zip Code 68521

NOT APPLICABLE

City Limits of the Town or City? YES
Y=Yes N=No

Do you own the building and real estate for which a license is sought? If owned, submit a copy of deed or sales contract demonstrating ownership. Y=Yes N=No YES

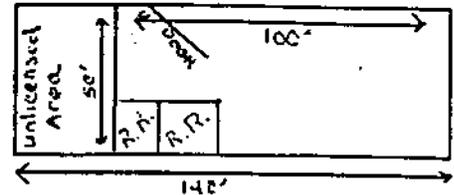
If you lease the building or real estate, when does the lease expire?
Month/Day/Year
SUBMIT A SIGNED COPY OF YOUR LEASE EXTENDING THROUGH LICENSE YEAR

Are you filing a temporary agency agreement, whereby current licensee allows you to operate on their license? NO
Y=Yes N=No If yes, attach copy

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 of consumption. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the entire building, as well as the licensed area. No blue prints will be accepted. Be sure to indicate the direction North and number of stories in the building.

N 1



EXAMPLE: East portion Approx. 50' x 100' of main floor of 3 story building plus basement approx. 30' x 50' at the East end.

THE RESTAURANT WILL BE LOCATED AT 2700 NORTH HILL ROAD, LANCASTER COUNTY, LINCOLN, NE. BUILDING WILL CONSIST OF 5,612 SQUARE FEET (INCLUDES FRONT AND BACK OF HOUSE). ONE STORY BUILDING. TOTAL OCCUPANCY IS 265.

DIMENSIONS: LENGTH 112' WIDTH 50'9"
NO OUTSIDE PATIO AREA

LEGAL DESCRIPTION OF PREMISES TO BE LICENSED

LOT 2, KING RIDGE ADDITION, LINCOLN, LANCASTER COUNTY, NEBRASKA

INFORMATION REQUIRED

	YES	NO	Explanation/Comments
1. READ CAREFULLY-ANSWER FULLY AND ACCURATELY Has anyone who is a party to this application, or their spouse, ever been convicted of, or pled guilty to any criminal charge? Criminal charge means any charge alleging a violation of a Federal, State or local law or ordinance. List the nature of the charge, where the charge occurred and the year and month of the conviction or guilty plea. Also list any charges pending at the time of this application.		X	
2. Are you buying or leasing the business of a present licensee? If buying, give the name of the licensee selling to you and submit a signed copy of the sales agreement listing furniture, fixtures, and their assigned values. If leasing, include a signed copy of the lease		X	

DEC-17-2001 16:27

WEDNESDAY

201 634 8836 P.02

3. Principal Residence Since Age 18. All individuals, partners, stockholders owning more than 25% stock, chief executive officer, and spouses must complete. If necessary, continue on separate sheet.

NAME	BORN (YEAR)	YEARS	RESIDENCE (CITY, STATE)
DOUGLAS B. DALZE	08-93	CURRENT	2111 BOSTON DR. LINCOLN, NE 68521
DOUGLAS B. DALZE	1980	1993	PLEASE REFER TO ATTACHED LISTING
MICHELLE DALZE	08-93	CURRENT	2111 BOSTON DR. LINCOLN, NE 68521
MICHELLE DALZE	1980	1993	PLEASE REFER TO ATTACHED LISTING

PERSONAL OATH AND FINANCIAL INVESTIGATION

Must be signed in the presence of a notary public. Must be signed by the 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. (Ch. 3-002.07) Nebraska Liquor Control Act/Rules & Regulations.

STATE OF NEBRASKA)
COUNTY OF _____) ss.

The above individual(s), being first duly sworn upon oath, depose(s) and state(s) that the undersigned is/are the applicant(s) and/or spouse(s) of applicant(s) and make(s) the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true, if 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. (§55-131) Nebraska Liquor Control Act.

