



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

lincoln.ne.gov

September 16, 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 Rib Ranch, 6440 'O' Street requesting a class I liquor license.

Todd Carkoski, President has requested that he be approved as the manager of the liquor license.

Background information on Mr. Carkoski will be omitted as he has been the Council approved manager at this location since 1995.

Stockholder 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



A nationally accredited law enforcement agency



STATE OF NEBRASKA

Sed date: 9/27

PH: 10-11-04



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/>

September 9, 2004

103590
47

R.b Ranch
6440 '0'

FILED
CITY CLERKS OFFICE
2004 SEP 14 A 11:12
CITY OF LINCOLN
NEBRASKA

Mike Johanns
Governor

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

RE: License for I #65637

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 APROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS. 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

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

Rhonda R. Flower
Enclosures Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

95

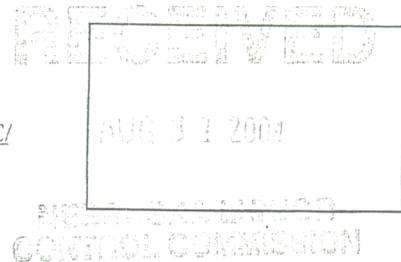
FORM 35-4001
REV. 12/99

I # 65637

Local jbm

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 type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> 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 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.

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments Note: Only what is visible on screen will be printed
	Yes	No		
<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="checkbox"/>	No <input type="checkbox"/>		Yes, Ramona E. Hyde; 1992 Felony Embezzlement - 5 yr probation - restitution completed - Lancaster County; 1997 or 1998 DUI reduced to Reckless - Lancaster County
<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="checkbox"/>	No <input type="checkbox"/>		See attached
<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="checkbox"/>	No <input type="checkbox"/>		See attached
<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 checked="" type="checkbox"/>	No <input type="checkbox"/>		Yes, Cutch, Inc., 14353 Q St., Omaha, Nebraska
<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="checkbox"/>	No <input checked="" type="checkbox"/>		

<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 checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Dish Machine - Omega</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="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></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="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></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="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></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>Commercial Federal Bank Acct. 94445121 14353 Q St., Omaha, NE 68137; Todd Carkoski, Gregory Cutchall, Ramona Hyde, Laurie Greco</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>N/A</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>Todd S. Carkoski - 55 hours</p>		

<p>13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.</p>	<p>10 years as manager; 2 years as General Manager; Hospitality Training (LPD)</p>
<p>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)</p>	<p>See attached</p>
<p>15. When do you intend to open for business?</p>	<p>August 30, 2004</p>

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)
Todd S. Carkoski	1969	2004	Lincoln, Nebraska
Amy J. Carkoski	1991	2004	Lincoln, Nebraska
Michael K. Neukirch	1972	2004	Lincoln, Nebraska
Ramona E. Hyde	1984	2004	Lincoln, Nebraska
Ramona E. Hyde	1983	1984	Ulysses, Nebraska
Ramona E. Hyde	1982	1983	Leigh, Nebraska

Ramona E. Hyde	1981	1982	Seward, Nebraska
Ramona E. Hyde	1978	1981	Schuyler, Nebraska
Ramona E. Hyde	1978	1978	Ulysses, Nebraska

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 Todd S. Carkoski
Todd S. Carkoski

Sign Here Ramona E. Hyde
Ramona E. Hyde

Sign Here _____

Sign Here _____

Sign Here Amy J. Carkoski
Amy J. Carkoski

Sign Here Michael K. Neukirch
Michael K. Neukirch

Sign Here _____

Sign Here _____

Subscribed in my presence and sworn to before me this 25 day of August, 2004

NEBRASKA LIQUOR CONTROL COMMISSION

(SEAL)

GENERAL NOTARY - State of Nebraska
CAROL ZUBROD
My Comm. Exp. April 12, 2008

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 Carol Zubrod
Notary Public Signature

