

Liquor License Investigation

Business (DBA) NHA TRANG RESTAURANT

Manager Owner Other _____

Name: NGAN HUYNH

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 ? 35+

Any other employment ? No Yes, explain SCOT

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 6/2/05

RECEIVED
MAY 17 2005
BY: City Clerk

Get date: 5/23/05
P.H. 6-20-05



Dave Heineman
Governor

STATE OF NEBRASKA

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/>

May 16, 2005

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

NHA Trang Restaurant dba 1309 L Street Class I A5-051913 81

RE: License for I #68140

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

Rhonda R. Flower
Enclosures Commissioner

Bob Logsdon
Chairman

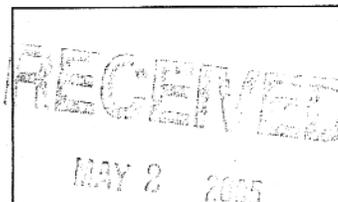
R.L. (Dick) Coyne
Commissioner

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



I # 68140



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

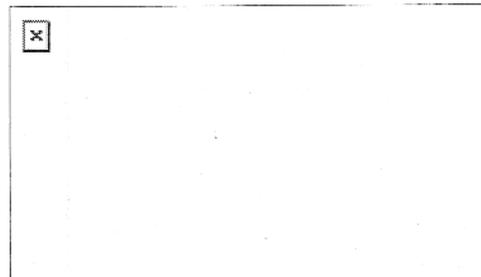
Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected a Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected 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"/> 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 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 *	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	<div style="text-align: right; font-size: 2em; opacity: 0.5;">RECEIVED</div> <div style="text-align: right; font-size: 1.2em; margin-top: 10px;">MAY 2 2005</div> <div style="display: flex; justify-content: space-between;"> <div data-bbox="649 294 1169 346">Name</div> <div data-bbox="1169 294 1469 346"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div data-bbox="649 378 1055 430">Firm Name</div> <div data-bbox="1055 378 1469 430">Address</div> </div> <div style="text-align: right; font-size: 1.2em; margin-top: 10px;">NEBRASKA LIQUOR CONTROL COMMISSION</div>

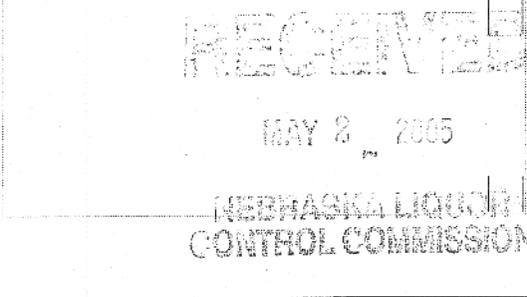
SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants			
Trade Name (name of business) NHA TRANG RESTAURANT, INC.		Telephone Number at premise to be licensed 402-475-1213	
1) Street Address of Proposed licensed premise 1309 L STREET		2) Mailing Address for receipt of Liquor Control Commission mailings 1309 L STREET	
City LINCOLN	County LANCASTER	City LINCOLN	County LANCASTER
Zip Code 68508	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No		Zip Code 68508

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.

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 type="radio"/>	No <input checked="" type="radio"/>	
<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 <input type="radio"/>	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="radio"/>	No <input type="radio"/>	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 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 checked="" type="radio"/></p>	<p>No <input type="radio"/></p>	<p>DISHWASHER LEASED FROM JOHNSON DIVERSEY INC 26935 NORTHWESTERN HIGHWAY SUITE 400 SOUTHFIELD, MI 48034 RECEIVED</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>MAY 2 2005 NEBRASKA LIQUOR CONTROL COMMISSION</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>LINCOLN FEDERAL SAVINGS BANK LINCOLN, NEBRASKA HUYNH NGAN TUYET</p>
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>			<p>NONE</p>
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>			<p>HUYNH NGAN TUYET OVER 40 HOURS PER 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>WILL TAKE LINCOLN RESPONSIBLE HOSPITALITY</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 EXPIRES 04/30/2008</p> <p>MAY 2 2005</p> <p>NEBRASKA LIQUOR CONTROL COMMISSION</p>
<p>15. When do you intend to open for business?</p>	<p>MAY 1, 2005</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)
HUYNH NGAN TUYET	1991	2005	LINCOLN, NE
NGUYEN THIEN VAN	2003	2005	LINCOLN, NE
NGUYEN THIEN VAN	1976	2003	VIETNAM

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 *[Signature]*

Sign Here RECEIVED

Sign Here *[Signature]*

Sign Here MAY 2 2005

Sign Here _____

Sign Here NEBRASKA LIQUOR CONTROL COMMISSION

Sign Here _____

Sign Here _____

Subscribed in my presence and sworn to before me this 2nd day of May, 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 *Margaret I. Frankforter*
Notary Public Signature