The undersigned applicant(s) hereby consent(s) 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(s) and spouse(s) waive(s) any right or cause of action that s 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 to the Nebraska Liquor Control Commission. Any documents or records for the proposed business or for any partner or stockholder that are need 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 void to cancellation if the information contained herein is incomplete and/or inaccurate.

If an individual owner, I shall supervise in person, the management and operation of the business. I intend to carry on the business authorized by the license for myself and not as an agent for any other person or entity. If a corporation, the manager shall supervise in person, the management and operation of the business. If a partnership, one partner shall, in person, supervise the management and operation of the business. I as a licensee, which individual, corporate or partnership, agree to responsibly manage and operate this business within any applicable laws, rules, regulations, or ordinances and I further agree to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Sign here _____
 Sign here _____

DOUGLAS BRYAN DALZE, PRESIDENT (SOL2 OFFICER)

(SPOUSE)

Subscribed to my presence and sworn to before me this 12 day of December 2001
X 19 day of December 2001

GENERAL NOTARY-STATE of Nebraska
DIANA R. SCHAEFER
My Comm. Exp. Nov. 20, 2003

In compliance with ADA, this application for License Form is available in other formats for persons with disabilities. A 7 day advance period is requested in writing to produce the alternative format.

Sign here _____
 Sign here _____
 Sign here _____

Melinda J. Ortiz

MELINDA J. ORTIZ
My Comm. Exp. Jan. 23, 2005

GENERAL NOTARY-STATE of Nebraska
MARY BREHM
My Comm. Exp. Jan. 21, 2002

Diana R. Schaefer

FORM 35-010
Page 4
TOTAL P. 02

Application for Corporate Manager RECEIVED

Must Be A Nebraska Resident

DEC 17 2001

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://nol.org/home/NLCC> NEBRASKA LIQUOR CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION - LIMITED LIABILITY COMPANY RT OMAHA FRANCHISE, LLC	CLASS & LICENSE NUMBER CLASS I
---	-----------------------------------

TRADE NAME OF LICENSED PREMISE
D/B/A RUBY TUESDAY

STREET ADDRESS OF LICENSED PREMISE 2700 NORTH HILL ROAD	CITY LINCOLN	COUNTY LANCASTER	ZIP CODE 68521
--	-----------------	---------------------	-------------------

On behalf of the corporation, I designate this individual as corporate manager.
Signature of Corporate President/CEO: **DOUGLAS B. DAIZE, PRESIDENT** Applicant

APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, MIDDLE, FIRST, MAIDEN) DAIZE DOUGLAS BRYAN	SEX F M X X	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH ST. VINCENT W. INDIES
---	-------------------	------------------------	---------------	---

HOME STREET ADDRESS 2111 BOSTON DRIVE	CITY LINCOLN	COUNTY LANCASTER	STATE NE	ZIP CODE 68521
--	-----------------	---------------------	-------------	-------------------

HOME TELEPHONE NUMBER (402) 477-9510	BUSINESS TELEPHONE NUMBER 251-634-4896 OR 402-477-9510	DRIVERS LICENSE NUMBER & STATE NEBRASKA
---	---	--

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) DAIZE MICHELLE DENISE MAIDEN NAME TODD	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE NEBRASKA
---	------------------------	--

DATE OF BIRTH:	PLACE OF BIRTH: PONTIAC MICHIGAN OAKLAND COUNTY
----------------	---

1. READ CAREFULLY - ANSWER FULLY AND ACCURATELY Has anyone who is a party to this application or their spouse ever been convicted of or pled guilty to any criminal charge? Criminal charge means any charge alleging a violation of a Federal, State or local law or ordinance. List the nature of the charge, where the charge occurred and the year and month of the conviction or guilty plea. Also list any pending charges at this time.

