



**CITY OF LINCOLN**  
NEBRASKA

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

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

**LINCOLN**  
*The Community of Opportunity*

MAYOR COLEEN J. SENG

lincoln.ne.gov

December 14, 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 Chipotle Mexican Grill, 2801 Pine Lake Road requesting a class I liquor license.

Chipotle Mexican Grill has requested that Aaron (Mike) Dansky be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Aaron Dansky was born in Hayward, California. He attended Summerville High School graduating in 1986.

Aaron Dansky employment history is as follows:

Present	Manager, Chipotle Mexican Grill	Lincoln, NE.
2002 – 2004	Manager, Chili's	Lincoln, NE.
2000 - 2002	Manager, Cracker Barrel	Lincoln, NE.
1999 – 2000	Manager, Koo Koo Roo	Del Mar, CA.

Stockholder information has been 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



Liquor License Investigation

Business (DBA) Chipotle Mexican Grill

Manager       Owner       Other

Name: AARON (MIKE) DANSKY

US Citizen?       Yes       No

Has applicant ever been cited for liquor law violations?       No       Yes  
Explain \_\_\_\_\_

Does applicant have an interest in another liquor license?       No       Yes  
Explain \_\_\_\_\_

Is spouse qualified to hold a license?      Yes       No       N/A

How is applicant if not an owner to be paid?       Salary       Hourly

How many hours will applicant be at the establishment?      45+

Any other employment?       No       Yes, explain \_\_\_\_\_

Any previous experience with a liquor license?       Yes       No

Any criminal convictions?       No       Yes  
Comments \_\_\_\_\_

Is applicant a property owner in Lincoln?      Yes       No

Is applicant involved in any civil litigation?       No       Yes  
Comments \_\_\_\_\_

Photo       Records Check       References

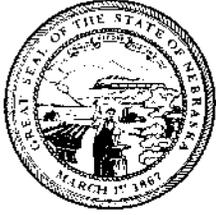
Comments \_\_\_\_\_

Interview Date 12/14/04

# STATE OF NEBRASKA

12/2004

in case 1-2/20  
PH: 1-605-



Mike Johanns  
Governor

## NEBRASKA LIQUOR CONTROL COMMISSION

Hobert 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/>

A4-135294  
175

December 3, 2004

Lincoln City Clerk  
555 S. 10<sup>th</sup> Street  
Lincoln, NE 68508

Re: Liquor application for **Chipotle Mexican Grill**

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

Tami Fregman  
Licensing Division

Enclosures

Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman

R.L. (Dick) Coyne  
Commissioner

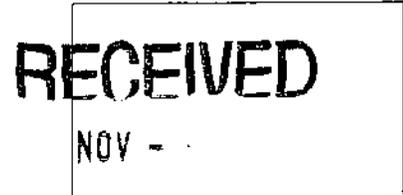
An Equal Opportunity/Affirmative Action Employer

FORM 35-4001  
REV. 12/99

FILED  
CITY CLERKS OFFICE  
2004 DEC -7 A 9:29  
CITY OF LINCOLN  
NEBRASKA

**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



**NEBRASKA LIQUOR  
 CONTROL COMMISSION**

**LIC # 66350**

**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"/> <b>A</b> Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected a Local Level	exempt
<input type="checkbox"/> <b>F</b> Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>B</b> Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>J</b> Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> <b>I</b> Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>D</b> Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> <b>D1</b> Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> <b>C</b> Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>M</b> Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>H</b> Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>K</b> Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>O</b> Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> <b>V</b> Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> <b>X</b> Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> <b>W</b> Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> <b>Y</b> Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> <b>L</b> Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.



NOV - 9 2004

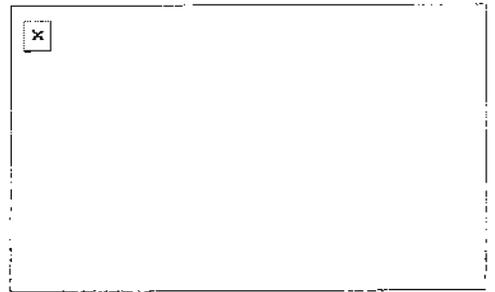
**NEBRASKA LIQUOR  
 CONTROL COMMISSION**

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION	
Type of application being applied for (check appropriate box)  1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Name John M. Boehm	Address 811 S 13 St., Lincoln, NE 68508
	Firm Name Butler, Galter & Boehm	Address 811 S 13 St., Lincoln, NE 68508