Verify & Print form

FORM 35-4010
1
REV 1/01

RECEIVED

MAY 2 2005

Application for Corporate Manager

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	Class & License number	
NHA TRANG RESTAURANT, INC. *	I	*
Trade Name of Licensed Premise		
NHA TRANG RESTAURANT *		
Street Address of Licensed Premise	City	County
1309 L STREET *	LINCOLN *	LANCASTER *

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

Signature of Corporate President/CEO: Ngan T. Tuyet

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)	Sex *	Social Security Number				
HUYNH NGAN TUYET *	<table border="1"><tr><td>F</td><td>M</td></tr><tr><td><input checked="" type="radio"/></td><td><input type="radio"/></td></tr></table>	F	M	<input checked="" type="radio"/>	<input type="radio"/>	*
F	M					
<input checked="" type="radio"/>	<input type="radio"/>					
Date of Birth *	Place of Birth					
	VIETNAM *					
Home Street Address	City	County				
1830 W LAKE STREET *	LINCOLN *	LANCASTER *				
State	Zip Code	Home Telephone Number				
NE *	68522 *	402-730-3570 *				
Business Telephone Number	Drivers License Number	State				
402-475-1213 *	*	NE *				

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

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

NGUYEN THIEN VAN

Social Security Number

RECEIVED

MAY 2 2005

Drivers License Number

State

NE

Date of Birth

NEBRASKA LIQUOR CONTROL COMMISSION

Place of Birth

VIETNAM

* 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

* 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

RECEIVED
MAY 2 2005
NEBRASKA LIQUOR
CONTROL COMMISSION

		Year	
		From	To
Applicant: City & State			
HUYNH NGAN TUYET	LINCOLN, NE	1991	2005
Spouse: City & State			
NGUYEN THIEN VAN	LINCOLN, N	2003	2005

		Year	
		From	To
Applicant: City & State			
HUYNH NGAN TUYET	LINCOLN, NE	1991	2005
Spouse: City & State			
NGUYEN THIEN VAN	VIETNAM	1976	2003

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

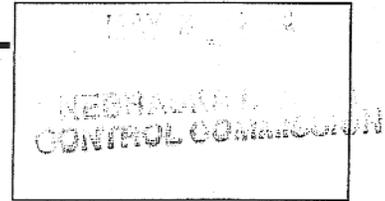
		Year	
		From	To
Applicant: City & State			
Spouse: City & State			

EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer	Year	
	From	To
SERVICES CENTER OPERATION TEAM	2001	2005
Name of Supervisor	Telephone Number	
CECILIA MAZOUR	402-323-2398	

Name of Employer	Year	
	From	To
TECHNOLOGY SYSTEMS, INC.	2000	2001
Name of Supervisor	Telephone Number	

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)

NHA TRANG RESTAURANT, INC. * 1000 *

Corporate Street Address Mailing address for receipt of Liquor Control Commission Mailings

1309 L STREET * 1309 L STREET *

Corporate Telephone Number	City	County	State	Zip Code
402-475-1213 *	LINCOLN *	LANCASTER *	NE *	68508 * -

Name of Registered Agent	Name of Proposed Manager
HUYNH NGAN TUYET *	HUYNH NGAN TUYET *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name	Title	Date of Birth
HUYNH NGAN TUYET *	CEO *	*

Social Security Number	Home Address (1)	City
* -	1830 W LAKE STREET *	LINCOLN *

State	Zip Code	Home Telephone Number
NE *	68522 * -	402-730-3570 *

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 HUYNH NGAN TUYET			CEO
Spouse Name NGUYEN THIEN VAN			
Partner Number of Shares / % <input type="text" value="100"/>	Spouse Number of Shares / % <input type="text" value="0"/>		

Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			RECEIVED
Spouse Name			MAY 2 2005
Partner Number of Shares / %		Spouse Number of Shares / %	NEBRASKA LIQUOR CONTROL COMMISSION

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 / %	

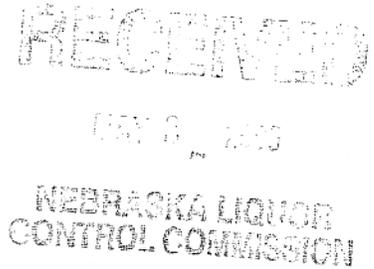
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %		Spouse Number of Shares / %	

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 / %	

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.

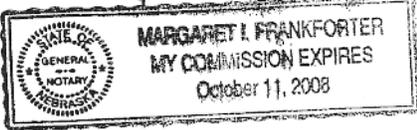
Please indicate below your corporate tax year with the IRS

Starting date: January Ending date: December

State of Nebraska)

Lancaster County) ss.)

Margaret J. Frankforter
Notary Public Signature & Seal



By [Signature]
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.

[Signature]
Secretary/Member

Verify Form and Print