

March 30, 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 Salem Oil Company, d.b.a. Yankee Hill Amoco, 630 West Prospector Court requesting a class B/K liquor license.

Yankee Hill Amoco currently holds a liquor license however they have been annexed into the City. This is the reason for the requested liquor license

Yankee Hill Amoco has requested that Jeffrey Scott be approved as the manager of the liquor license.

Background information on Mr. Scott will be omitted as the Council approved Mr. Scott as the manager of a liquor license held at the Airport Amoco in April 2002.

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



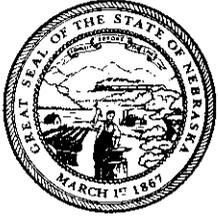
A nationally accredited law enforcement agency



STATE OF NEBRASKA

Set date: 3/29/04

PH: 4-12-04



FILED
CITY CLERK'S OFFICE
'04 MAR 29 PM 1 02

CITY OF LINCOLN
NEBRASKA
March 26, 2004

NEBRASKA LIQUOR CONTROL COMMISSION
Robert B. Rupe
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/>

Mike Johanns
Governor

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

*Salem Oil Company
dba Yankee Hill Amoco
630 W Prospector Ct
Class B + Class K*

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.

*04-033463
168*

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
Jackie B. Matulka
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

APPLICATION FOR LICENSE

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

B# 62951
 K# 62953

<http://www.nol.org/home/NLCC/>

Phone: (402) 471-2571

Fax: (402) 471-2814

Local-jbm

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**NEBRASKA LIQUOR
 CONTROL COMMISSION**

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/member holding over 25% stock/interest. 6. All applications must be typewritten or printed clearly. 7. Submit in **Triplicate**

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 - Indicate Inside or 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"/> D1 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 checked="" 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 (place appropriate number in box)

3

- 1= Individual License requires Form 1 to be attached.
- 2= Partnership License requires Form 2 to be attached.
- 3= Corporate License requires Form 3 and 4 and Manager Application 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)

Yankee Hill Amoco

Telephone Number at premise to be licensed

402-477-5255

1) Street Address of Proposed licensed premise

630 West Prospector Court

Is this located inside the city limits

Circle YES / NO

2) Mailing Address for receipt of

Liquor Control Commission mailings

P.O. Box 81006

City County Zip Code

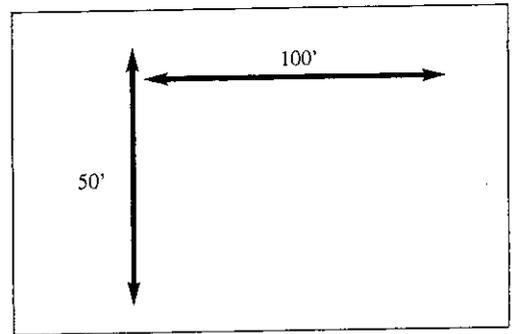
Lincoln, Lancaster 68522

City County Zip Code

Lincoln, Lancaster 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.

See attached
Area approximately 50' x 60'
in Westend of 246' x 60' Building.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

SECTION B	OTHER INFORMATION REQUIRED		
	Yes	No	Explanation/Comments
<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 or 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.</p>		X	

	Yes	No	Explanation/Comments
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).		X	
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.		X	
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.		X	
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		X	
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.		X	
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?		X	
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.		X	
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.		X	
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.			Charles R. Salem Wells Fargo Bank 1248 O Street Lincoln, NE
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.			Salem Oil Co. South Street Amoco #43562 Airport Amoco # 54995
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.			Jeff Scott 20 Hours
13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.			Currently licensed manager at Airport Amoco Has attended Responsible Hospitality Counsel.
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).			See attached.
15. When do you intend to open for business?			Open now.

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	1975	present	Lincoln, NE
Sherene L. Salem	1975	present	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/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

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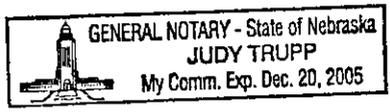
sign here Charles R. Salem
 sign here Sherene L. Salem
 sign here _____
 sign here _____

sign here MAR 19 2004
 sign here _____
 sign here **NEBRASKA LIQUOR CONTROL COMMISSION**
 sign here _____

Subscribed in my presence and sworn to before me this 19th day of March, 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 alternate format.

(SEAL)



sign here Judy Trupp
 Notary Public Signature

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

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MAR 19 2004

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/>

NEBRASKA LIQUOR
CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION <p style="text-align: center;">Salem Oil Company</p>		CLASS & LICENSE NUMBER <p style="text-align: center;">B/K</p>	
TRADE NAME OF LICENSED PREMISE <p style="text-align: center;">Yankee Hill Amoco</p>			
STREET ADDRESS OF LICENSED PREMISE <p style="text-align: center;">640 West Prospector Ct.</p>	CITY <p style="text-align: center;">Lincoln,</p>	COUNTY <p style="text-align: center;">Lancaster</p>	ZIP CODE <p style="text-align: center;">68522</p>

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

Signature of Corporate President/CEO:

APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, FIRST, MIDDLE, MAIDEN) <p style="text-align: center;">Scott, Jeffrey Jon</p>	SEX F <input type="radio"/> M <input checked="" type="radio"/>	SOCIAL SECURITY NUMBER <p style="text-align: center;">██████████</p>	DATE OF BIRTH <p style="text-align: center;">██/██/██</p>	PLACE OF BIRTH <p style="text-align: center;">Beatrice, NE</p>
HOME STREET ADDRESS <p style="text-align: center;">1500 Irving Street</p>	CITY <p style="text-align: center;">Lincoln</p>	COUNTY <p style="text-align: center;">Lancaster</p>	STATE <p style="text-align: center;">NE</p>	ZIP CODE <p style="text-align: center;">68521</p>
HOME TELEPHONE NUMBER <p style="text-align: center;">(402) 438-5891</p>	BUSINESS TELEPHONE NUMBER <p style="text-align: center;">(402) 477-5255</p>		DRIVERS LICENSE NUMBER & STATE <p style="text-align: center;">██████████ NE</p>	

