

Lincoln



Nebraska's Capital City

May 28, 2003

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

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Summit Properties, LLC. d.b.a. Sidelines Deli, 1000 Saunders Avenue requesting a class J liquor license.

Sidelines Deli has requested that Mark Brouillette be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Mark Brouillette attended Saint Gregory Seminary School graduating in 1997.

Mark Brouillette employment history is as follows:

Present	Manager, Sidelines Deli	Lincoln, NE.
2002 – 2003	Bartender, Famous Daves	Lincoln, NE.
2001 - 2003	Server, Lincoln Country Club	Lincoln, NE.
1997 – 2001	Manager, Lukas Paint	Lincoln, NE.

Shareholder information is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



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



Liquor License Business Report / Completed by Inv Fosler Date: _____

DBA: Sidelines DEL

ADDRESS 1000 Sidelines PHONE 435-1605

TYPE OF INVESTIGATION:

PURCHASE UPGRADE EXPANSION NEW
OWNER MANAGER OTHER _____

TYPE OF BUSINESS Rest

CLASS: A B C D I J K CATERING OTHER _____

OWNERSHIP CORPORATION PARTNERSHIP INDIVIDUAL

PURCHASE PRICE _____ PROPERTY EQUIPMENT VALUE _____

AMOUNT FINANCED _____ SOURCE _____

COLLATERAL _____ COSIGNER(S) _____

LEASE AGREEMENT 10yr (a) 1500⁰⁰

EST INCOME %FOOD 75 %LIQUOR 25

COMMERCIAL INDUSTRIAL RESIDENTIAL

TRAFFIC moderate PARKING off street

READY FOR OPERATION: YES NO, EST DATE _____

FOOD SERVICE Fast Food # OF EMPLOYEES F/T 9 P/T _____

DOES LICENSE COMPLY WITH LEGAL DISTANCES: YES
NO _____

EST SEATING unk EST # DAILY CUSTOMERS 600-90

HOURS OF OPERATION Sun - Thurs 10.30 - 10pm Fri - Sat 10.30 - 11pm

HUMAN RIGHTS COMMISSION CHECKED- YES NO N/A

STATE OF NEBRASKA

307 2200 4/1/03
PH: 6/16/03



Mike Johanns
Governor

May 16, 2003

Class J #59499

City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508

A3-053989
124

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) 471-2574
TRS USER 800 533 7352 /TTY:

Summit Properties, LLC
dba Sidelines Deli
1000 Saunders Ave
Class J 68521

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

[Handwritten Signature]

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 35-4601
REV. 12 99

Date Mailed from Commission Office _____

I, _____ Clerk of _____
(City, Village or County)

Nebraska, hereby report to the Nebraska Liquor Control Commission in accordance with Revised Statutes of Nebraska, Chapter 53, Sec. 134 (7) (reissue 1984) the recommendation of said city, village or county, as the case may be relative to the application for a license under the provisions of the Nebraska Liquor Control Act as applied for by:

Summit Properties, LLC DBA Sidelines Deli

1000 Saunders Avenue, Lincoln, NE 68521 (Lancaster County)

Class J #59499 45 days = June 30, 2003

1. Notice of local hearing was published in a legal newspaper in or of general circulation in city, village or county, one time not less than 7 nor more than 14 days before time of hearing.

Check one.....Yes _____ No _____

The Statutes require that such hearing shall be held not more than 45 days after the date of receipt of this notice from the Commission.

2. Local hearing was held not more that 45 days after receipt of notice from the Nebraska Liquor Control Commission.

Check one.....Yes _____ No _____

3. Date of hearing of Governing Body: _____

4. Type or write the Motion as voted upon by the Governing Body. If additional Motions are made by the Governing Body, then use an additional page and follow same format.

5. Motion was made by: _____ Seconded by: _____

6. Roll Call Vote: _____

7. Check one: The motion passed: _____ The motion failed _____

8. If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which the motion was made.

(Attached additional page if necessary)

SIGN HERE _____ **DATE** _____
clerk's signature

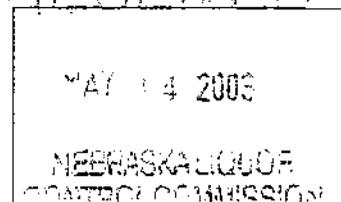
During the period of thirty days from the date of receiving such application from the Commission, the local governing body of such city, village, or county may make and submit to the Commission recommendations relative to the granting or refusal to grant such license to the applicant. See Chapter 53-131 (reissue 1984).

