



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

June 22, 2005

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 From Nebraska Gift Shop, 803 'Q' Street requesting a class C/K liquor license.

Connie Mahaney, president has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Connie Mahaney was born in Lincoln, Nebraska. She attended the University of Nebraska graduating in 1971.

Mrs. Mahaney has self employed since 1988.

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 Business Report

Completed by Inv. Fosler #843

Business Name: From NEBRASKA GIFT SHOP

Address : 803 Q ST Phone: 476-2455

Type of Investigation : Purchase Upgrade Expansion New  
Owner Manager Other: \_\_\_\_\_

Type of Business: GIFT SHOP

Liquor Class A B C D I J K Catering Other: \_\_\_\_\_

Ownership: Corporation Partnership Individual

Amount Financed: 75,000 Source: CDR

Lease Agreement: 5yr @ 3100

Sales: %Food: UNKNOWN %Liquor: UNKNOWN

Located: Commercial Industrial Residential

Traffic Flow: Moderate Off Street Parking: Yes No

Ready for Operation: Yes No/ Est Date: July 05

Food Service: Yes No Employees: F/T 2-3 P/T 12

Est Seating: 35 Est Daily Customers 50-200

Hours of Operation: 10am - 9pm Seven days a week

Any Additional Comments: \_\_\_\_\_

Liquor License Investigation

Business (DBA) From NEBRASKA GIFT SHOP

Manager  Owner Other \_\_\_\_\_

Name: CONNIE MAHANEY

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 ? 40

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 6/22/05



*Russ*

*SP not Reg'd*

*Set date 6/27*

*PH: 7-18-05*  
**STATE OF NEBRASKA**

**Dave Heineman**  
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/>

**RECEIVED**  
JUN 14 2005  
BY: *City Clerk*

June 13, 2005

*A5-065940*  
*21 A*

City Clerk  
555 South 10<sup>th</sup> Street  
Lincoln NE 68508-3993

RE: New Application for From Nebraska Gift Shop

*Class CK (catering)*

Dear Local Governing Body:

*803 Q Street*

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

*Michelle Porter*

Michelle Porter  
Licensing Division

Enclosures

*INTERVIEW*  
*6-22-05*  
*@ 0900 hours*  
*28*

**Rhonda R. Flower**  
Commissioner

**Bob Logsdon**  
Chairman

**R.L. (Dick) Coyne**  
Commissioner

Local  
mp

RECEIVED

CR# 68386

MAY 16 2005  
New

NEBRASKA LIQUOR CONTROL COMMISSION

**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 CFO/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 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 checked="" 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	Name Connie M. Mahaney	
	Firm Name From Nebraska, Inc	Address 803 Q Street, Lincoln, 68508

SECTION A - LOCATION INFORMATION - Must be completed by all applicants			
Trade Name (name of business) From Nebraska Gift Shop		Telephone Number at premise to be licensed 402-476-2455	
1) Street Address of Proposed licensed premise 803 Q Street		2) Mailing Address for receipt of Liquor Control Commission mailings 1621 Crestline Drive	
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 68506-1425	

**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.

NORTHWEST PORTION APPROX 140' x 100' OF MAIN FLOOR OF 2 STORY BUILDING PLUS BASEMENT, APPROX 57' x 54' AT NORTHWEST END.  
 APPROX. 48' x 27' OF <sup>NORTHEAST/CENTER</sup> ~~CENTER~~ OF BASEMENT

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MAY 16 2005

NEBRASKA LIQUOR CONTROL COMMISSION

Two-story bldg w/ portion of main floor approx 54' x 57' plus 9' x 10' washroom and 13' x 16' bathroom plus <sup>center of</sup> basement approx 48' x 27'

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments
	Yes	No	Note: Only what is visible on screen will be printed	
* 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. 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.	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
* 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).				
	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
* 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.				
	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.				
	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Community Development Resources.	
* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.				
	Yes <input type="radio"/>	No <input checked="" type="radio"/>		