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) <p style="text-align: center;">Scott, Bonnie Sue Vlcek</p>	SOCIAL SECURITY NUMBER <p style="text-align: center;">██████████</p>	DRIVERS LICENSE NUMBER & STATE <p style="text-align: center;">██████████ NE</p>
DATE OF BIRTH: <p style="text-align: center;">██/██/██</p>	PLACE OF BIRTH <p style="text-align: center;">Lincoln, NE</p>	

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.

YES NO

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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 Nebraska Liquor Control Act (§53-131.01)

NEBRASKA LIQUOR CONTROL COMMISSION

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

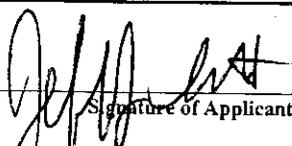
RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
		FROM	TO		
Jeffrey Jon Scott		1975	Pres	Bonnie Sue Scott	
Lincoln, NE				Lincoln, NE	
EMPLOYERS - LIST LAST TWO EMPLOYERS					
YEAR FROM TO		NAME OF EMPLOYER		NAME OF SUPERVISOR	
				TELEPHONE NUMBER	
1991	pres	Airport Amoco		Charles R. Salem 402-475-8504	
1989	1992	Lincoln Journal Star		Doug McMahan 402-475-4200	
PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE					

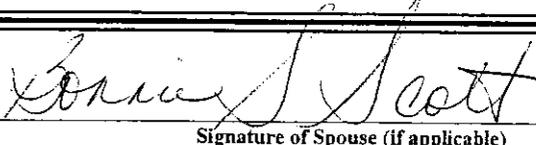
STATE OF NEBRASKA)
) SS
COUNTY OF)

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 of non participation may be attached.

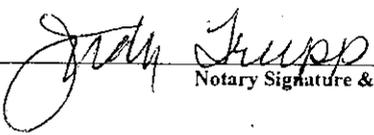
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.


 Signature of Applicant


 Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 19th day of March 2004.


 Notary Signature & Seal


 Notary Signature & Seal

GENERAL NOTARY - State of Nebraska
JUDY TRUPP
My Comm. Exp. Dec. 20, 2005

GENERAL NOTARY - State of Nebraska
JUDY TRUPP
My Comm. Exp. Dec. 20, 2005

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NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

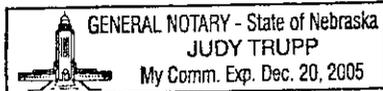
NEBRASKA LIQUOR
CONTROL COMMISSION

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.

Bonnie Scott

Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 19th day of March, 2004.



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.

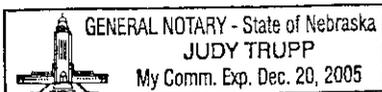
Jeffrey J. Scott

Signature of Licensee/Applicant

Jeffrey J. Scott

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 19th day of March, 2004.



Judy Trupp

Signature of Notary Public

FORM 35-4178
REV 2/01

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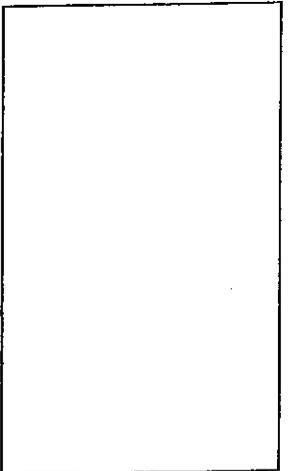
MAR 19 2004

Corporation/LIC Application for License - Form 3

Nebraska Liquor Control Commission

NEBRASKA LIQUOR CONTROL COMMISSION

INSTRUCTIONS: Application and application for manager must be typewritten and submitted in triplicate. Three 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. Information regarding spouses must be completed.



Name of Corporation That Will Hold License: SALEM OIL COMPANY		Total Number of Shares (if corporation)	
Corporate Street Address (1) 1234 North 14th Street		85	
City Lincoln	County Lancaster	State NE	Zip Code 68501
Mailing address for receipt of Liquor Control Commission Mailings P.O. Box 81006		Corporate Telephone Number 402-476-3333	
Name of Registered Agent Charles R. Salem		Name of Proposed Manager Jeffrey Scott	
IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER			
Name Charles R. Salem	Title President	Date of Birth 	Social Security Number
Home Address (1) 2825 Stratford Avenue		State NE	
City Lincoln	State NE	Zip Code 68502	Home Telephone Number 402-435-0434

Corporation/LLC Application for License - Form 3

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	Number of Shares/%
NAME	Salem, Charles Robert	XXXXXXXXXX	MM/DD/YYYY	President	85
Spouse Name	Salem, Sherene Lee Rash	XXXXXXXXXX	MM/DD/YYYY	Secretary	
NAME	Salem, Sherene Lee Rash	XXXXXXXXXX	MM/DD/YYYY	Secretary	
Spouse Name	Salem, Charles Robert	XXXXXXXXXX	MM/DD/YYYY	President	85
NAME					
Spouse Name					
NAME					
Spouse Name					
NAME					
Spouse Name					
NAME					
Spouse Name					

(If Necessary, Continue on Separate Sheet)

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NEBRASKA LIQUOR CONTROL COMMISSION