J# 59499

Local JDM RECEIVED

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

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



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

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

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<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/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> DI Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input 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, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

NOTE: HEARING ON SPECIAL PERMIT #2007 BY LANCASTER
COUNTY PLANNING COMMISSION WAS HELD AND APPROVED

4/30/08
SIDELINES DELI
DIV. OF SUMMIT PROPERTIES, LLC
C/M CHAMBERLAIN, MEMBER

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION	
Type of application being applied for (check appropriate box)		
1. <input type="checkbox"/> Individual License requires Form 1 to be attached.	Name Philip E. Pierce	
2. <input type="checkbox"/> Partnership License requires Form 2 to be attached.	Firm Name Pierce Law Office	Address PO Box 236, Ogallala, NE 69153
3. <input checked="" type="checkbox"/> Corporate License requires Forms 3 and Manager Application to be attached		

SECTION A - LOCATION INFORMATION - Must be completed by all applicants			
Trade Name (name of business) Sidelines Deli		Telephone Number at premise to be licensed 402-435-1605	
1) Street Address of Proposed licensed premise 1000 Saunders Ave		2) Mailing Address for receipt of Liquor Control Commission mailings 517 Anthony Lane	
City Lincoln	County Lancaster	City Lincoln	County Lancaster
Zip Code 68521	Is this located inside the city limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zip Code 68520	

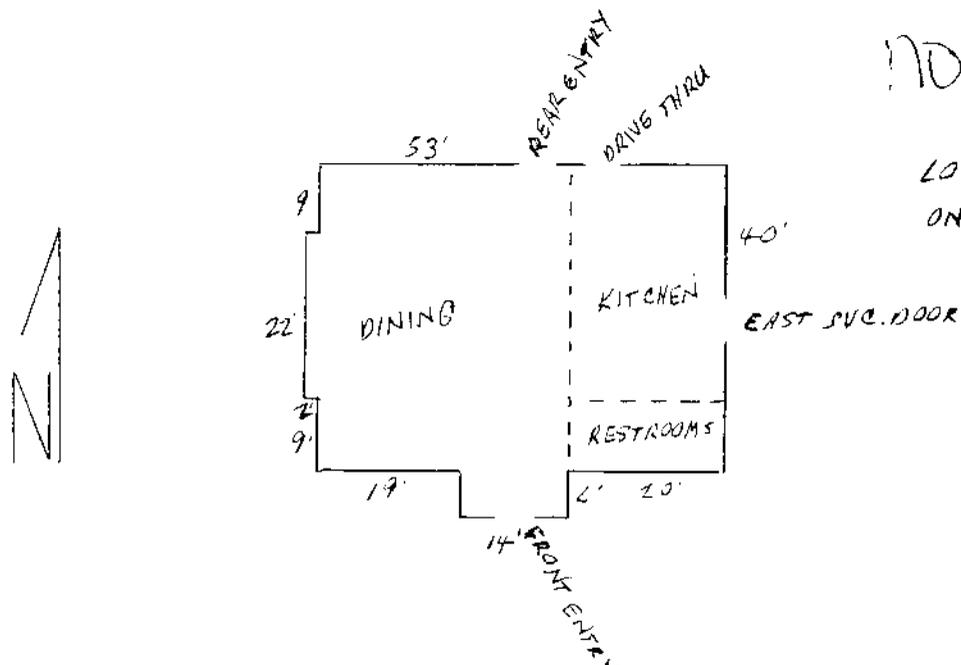
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

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



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

no basement



SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments
	Yes	No	Note: Only what is visible on screen will be printed	
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, <u>ever</u> been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	<p>Gerald H. Buettner 1973 Lancaster or Douglas County DWI charged but never convicted.</p>	
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>Union Bank, Lincoln Nebraska Craig M. Chesnut Gerald H. Buettner Donna D. Chesnut</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>None</p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Mark Brouillette 40-60 hours</p>		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.