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 LICENSE # 43864 DATED 05-01-2000 - 04-30-2001 247 N. 8TH ST., LINCOLN, NE
 LICENSE # 42624 DATED 05-01-2000 - 04-30-2001 10311 PACIFIC ST., OMAHA, NE

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

YES NO LICENSE # 50868 16831 LAKESIDE HILLS PLAZA, OMAHA, NE 68130
 LICENSE # 49084 5508 SO. 56TH ST. LINCOLN, NE

RECEIVED

DEC 17 2001

NEBRASKA LIQUOR
CONTROL COMMISSION

**SPOUSAL AFFIDAVIT OF NON PARTICIPATION
IN A LIQUOR LICENSE**

The spouse, MICHELLE DAIZE, acknowledges that he or she will have no interest, directly or
(full name of spouse)

indirectly, in any part of the daily operations or profit of the business RT OMAHA FRANCHISE, LLC D/B/
RUBY TUESDAY
(name, trade name)

68521

2700 NORTH HILL ROAD, LINCOLN, NE as prescribed in Sec. 53-125(13) of the Nebraska Liquor Control Act.
& address of business)

Such individual shall not tend bar, stock shelves, write checks, sign invoices, represent

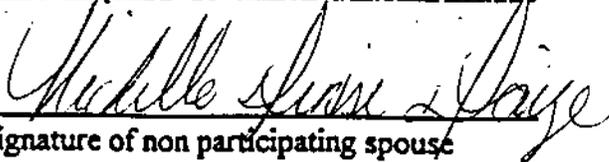
themselves as an owner or in any other way participate in any part of the operation of the

licensed business. The licensee/applicant understands that he or she is responsible for compliance

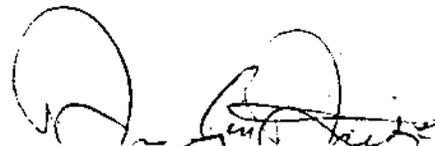
with the conditions set out above, and that if such terms are violated, the Commission may cancel

or revoke the license.

ALSO REQUEST TO WAIVE FINGERPRINTS



Signature of non participating spouse
MICHELLE DENISE DAIZE



Signature of licensee/applicant
DOUGLAS B. DAIZE

Corporation Application for License - Form 3 and 4
Nebraska Liquor Control Commission

RECEIVED
DEC 17 2001
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 each stockholder owning over 25% stock, chief executive officer, manager and all spouses.
- 3) Information regarding spouses must be completed; indicate if NOT married, or, spouse may provide an affidavit of NO interest if they have no interest at all, directly or indirectly.

Is this corporation organized under the laws of Nebraska, not for profit, exempted from the payment of Federal Income Taxes as provided by Section (501)(c)(4), (7) or (8) Internal Revenue Code of 1954. YES NO If yes, a certified copy of letter of exemption from the Internal Revenue Service shall be attached to this application recognizing the exempt status of the corporation.

Name of Corporation That Will Hold License. Attach copy of State of Nebraska Registration. RT OMAHA FRANCHISE, LLC		Total Number of Shares. Attach Copies of Stock Certificates. N/A LIMITED LIABILITY COMPANY (NO STOCK SHARES ARE ISSUED)	
Corporate Street Address (1) 7420 HITT ROAD		Corporate Street Address (2) SUITE A	
City MOBILE	County MOBILE	State AL	Zip Code 36695
Name of Resident Agent CSW LAWYERS INCORPORATING SERVICE COMPANY		Name of Manager DOUGLAS BRYAN DAIZE	
IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER.			
Name DOUGLAS BRYAN DAIZE	Title PRESIDENT	Date of Birth	Social Security Number
Home Address (1) 2111 BOSTON DRIVE		Home Address(2)	
City LINCOLN	State NE	Zip Code 68521	Driver's License Number NEBRASKA
Home Telephone Number 402-477-9510		Business Telephone Number 251-634-4896	

