



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

January 13, 2004

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 Fast Break #1, 4801 Randolph Street requesting a class B liquor license.

Fast Break has requested that Ronald French be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Ronald French was born in Spalding, Nebraska. He attended Spalding High School graduating in 1971.

Ronald French employment history is as follows:

Present	Manager, Fast Break	Lincoln, NE.
2000 - 2003	Manager, 7 / 11	Lincoln, NE.
2002 - 2003	Sales, Budget Home Center	Longmont, CO.

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



A nationally accredited law enforcement agency



STATE OF NEBRASKA

Set date: 1-12-04
PH: 2-2-04



Mike Johanns
Governor

FILED
CITY CLERK'S OFFICE
'04 JAN 2 PM 4 13
CITY OF LINCOLN
NEBRASKA

FILED
CITY CLERK'S OFFICE
'04 JAN 4 PM 4 11
CITY OF LINCOLN
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)
web address: <http://www.nol.org/home/NLCC/>

December 30, 2004

001819
53

Office of the City Clerk
555 So 10th Street
Suite #103
Lincoln NE 68508

RE: "Fast Break #1"

4801 Randolph
CLASS B

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 WHOLESALEERS; 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

Mary Messman

Mary Messman
Licensing Division

Enck
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

City
New

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



App # 62037

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

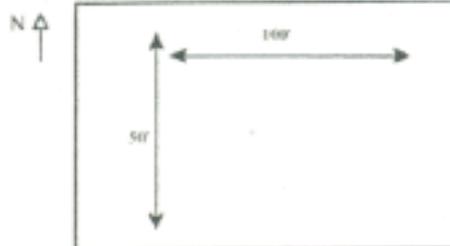
Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> B Beer, Off Sale Only - <u>Inside</u> Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input 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.

TYPE OF APPLICATION *	CORPORATE SURETY BOND INFORMATION
Type of application being applied for (check appropriate box) 1. Individual License requires Form 1 to be attached. 2. Partnership License requires Form 2 to be attached. ③ Corporate License requires Forms 3 and Manager Application to be attached	Bond Company - for Classes L V W X Y only Start Date Month/Day/Year Bond Number

SECTION A – LOCATION INFORMATION – Must be completed by all applicants			
Trade Name (name of business) Fast Break #1		Telephone Number at premise to be licensed 402-486-4112	
1) Street Address of Proposed licensed premise 4801 Randolph Street		2) Mailing Address for receipt of Liquor Control Commission mailings P.O> Box 81006	
City Lincoln	County Lancaster	City Lincoln	County Lancaster
Zip Code 68510		Zip Code 68501	

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.



*One story bldg
no basement*

OTHER INFORMATION REQUIRED *			
SECTION B	Yes	No	Explanation/Comments 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, 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. 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	
<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 checked="" type="radio"/> No	
<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 checked="" type="radio"/> No	
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Pinnacle Bank
<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 checked="" type="radio"/> No	

<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>	Yes	<input checked="" type="radio"/> No	
<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>	Yes	<input checked="" type="radio"/> No	
<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>	Yes	<input checked="" type="radio"/> No	
<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>	Yes	<input checked="" type="radio"/> No	
<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>Pinnacle Bank Charles R. Salem</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>Charles R. Salem Salem Oil CO. 1648 South #43562 Salem Oil Co. 630 W Vandorn #51966 Salem Oil Co. 3100 NW 12th #54995</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>Ronald French, 50 Hours</p>		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Has attended RHCMT		
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)	Copy of Lease 15 years 4-8-17		
15. When do you intend to open for business?	8-13-02		
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)
Charles R. Salem	1993	2003	Lincoln, NE
Sherene L. Salem	1993	2003	Lincoln, NE
Carolyn C. Otte	1993	2003	Lincoln, NE
Robert R. Otte	1993	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 Charles R. Sabo

Sign Here _____

RECEIVED

Sign Here Sherene L. Salem

Sign Here _____

DEC 24 2003

Sign Here Carolyn L. Otto

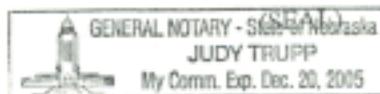
Sign Here _____

NEBRASKA LIQUOR CONTROL COMMISSION

Sign Here RJA ROTH

Sign Here _____

Subscribed in my presence and sworn to before me this 24th day of December, 2003



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 _____

Judy Trupp
Notary Public Signature

Verify & Print form

FORM 35-4010
1
REV 1/01

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 the application.

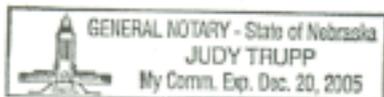
Sherene M. Salem
Signature of Spouse

RECEIVED

DEC 24 2003

**NEBRASKA LIQUOR
CONTROL COMMISSION**

SUBSCRIBED in my presence and sworn to before me this 24th day of December, A.D., 2003



Judy Trupp
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.

Charles R Salem
Signature of Licensee/Applicant

Charles R Salem
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 24th day of December, A.D., 2003



Judy Trupp
Signature of Notary Public

FORM 35-4178
REV 2/01

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 the application.

[Signature]
Signature of Sponsor

RECEIVED

DEC 24 2003

NEBRASKA LIQUOR CONTROL COMMISSION

SUBSCRIBED in my presence and sworn to before me this 24th day of December, A.D. 2003



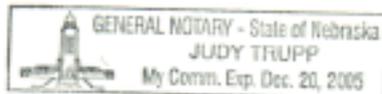
[Signature]
Signature of Notary Public

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.