Verity & Pinnegar



Signature Card



Current Date: 12/15/2003

Open Date: 01/22/2003

Account Number: 94445121

Branch: - 009

Teller: 0015

Account Title/Address
RIB RANCH

Own Tax ID
SOW 47-0724480

DOB
00/00/0000

Identification

TODD CARKOSKI

SIG 508-04-4981

00/00/0000

OK

OK

CRAIG CRAMER

SIG 480-32-3437

00/00/0000

OK

OK

GREGORY CUTCHALL

SIG 506-56-1443

00/00/0000

OK

OK

RECEIVED

APR 8 1 2004

14353 Q ST
OMAHA, NE 68137

Work Phone 402 558-3333
Home Phone 402 558-3333

NEBRASKA LIQUOR
CONTROL COMMISSION



The undersigned has opened an account of the type stated above; the terms of the account are contained in the Rules of Class which Commercial Federal Bank, (The Bank), reserves the right to alter or amend at any time. We may apply funds on deposit in your accounts to satisfy a debt you may owe The Bank or if this is a multi-party account any debt which any party to such account may owe; if the debt is not paid when due. Jointly owned accounts will be deemed as joint tenants with right of survivorship and not as tenants in common.

Backup Withholding Certification: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding (see below for details).
- (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item (2) above if you have been notified by IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.



FDIC regulations require that all account owners sign this signature card for this account to be fully insured up to the limits established by the FDIC.

AGREEMENT (All Account Owners)

By placing my signature below, I certify that the information is true, correct and complete. I agree to abide by the terms, conditions and fees as published and amended by The Bank and acknowledge receipt of disclosure(s) pertaining to my account(s).

BACKUP WITHHOLDING

Unless I cross off item (2) above, I certify that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement plan (IRA), and payments other than interest and dividends).

CHECKING AUTHORIZATION

I authorize The Bank to pay out funds to honor checks written by me, and to honor payments as I request them. Collected funds to cover orders drawn and telephone payments must be on deposit the day before the item is presented for payment or payment may be refused and a charge applied. If the payment falls on a Sunday or holiday, the payment will be made the previous working day.

WIRE TRANSFER AUTHORIZATION

Upon verbal/written request, I authorize The Bank to wire funds from my account at The Bank to the account at the financial institution named. The Bank shall not be responsible for errors, omissions, or delays in the processing of the transfer and assumes no liability for any late fees, if circumstances beyond its control prevent the transfer. Under no circumstances shall The Bank be liable for consequential damages.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature

Signature

Signature

Signature

RETAIN 1 COPY IN BRANCH, SEND 1 COPY TO RECORDS DEPARTMENT





Signature Card Additional Signatures



Current Date 12/15/2003

Account No

Branch 009

Teller 0015

Account Title

Own

Tax ID

DOB

Identification

TIM GRIGGS

SIG

00/00/0000

OK
OK

RAMONA E HYDE

SIG

00/00/0000

OK
OK

LAURIE GRECO

SIG

00/00/0000

OK
OK

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AUG 31 2004

NEBRASKA LABOR CONTROL COMMISSION



The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Ramonar Hyde

Signature

Signature

Signature

Signature

Amie J. Allen

Signature

Signature



RETAIN 1 COPY IN BRANCH, SEND 1 COPY TO RECORDS DEPARTMENT



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Application for Corporate Manager

Must Be A Nebraska Resident
Please submit in Triplicate

AUG 31 2004

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

NEBRASKA LIQUOR
CONTROL COMMISSION

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

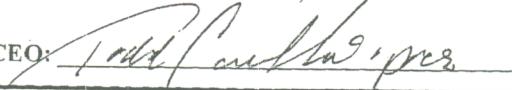
Name of Licensed Corporation * Class & License number

Trade Name of Licensed Premise

Street Address of Licensed Premise * City * County

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

Todd S. Carkoski, President

Signature of Corporate President/CEO: 

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden) Sex F M Social Security Number

Date of Birth Place of Birth

Home Street Address * City * County

State Zip Code Home Telephone Number

Business Telephone Number Drivers License Number State

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)

Carkoski, Amy Jo, Hasselbalch

Social Security Number

[Redacted]

Drivers License Number

[Redacted]

State

NE

Date of Birth

8/7

Place of Birth

Columbus, 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.

