

Application for Corporate Manager

Must Be A Nebraska Resident
Please submit in Triplicate

RECEIVED
AUG 16 2002
NEBRASKA LIQUOR
CONTROL COMMISSION

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

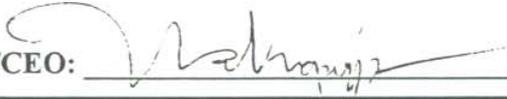
Phone: (402) 471-2571 **Fax:** (402) 471-2814 **Web address:** <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation		Class & License number	
David Nguyen, Inc. *		Class I – Applied for *	
Trade Name of Licensed Premise			
Club Energy *			
Street Address of Licensed Premise		City	County
1415 "O" Street *		Lincoln *	Lancaster *

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

Signature of Corporate President/CEO: 

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)	Sex *	Social Security Number				
Nguyen, Thahn Doan *	<table border="1"><tr><td>F</td><td>M</td></tr><tr><td><input type="radio"/></td><td><input checked="" type="radio"/></td></tr></table>	F	M	<input type="radio"/>	<input checked="" type="radio"/>	
F	M					
<input type="radio"/>	<input checked="" type="radio"/>					

Date of Birth *	Place of Birth
	Vietnam *

Home Street Address	City	County
3015 North 75th Street Court *	Lincoln *	Lancaster *

State	Zip Code	Home Telephone Number
NE *	68507 *	402/466-1308 *

Business Telephone Number	Drivers License Number	State
402/466-2336 *		NE *

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

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Luong, Binh Thi

Social Security Number

258-79-6884

Drivers License Number

None

State

N/A

Date of Birth

11/18/68

Place of Birth

Vietnam

* 1. **READ CAREFULLY.** Answer completely and accurately.

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

Yes No

See attached

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

Yes No

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

Yes No

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

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

Yes No

RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE

	Year	
	From	To
Applicant: City & State		
Atlanta, GA	1991	1994
Spouse: City & State		
Atlanta, GA	1991	1994

	Year	
	From	To
Applicant: City & State		
Auburn, AL	1994	1996
Spouse: City & State		
Auburn, AL	1994	1996

	Year	
	From	To
Applicant: City & State		
Lincoln, NE	1996	2002
Spouse: City & State		
Lincoln, NE	1996	2002

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

EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer	Year	
	From	To
LA Nails	1996	2002
Name of Supervisor	Telephone Number	
Owned by Thanh Nguyen	402/266-2336	

Name of Employer	Year	
	From	To
Premiere Nail	1994	1996
Name of Supervisor	Telephone Number	

Owned by Thanh Nguyen

None

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

STATE OF)
) SS
COUNTY OF)

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

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

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

Thanh Nguyen
Signature of Applicant

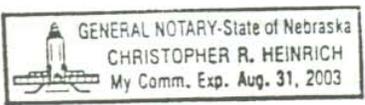
Binh Luong
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this
15 day of Aug 2002.

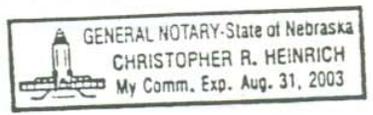
Subscribed in my presence and sworn to before me this
15 day of Aug 2002.

Christopher R. Heinrich
Notary Signature & Seal

Christopher R. Heinrich
Notary Signature & Seal



Verify and Print



FORM 35-4013
REV. 2/01

Corporation/LLC Application for License - Form 3
Nebraska Liquor Control Commission



INSTRUCTIONS:

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

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation** _____ * Total Number of Shares (if corporation) _____ *
 David Nguyen, Inc. 10,000

Corporate Street Address _____ * Mailing address for receipt of Liquor Control Commission Mailings _____ *
 6100 "O" Street, #256 3015 North 75th Street Court

Corporate Telephone Number _____ * City _____ * County _____ * State _____ * Zip Code _____ * - _____ *
 402/466-2336 Lincoln Lancaster NE 68507

Name of Registered Agent _____ * Name of Proposed Manager _____ *
 Christopher R. Heinrich Thanh "David" Nguyen

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name _____ * Title _____ * Date of Birth _____ *
 Thanh Nguyen President

Social Security Number _____ * Home Address (1) _____ * City _____ *
 _____ 3015 North 75th Street Court Lincoln

State _____ * Zip Code _____ * - _____ * Home Telephone Number _____ *
 NE 68507 402/466-1308

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Nguyen, Thahn Doan	_____	_____	Pres, Treas, Secy, Dir
Spouse Name Luong, Binh Thi	_____	_____	V.P.
Partner Number of Shares / %	_____	Spouse Number of Shares / %	_____
_____ / 100		_____ / 0	

Name of Officers, Directors, Members and Spouses. _____

Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name _____	_____	_____	_____
Spouse Name _____	_____	_____	_____
Partner Number of Shares / % _____	Spouse Number of Shares / % _____		

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

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

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

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes No

Name of control Corporation _____

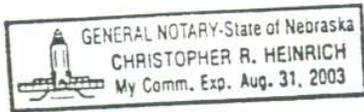
If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: 1/1 Ending date: 12/31

State of Nebraska)
) ss.
Lancaster County)

Christopher R Heinrich
Notary Public Signature & Seal



By [Signature]
President/Member

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

[Signature]
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01