SECTION A – LOCATION INFORMATION – Must be completed by all applicants			
Trade Name (name of business) Chipotle Mexican Grill		Telephone Number at premise to be licensed _____	
1) Street Address of Proposed licensed premise 2801 Pine Lake Road		2) Mailing Address for receipt of Liquor Control Commission mailings 1543 Wazee Street, Suite 200	
City Lincoln	County Lancaster #2	City Denver	County Denver
Zip Code 68516	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No	Zip Code 80202	

**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 area known as suite V approx 86' x 31' plus patio area 11' x 15' to the north

see next page for sketch



SECTION B		OTHER INFORMATION REQUIRED *	
	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed
<p>* 1. <b>READ CAREFULLY.</b> 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>See attached</p> <p><i>next page.</i></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>Wells Fargo M. Steven Ellis Kevin M. Reddy</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>See attached</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>Michael Dansky 45-50 hours a week</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>Chili's Corporate Training Pizzeria Uno Corporate Training 2 years as manager with Chili's</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 lease and assignment  <b>10 years from ISSUANCE</b></p>
<p>15. When do you intend to open for business?</p>	<p>12/21/04</p>

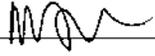
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
M. Steven Ells	1993	2004	Denver, Colorado
M. Steven Ells	1992	1993	Boulder, Colorado
Kevin M. Reddy	1998	2004	Littleton, Colorado
Kevin M. Reddy	1995	1998	Cary, North Carolina
Kevin M. Reddy	1992	1995	Aurora, Illinois

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.

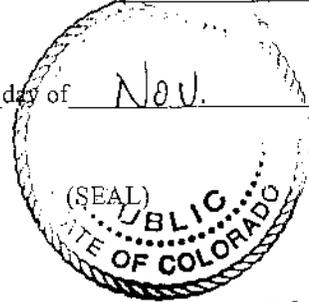
Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign here \_\_\_\_\_ 

Sign Here Kevin M. Reddy

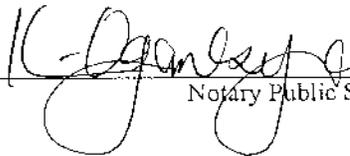
Sign Here \_\_\_\_\_

Subscribed in my presence and sworn to before me this 2nd day of Nov., 04



My Commission Expires 7/3/2005

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   
Notary Public Signature

Verify & Print form

**RECEIVED**  
NOV - 9 2004  
NEBRASKA LIQUOR CONTROL COMMISSION

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.

*Kevin M. Reddy*

Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 8<sup>th</sup> day of Sept, A.D., 2003



*K. Oganesyan*

Signature of Notary Public

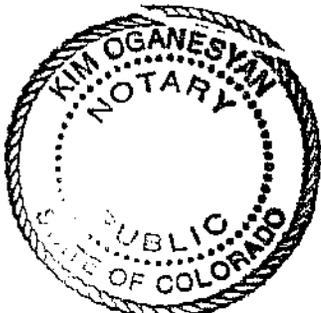
The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

*Kevin M. Reddy*  
Signature of Licensee/Applicant

KEVIN M. REDDY

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 8<sup>th</sup> day of Sept., A.D., 2003



*K. Oganesyan*

Signature of Notary Public

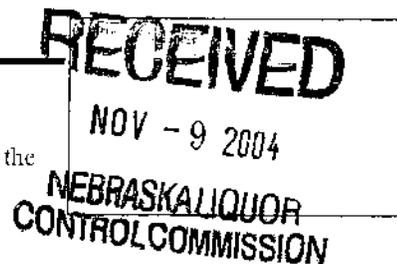
**RECEIVED**

NOV - 9 2004

**NEBRASKA LIQUOR CONTROL COMMISSION**

FORM 35-4178  
REV 2/01

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



**INSTRUCTIONS:**

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

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation** Total Number of Shares (if corporation)  
 Chipotle Mexican Grill of Colorado, LLC \* \_\_\_\_\_ \*

Corporate Street Address Mailing address for receipt of Liquor Control Commission Mailings  
 1543 Wazee Street, Suite 200 \* 1543 Wazee Street, Suite 200 \*

Corporate Telephone Number City County State Zip Code  
 303-595-4000 \* Denver \* Denver \* CO \* 80202 \* -

Name of Registered Agent Name of Proposed Manager  
 CT Corporation \* Aaron Michael Dansky \*

**IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER**

Name Title Date of Birth  
 M. Steven Ells \* Manager \* \_\_\_\_\_ \*

Social Security Number Home Address (1) City  
 \_\_\_\_\_ \* 100 S. Marion Parkway \* Denver \*