None
Bar Manager for Ivy Falls Davis

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)

Lease attached
Lease Expires 3-28-2007 + 5 A

15. When do you intend to open for business?

May 1, 2003

*substantial
 ie new*

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

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Craig M. Chesnut	1981	2003	Lincoln, Nebraska
Gerald H. Buettner & Francine	1980	2003	Lincoln, Nebraska
Donna D. Chesnut	1981	2003	Lincoln, Nebraska
FRANCINE V. BUETTNER	1980	2003	LINCOLN NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

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

Sign here *C. M. ...*
Sign Here *[Signature]*
Sign Here *Donna D. Cheesnut*
Sign Here *Francine Buetner*

Sign Here _____ RECEIVED
Sign Here _____ MAR 11 2003
Sign Here _____
Sign Here _____ NEBRASKA LIQUOR CONTROL COMMISSION

Subscribed in my presence and sworn to before me this 20th day of MARCH, 2003

(SEAL) GENERAL NOTARY-State of Nebraska
GARY S. CARBAUGH
My Comm. Exp. Feb. 22, 2004

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 *Gary S. Carbaugh*
Notary Public Signature

Verify & Print form

FORM 35-4010
REV 1/01

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

RECEIVED

MAY 1 2008
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)
 Summit Properties, L.L.C. * *

Corporate Street Address Mailing address for receipt of Liquor Control Commission Mailings
 517 Anthony Lane * 517 Anthony Lane *

Corporate Telephone Number City County State Zip Code
 402-483-5429 * Lincoln * Lancaster * NE * 68520 * .

Name of Registered Agent Name of Proposed Manager
 Craig M. Chesnut * Mark Brouillette *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name Title Date of Birth
 Craig M. Chesnut * Member/Manager * *

Social Security Number Home Address (1) City
 * 517 Anthony Lane * Lincoln *

State Zip Code Home Telephone Number
 NE * 68520 * . 402-483-5429 *

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 Chesnut, Craig M.			Member/Manager
Spouse Name Chesnut, Donna D. (Howard)			
Partner Number of Shares : % 50		Spouse Number of Shares : % 0	

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Buettnner, Gerald H., Jr.			Member/Manager
Spouse Name Buettnner, Francine V. (Schulte)			

Spouse

Partner Number of Shares / % <input style="width: 50px;" type="text" value="50"/>	Spouse Number of Shares / % <input style="width: 50px;" type="text" value="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 <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Spouse Name <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Partner Number of Shares / % <input style="width: 50px;" type="text"/>	Spouse Number of Shares / % <input style="width: 50px;" type="text"/>		

Partner Number of Shares / % <input style="width: 50px;" type="text"/>	Spouse Number of Shares / % <input style="width: 50px;" type="text"/>		
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 <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Spouse Name <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Partner Number of Shares / % <input style="width: 50px;" type="text"/>	Spouse Number of Shares / % <input style="width: 50px;" type="text"/>		

Partner Number of Shares / % <input style="width: 50px;" type="text"/>	Spouse Number of Shares / % <input style="width: 50px;" type="text"/>		
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 <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Spouse Name <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Partner Number of Shares / % <input style="width: 50px;" type="text"/>	Spouse Number of Shares / % <input style="width: 50px;" type="text"/>		

(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/LLC. 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: Ending date:

RECEIVED

MAY 11 2005

NEBRASKA
STATE COMMISSIONER

State of NEBRASKA

)

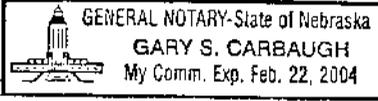
) ss.

LANCASTER County

)

Gary S. Carbaugh
Notary Public Signature & Seal

By *C. M. Quinn*
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.

Scott R. ...
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01

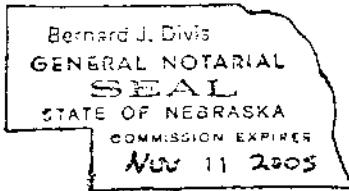
NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

7-10-03
Liquor Control Commission
1000 S. 17th Street
Lincoln, NE 68502

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

[Handwritten Signature]
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 20th day of MAR, 2003.