**RECEIVED**

MAY 16 2005

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

<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><b>RECEIVED</b>  MAY 16 2005</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><b>NEBRASKA LIQUOR CONTROL COMMISSION</b></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>Union Bank. Connie M. Mahaney</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>Julie Zielinski, 40 hours/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>Cocktail waitress - 2 years. Bartender - 2 years. Total of 4 years experience. Training: OJT.</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 style="text-align: center;"><b>RECEIVED</b>  MAY 16 2005  NEBRASKA LIQUOR CONTROL COMMISSION</p>
<p>15. When do you intend to open for business?</p>	<p>July 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)
Connie M. Mahaney	1971	2005	Lincoln, NE
John D. Mahaney	1971	2005	Lincoln, NE
Marian Smith	1975	2005	Lincoln, NE
Charles C. Smith	1975	2005	Lincoln, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

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

Sign Here *Ann M. Mahoney*

Sign Here *John V. Mahoney*

Sign Here *Marian Jean Smith*

Sign Here *Charles Clinton Smith*

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

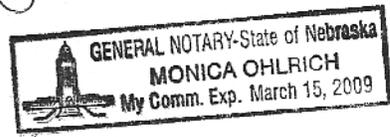
Sign Here \_\_\_\_\_

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

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

Subscribed in my presence and sworn to before me this 16<sup>th</sup> day of May, 2005

(SEAL)



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 *Monica Ohlrich*  
Notary Public Signature