State Zip Code Home Telephone Number  
 CO \* 80209 \* - 303-744-3002 \*

**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 Ells, Matthew Steven	_____	_____	Manager
Spouse Name None	_____	_____	_____
Partner Number of Shares / % <u>0</u>	Spouse Number of Shares / % <u>0</u>		
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			

Reddy, Kevin Michael			Manager
Spouse Name			N/A
Reddy, Leigh Overstreet			
Partner Number of Shares / %	0	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			
Spouse Name			
Partner Number of Shares / %		Spouse Number of Shares / %	

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

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

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes  No

Name of control Corporation

Chipotle Mexican Grill, Inc.

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.

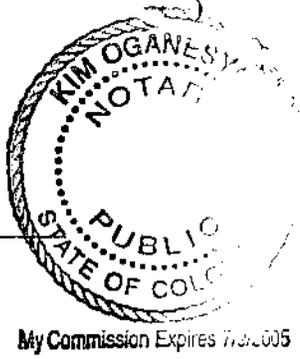
Please indicate below your corporate tax year with the IRS

Starting date: January 1 Ending date: December 31

State of Colorado )

Jewer County ) ss.

[Signature]  
Notary Public Signature & Seal



By [Signature]  
President/Member

[Signature]  
Secretary/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.

Verify Form and Print

FORM 35-4183  
REV. 02/01

RECEIVED  
NOV - 9 2004  
NEBRASKA LIQUOR  
CONTROL COMMISSION

# Application for Corporate Manager

**\*Must Be A Nebraska Resident\***

**Please submit in Triplicate**

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

Chipotle Mexican Grill of Colorado, LLC \*

Class & License number

1- \*

Trade Name of Licensed Premise

Chipotle Mexican Grill \*

Street Address of Licensed Premise

2801 Pine Lake Road \*

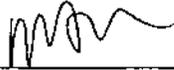
City

Lincoln \*

County

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)

Dansky, Aaron Michael \*

Sex \*

F	M
C	G

Social Security Number

\_\_\_\_\_ \*

Date of Birth

\_\_\_\_\_ \*

Place of Birth

Hayward, CA \*

Home Street Address

300 Hadkins Road \*

City

Malcolm \*

County

Lancaster \*

State

NE \*

Zip Code

68402 \*

Home Telephone Number

402-796-2609 \*

Business Telephone Number

402-474-1133 \*

402-2801

Drivers License Number

\_\_\_\_\_ \*

**RECEIVED**

NOV - 9 2004  
State NE \*

**NEBRASKA LIQUOR CONTROL COMMISSION**

cel 450-3802

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)

Dansky, Julie Lyn (Brown)

Social Security Number

Drivers License Number

State

NE

Date of Birth

Place of Birth

Lincoln, Nebraska

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

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

Yes No  
  See attached

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

Yes No

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

Yes No

\* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?  
 Nebraska Liquor Control Act (§53-131.01)

Yes No

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

Yes No

**RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

Year

From To

Applicant: City &amp; State

Malcolm, Nebraska 2002 2004

Spouse: City &amp; State

Malcolm, Nebraska 2001 2004

Year

From To

Applicant: City &amp; State

Independence, Kentucky 2001 2002

Spouse: City &amp; State

Raymond, Nebraska 1989 2001

Year

From To

Applicant: City &amp; State

Lincoln, Nebraska 2000 2001

Spouse: City &amp; State

Year

From To

Applicant: City &amp; State

Solana Beach, California 1999 2000

Spouse: City &amp; State

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

Year

From To

Name of Employer

Chill's 2002 2004

Name of Supervisor

Will Hoyt 402-420-2800

Year

From To

Name of Employer

Cracker Barrel 2000 2002

Name of Supervisor

Jeff Hanselmann 402-476-4901

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

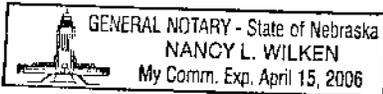


**NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION**

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.

*Julia Darsky*  
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 29 day of October, A.D., 2004.



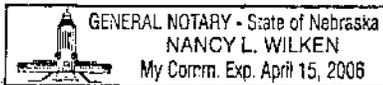
*Nancy L. Wilken*  
Signature of Notary Public

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

AARON M. DARSKY  
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 1 day of November, A.D., 2004.



*Nancy L. Wilken*  
Signature of Notary Public

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CONTROL COMMISSION

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NEBRASKALIQUOR  
CONTROL COMMISSION

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REV 2/01