[Signature]
Signature of Licensee/Applicant

RONALD E. FRENK
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 24th day of December, A.D. 2003



[Signature]
Signature of Notary Public

FORM 35-4178
REV 2/01

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

RECEIVED

DEC 24 2003

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**

Fast Break, Inc. *

Total Number of Shares (if corporation)

100,000 *

Corporate Street Address

1234 North 14th Street *

Mailing address for receipt of Liquor Control Commission Mailings

P.O. Box 81006 *

Corporate Telephone Number
402-476-3333 *

City
Lincoln *

County
Lancaster *

State
NE *

Zip Code
68501 * -

Name of Registered Agent

Charles R. Salem *

Name of Proposed Manager

Ronald E. French *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Charles R. Salem *

Title

Pres. *

Date of Birth

*

Social Security Number

*

Home Address (1)

2825 Stratford Avenue *

City

Lincoln *

State

NE *

Zip Code

68502 * -

Home Telephone Number

402-435-0434 *

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

Salem, Charles Robert

Pres.

Spouse Name

Salem, Sherene Lee Rash

Partner Number of Shares / % 50

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 Otte, Carolyn Sue Carveth			Sec.
Spouse Name Otte, Robert Røy			
Partner Number of Shares / % 50	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)

RECEIVED

DEC 24 2003

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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.

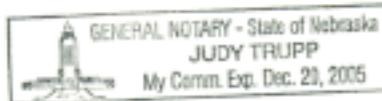
Please indicate below your corporate tax year with the IRS

Starting date: _____ Ending date: _____

State of Nebraska)

Lancaster County) ss.

Judy Trupp
Notary Public Signature & Seal



By Charles R. Sobel
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.

Carolyn S. O'Neil
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01

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Application for Corporate Manager

DEC 24 2003

Must Be A Nebraska Resident
Please submit in Triplicate

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 Fast Break, Inc. * Class & License number B *
Trade Name of Licensed Premise Fast Break #1 *
Street Address of Licensed Premise 4801 Randolph Street * City Lincoln * County Lancaster *

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

Signature of Corporate President/CEO: *Ronald E. French*

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden) French, Ronald E. *

Sex *	
F	M
	<input checked="" type="checkbox"/>

Social Security Number _____ *

Date of Birth _____ * Place of Birth Spalding, NE *

Home Street Address 5119 Prescott * City Lincoln * County Lancaster *

State NE * Zip Code 68506 * Home Telephone Number ~~402-400-2884~~ 416-9619 *

Business Telephone Number 402-486-4112 *

Drivers License Number _____ *	State <u>NE</u> *
--------------------------------	-------------------

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

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

RECEIVED

Full Name (Last, First, Middle, Maiden)

French, Linda S. Thiem

Social Security Number

[Redacted]

DEC 24 2003

Drivers License Number

[Redacted]

State

NE

Date of Birth

[Redacted]

NEBRASKA LIQUOR CONTROL COMMISSION

Place of Birth

Norfolk, NE

* 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

* 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.

No W85 "Villa" in Albion, NE

* 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		
Albion, NE	1950	2000
Spouse: City & State		
Albion, NE	1950	2000
	Year	
	From	To
Applicant: City & State		
Lincoln, NE	2000	2000
Spouse: City & State		
Lincoln, NE	2000	2000
	Year	
	From	To
Applicant: City & State		
Longmont, CO	2000	2003
Spouse: City & State		
Longmont, CO.	2000	2003
	Year	
	From	To
Applicant: City & State		
Lincoln, NE	2003	pres
Spouse: City & State		
Lincoln, NE	2003	pres
EMPLOYERS - LIST LAST TWO EMPLOYERS		
	Year	
	From	To
Name of Employer		
Seven Eleven	12-00	7-03
Name of Supervisor	Telephone Number	
Ron Valentine	303-740-6015	
	Year	
	From	To
Name of Employer		
Jack Rabbit Computers	7-00	12-02
Name of Supervisor	Telephone Number	
Pattie Dunlap	720-314-1271	
PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY		

APPLICANT & SPOUSE

RECEIVED

DEC 24 2003

STATE OF NEBRASKA)

) SS

COUNTY OF)

NEBRASKA LIQUOR CONTROL COMMISSION

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.

[Handwritten Signature]

Signature of Applicant

Signature of Spouse (if applicable)

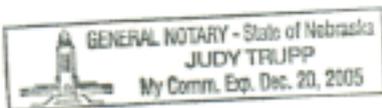
Subscribed in my presence and sworn to before me this
24th day of December, 2003

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

[Handwritten Signature]

Notary Signature & Seal

Notary Signature & Seal



Verify and Print

FORM 35-4013
REV. 2/01

RECEIVED

APPLICANT & SPOUSE

DEC 24 2003

STATE OF NEBRASKA)
) SS
COUNTY OF)

NEBRASKA LIQUOR
CONTROL COMMISSION

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Arnold E. Farnish
Signature of Applicant

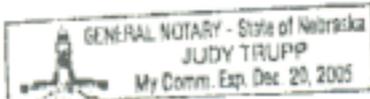
Julia S. Frank
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this
24th day of December 2003

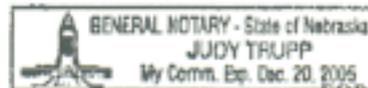
Subscribed in my presence and sworn to before me this
24th day of December 2003

Judy Trupp
Notary Signature & Seal

Judy Trupp
Notary Signature & Seal



Verify and Print



FORM 35-4013
REV. 2/01