Yes No Rib Ranch, 6440 O St., Lincoln, NE Class I license # _____
 Date _____

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

[Empty box]

RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE

		Year	
		From	To
Applicant: City & State			
Lincoln, Nebraska		1969	2004
Spouse: City & State			
Lincoln, Nebraska		1991	2004

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

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

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

EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer	Year	
	From	To
Legion Club	1987	1993
Name of Supervisor	Telephone Number	
Bob Logston	N/A	

Name of Employer	Year	
	From	To
Cutch, Inc. (Rib Ranch)	1993	2004
Name of Supervisor	Telephone Number	
Greg Cutchell	402-558-3333	

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.

Todd S. Carkoski

Todd S. Carkoski
Signature of Applicant

Amy J. Carkoski

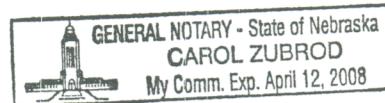
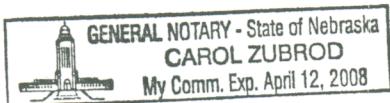
Amy J. Carkoski
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 25
day of August 2004.

Subscribed in my presence and sworn to before me this 25
day of August 2004.

Carol Zubrod
Notary Signature & Seal

Carol Zubrod
Notary Signature & Seal



FORM 35-4013
REV. 2/01

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AUG 31 2004

NEBRASKA LIQUOR
CONTROL COMMISSION

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NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

AUG 31 2004

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.

Amyg. CarKoski
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 13th day of August, 2004.



Carol Zubrod
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.

Todd CarKoski Todd CarKoski
Signature of Licensee/Applicant Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 13th day of August, 2004.



Carol Zubrod
Signature of Notary Public

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

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AUG 31 2004

AUG 31 2004

NEBRASKA LIQUOR
CONTROL COMMISSION

Name of Corporation That Will Hold License		Attach copy of Articles of Incorporation		Total Number of Shares (if corporation)	
Rib Ranch, Inc.		1000			
Corporate Street Address (1)		Mailing address for receipt of Liquor Control Commission Mailings		Corporate Telephone Number	
6440 O St.		6440 O St.		402-467-5110	
City	County	State	Zip Code		
Lincoln	Lancaster	NE	68510		
Name of Registered Agent		Name of Proposed Manager			
Todd S. Carkoski		Todd S. Carkoski			
IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER					
Name	Title	Date of Birth	Social Security Number		
Todd S. Carkoski	President		0444 31		
Home Address (1)		State			
6600 Y St.		NE			
City	State	Zip Code	Home Telephone Number		
Lincoln	NE	68505	402-440-1437		

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	Date of Birth	Title	Number of Shares, %	Social Security Number	Name of Officers, Directors, Members and Spouses: Give Last Name, First Name, Middle, Maiden, and any aliases	Date of Birth
NAME Todd S. Carkoski		President	25%			
Spouse Name Amy J. (Hasselbalch) Carkoski		Stockholder	25%			
NAME Ramona E. Hyde		Stockholder	25%			
Spouse Name Not Married						
NAME Michael L. Neukrich		Secretary/Treasurer	25%			
Spouse Name Not Married						
NAME						
Spouse Name						
NAME						
Spouse Name						
NAME						
Spouse Name						

(If Necessary, Continue on Separate Sheet)

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

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JUN 3 2004

NEBRASKA LIQUOR CONTROL COMMISSION

Is this Corporation/LLC controlled by another Corporation? YES NO

Name of Control Corporation

[Empty box for 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

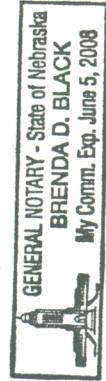
Please indicate below your corporate tax year with the IRS

Starting Date: January 1 Ending Date: December 31

STATE OF Nebraska))) ss.)))
Lancaster County)))

Rib Ranch, Inc.

Brenda D. Black
Notary Public Signature & Seal



Date: 8-30-04

By See Previous Page

Todd S. Carkoski, President

Michael L. Neukirch

Michael L. Neukirch, Secretary/Treasurer

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.