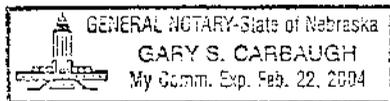
[Handwritten Signature]
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Handwritten Signature]
Signature of Licensee/Applicant

*SIDELINE BELT
DIV. OF SUMMIT PROPERTIES, LLC
BRIG M. CHESTNUT, MEMBER*
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 20th day of MARCH, 2003.



[Handwritten Signature]
Signature of Notary Public

3/21/2008 1:40:40 PM

03/21/2008 1:40:40 PM

Application for Corporate Manager

Must Be A Nebraska Resident
Please submit in Triplicate

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MAIL SO., LINCOLN, NE 68509
TEL: (402) 471-2571 FAX: (402) 471-2814
WWW.NOL.ORG

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

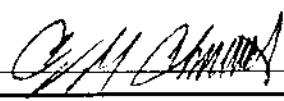
Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation		Class & License number	
<input type="text" value="Summit Properites, L.L.C."/> *		<input type="text"/> *	
Trade Name of Licensed Premise			
<input type="text" value="Sidelines Deli"/> *			
Street Address of Licensed Premise		City	County
<input type="text" value="1000 Saunders Ave"/> *		<input type="text" value="Lincoln"/> *	<input type="text" value="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				
<input type="text" value="Brouillette, Mark"/> *		<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"/>	<input type="text"/> *
F	M						
<input type="radio"/>	<input checked="" type="radio"/>						
Date of Birth	Place of Birth						
<input type="text"/> *	<input type="text" value="Hastings, NE"/> *						
Home Street Address		City	County				
<input type="text" value="4022 D Street"/> *		<input type="text" value="Lincoln"/> *	<input type="text" value="Lancaster"/> *				
State	Zip Code	Home Telephone Number					
<input type="text" value="NE"/> *	<input type="text" value="68510"/> *	<input type="text" value="402-730-2704"/> *					
Business Telephone Number	Drivers License Number		State				
<input type="text" value="402-435-1605"/> *	<input type="text"/> *		<input type="text" value="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)

Social Security Number

[Empty text box for Full Name]

[Empty text box for Social Security Number]

Drivers License Number	State
[Empty text box]	[Empty text box]

Date of Birth [Empty text box]

Place of Birth [Empty text box]

* 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
 Speeding (cannot recall)

* 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	[94]	[96]
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Philadelphia, PA	96	97
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Lincoln, NE	97	98
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Seward, NE	98	00
Spouse: City & State		
	Philadelphia, PA	00-01
	Lincoln, NE	01-03

EMPLOYERS - LIST LAST TWO EMPLOYERS

		Year	
Name of Employer		From	To
Famous Dave's		2002	2003
Name of Supervisor		Telephone Number	
Chuck Lecorgn		402-421-3434	

		Year	
Name of Employer		From	To
Lincoln Country Club		2001	2002
Name of Supervisor		Telephone Number	
Roger Bacon		402-423-8502	

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

STATE OF NEBRASKA)
) SS
 COUNTY OF)

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

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

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

Mrs. A. Bruntlett

Signature of Applicant

Signature of Spouse (if applicable)

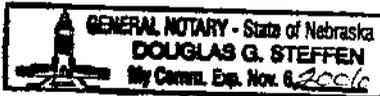
Subscribed in my presence and sworn to before me this 25th day of March 2003.

Subscribed in my presence and sworn to before me this ____ day of _____.

Douglas G. Steffen

Notary Signature & Seal

Notary Signature & Seal



Verify and Print

FORM 35-4013
REV. 2.01

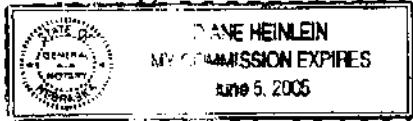
[Faint, illegible text]

**NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

Francine V. Buttner
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 14 day of May, 2003.



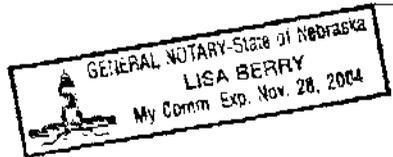
Dane Heinlein
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Signature]
Signature of Licensee/Applicant

Ronald H. Beuthner, Jr.
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 14th day of May, 2003.



Lisa Berry
Signature of Notary Public