Corporation Application for License - Form 3 and 4

PRINCIPAL OFFICERS, DIRECTORS, STOCKHOLDERS AND SPOUSES				
Name of Officers, Directors, Spouses and Address. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title	Number of Shares
OFFICER'S NAME DOUGLAS BRYAN DAIZE (SOLK OFFICER/DIRECTOR)			PRESIDENT	99% OWNERSHIP
Spouse's Name MICHELLE DENISE TODD DAIZE			N/A	-0-
OFFICER'S NAME ADDRESS FOR BOTH: 2111 BOSTON DRIVE, LINCOLN, NE 68521				
Spouse's Name				
OFFICER'S NAME				
Spouse's Name				
OFFICER'S NAME				
Spouse's Name				
OFFICER'S NAME				
Spouse's Name				
OFFICER'S NAME				
Spouse's Name				

(If Necessary, Continue on Separate Sheet)

Is this Corporation controlled by another Corporation? YES NO

Name of Control Corporation

[Empty box for Name of Control Corporation]

IF YES, LIST EACH SHAREHOLDER OWNING MORE THAN 25% stock in that corporation. 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. (If needed use separate sheet)

Please indicate below your corporate tax year with the IRS.

Starting Date: 06-01 Ending Date: 05-31

Are any of the stockholders, officers, directors, or spouses ineligible personally to receive a license? YES NO

If YES, list the names of such persons and the reason(s) they are ineligible. Use Separate Sheet (If Applicable)

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That RT OMAHA FRANCHISE, LLC of the State of Nebraska, with its registered corporate office in OMAHA AND LINCOLN and appoint CYNTHIA SOLOMON of MOBILE, MOBILE COUNTY, ALABAMA

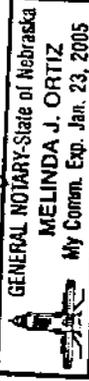
LIMITED LIABILITY COMPANY - DELAWARE LLC a corporation organized and doing business under the laws County, Nebraska, does hereby nominate

County, Nebraska, who is a registered agent and attorney-in-fact to represent the corporation before the Nebraska Liquor Control Commission, as required, specified, or provided for by section §53-126 of the Nebraska Liquor Control Act.

STATE OF NEBRASKA,

Lancaster County

Melinda J. Ortiz
Notary Public Signature & Seal



By [Signature] PRESIDENT
DOUGLAS BRYAN DALZE, SOLE OFFICER

SECRETARY

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

01:29:46

Mon Dec 17 2001

Corporation and Business Entity Inquiry

Letter of Good Standing(*): \$6.50 each.

Entity Name: RT OMAHA FRANCHISE, LLC

Secretary of State Account Number: 1659829

Business Address:

Nature of Business:

Qualifying State: DE

Account Status: Active

Registered Agent:

C T CORPORATION SYSTEM

SUITE 500

301 S. 13TH STREET

LINCOLN, NE, 685080000

Corporation Type: Foreign L L C

Date Filed: Aug 06 1998 12:00AM

Code	Trans	Date
(AL)	Articles Limited	Aug 06 1998 12:00AM
(AO)	Change of Agent or Office	Feb 12 1999 12:00AM
(AO)	Change of Agent or Office	Jul 21 2000 12:00AM

RECEIVED

Distribution
Yellow - Requesting Agency/Individual
Yellow - Records Section Alphabetical File

NEBRASKA STATE PATROL

CRIMINAL HISTORY RECORD 2001

DISSEMINATION FORM

NEBRASKA LIQUOR

CONTROL COMMISSION

CRIMINAL HISTORY		
NAME: (Last, First, M.I.) DAIZE, Douglas Bryan	SOC:155-62-6071	D.O.B.: 4-7-64
LAST KNOWN ADDRESS: 2111 Boston Dr.		
CITY: Lincoln	STATE: Ne	ZIP CODE: 68521
DATE: 11-12-98		

REQUESTING AGENCY/INDIVIDUAL		
NAME: LIQUOR COMMISSION		
MAILING ADDRESS: NEBRASKA STATE OFFICE BUILDING		
CITY: LINCOLN	STATE: NE	ZIP CODE: 68509

<u>DATE</u>	<u>CRIMINAL HISTORY ARREST/CHARGE</u>	<u>DISPOSITION</u>
-------------	---	--------------------

NO RECORD OUR FILES **11-12-98**
 CRIMINAL IDENTIFICATION DIVISION
 NEBRASKA STATE PATROL

(NO CRIMINAL RECORD - NEBRASKA)

NAME CHECK BASED ON FINGERPRINTS
 PROVIDED BY APPLICANT
 NEBRASKA STATE PATROL

RECEIPT # L-7483

NOTE:
 CRIMINAL AND TRAFFIC INFRACTIONS NOT INCLUDED.
 TRAFFIC INFRACTION DATA AVAILABLE FROM:
 NEBRASKA STATE DEPARTMENT OF MOTOR VEHICLES
 P.O. BOX 94789
 LINCOLN, NEBRASKA 68509

NEBRASKA STATE PATROL
 RECORDS & IDENTIFICATION DIVISION
 P.O. BOX 94907
 LINCOLN, NEBRASKA 68509-4907

by

Lathan Rohren, Manager CID

Nebraska State Patrol Employee Signature

STATE OF

NEBRASKA



United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

I, Scott Moore, Secretary of State of the State of Nebraska do hereby certify;

the attached is a true and correct copy of the Certificate of Authority in the State of Nebraska for

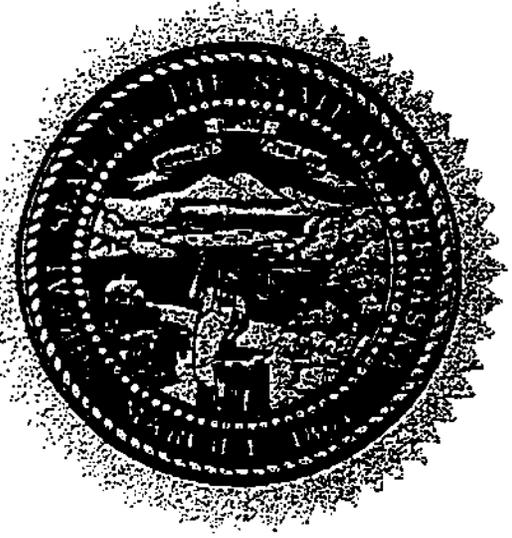
RT OMAHA FRANCHISE, LLC

a Delaware limited liability company, as filed and recorded in this office on August 6, 1998.

I further certify that said limited liability company is hereby authorized to transact business in the State of Nebraska.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on August 6 in the year of our Lord, one thousand nine hundred and ninety-eight.



Scott Moore
SECRETARY OF STATE

Secretary of State

AUG 06 1998

101697
STATE OF NEBRASKA
SECRETARY'S OFFICE

Received filed and recorded on
file no. 9822
at page 1111

[Signature]
Secretary of State

By CG 120.000

1:59 pm

FOREIGN APPLICATION FOR CERTIFICATE OF AUTHORITY LIMITED LIABILITY COMPANY

(Section 21-2838)

The original and duplicate copy of this application must be filed with the Secretary of State, together with a certificate of good standing from the appropriate authority in your state under the laws or which such foreign limited liability company is formed.

NOTE - Certified copy of articles of organization should not be submitted in lieu of such certificate.

1. The name of the foreign limited liability company is: RT OMAHA FRANCHISE, LLC

2. Organized under the laws of the State of: DELANARE

3. The date of organization: JULY 29, 1998

4. The nature of the business or purposes to be conducted or promoted in this state:
Own/operate restaurants

5. The name and address of the registered agent in Nebraska is:

CSC-Lawyers Incorporating Service Company

Name

1900 First Bank Building, 233 South 13th Street

Lincoln

NE 68508

Street Address

City

Zip Code

Douglas B. Daise

Name of Member (printed)

[Signature]
Signature of Member

FILING FEE: \$120.00

Submit in duplicate

Applicants needing accommodations in completing this form may contact our office for assistance.