Verify & Print form

**RECEIVED**  
FORM 35-4010

MAY 16 2005  
REV 1/01

**NEBRASKA LIQUOR CONTROL COMMISSION**

SLOPED

DOCK

GATED

54 FT

WINE AREA

BAR



150 = 2 FT

ELEVATOR

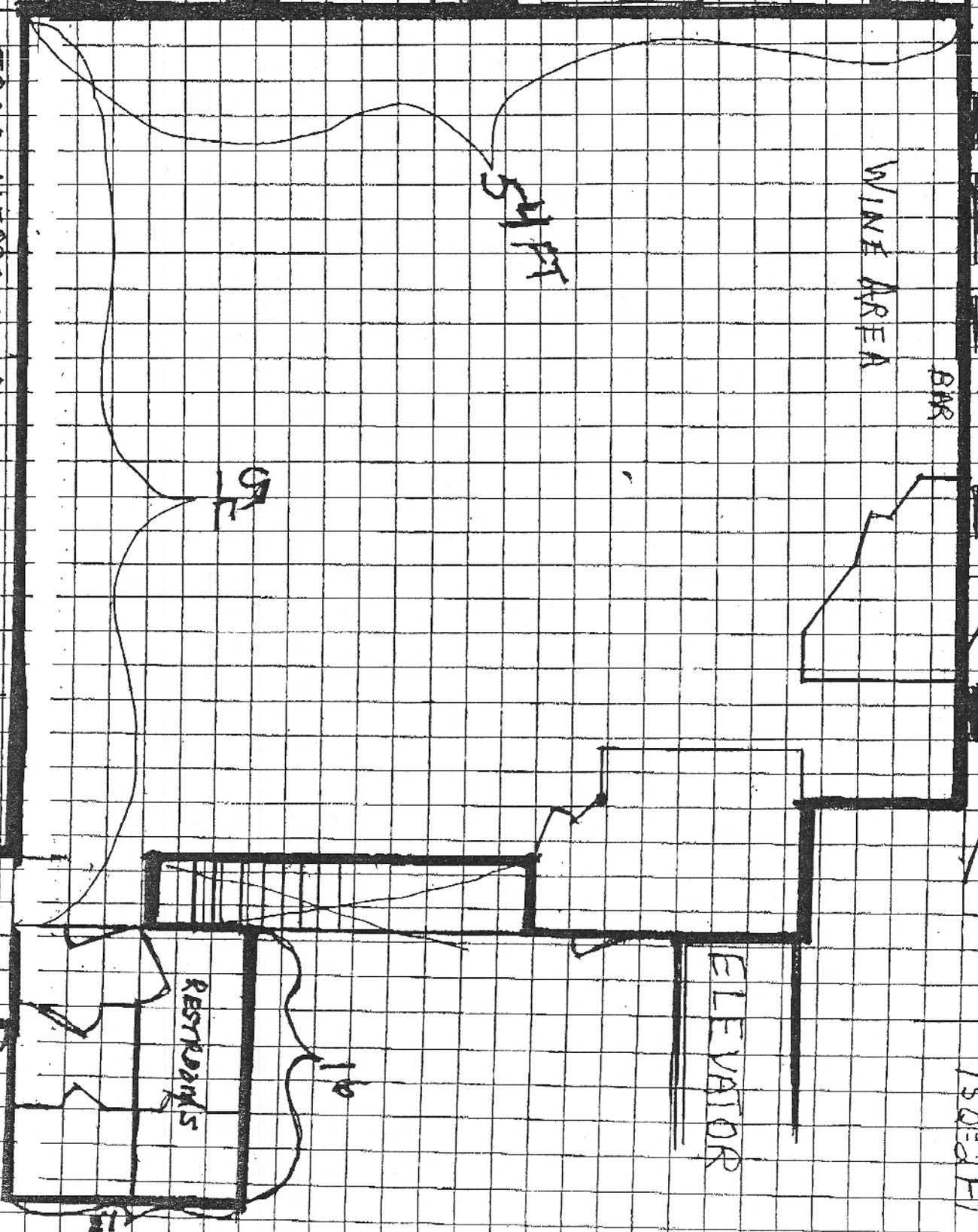
10

RESTROOMS

WASHROOM

5 FT

FROM NEBRASKA GIFT SHOP  
HUBER BUILDING 803 Q ST.  
HYMARKET  
LINCOLN



Remit to: NE Liquor Control Commission  
PO Box 95046  
301 Centennial Mall So.  
Lincoln, Ne 68509-5046

INCLUDE \$100.00 LICENSE FEE  
COMPLETE IN DUPLICATE

RECEIVED  
MAY 17 2005

NEBRASKA LIQUOR  
CONTROL COMMISSION

APPLICATION FOR CATERING LICENSE

A Catering License allows a Retail Class C, D, I or L license to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The Catering License is renewed in the same manner as the Retail License held by the licensee. A Licensee shall not cater an event unless a SDL has been obtained. An applicant seeking a SDL must be filled with the local governing body where the event is to be held at least 21 days prior to the event. The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL. The \$40.00 per day license fee for a SDL is not required for the holder of a Catering License and the number of events allowed are unlimited.

Class of License Currently Held:  Class C  Class D  Class I  Class L

License Number:

Name of Licensee: Connie M. Mahaney

Trade Name: From Nebraska, Inc

Premise Address: 803 Q Street

City/State/Zip Code: Lincoln/NE/68508

A copy of your application for a Catering License will be forwarded to the local governing body for recommendation. Per §53-133, the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of §53-132 for delivery of licenses.

*Connie M. Mahaney*  
Signature of Licensee

Subscribed in my presence and sworn to before me this 17<sup>th</sup> day of May, 2005.

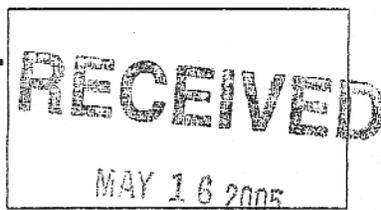
Notary Public Signature  
*Margaret I. Frankforter*

(Seal)



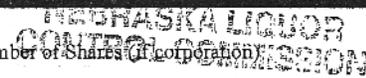
Print Form

**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)  
**From Nebraska, Inc** \* 1100 \*

Corporate Street Address Mailing address for receipt of Liquor Control Commission Mailings  
**1621 Crestline Drive** \* **1621 Crestline Drive** \*

Corporate Telephone Number City County State Zip Code  
**402-476-2455** \* **Lincoln** \* **Lancaster** \* **NE** \* **68506** \* - **1425**

Name of Registered Agent Name of Proposed Manager  
**Connie M. Mahaney** \* **Connie M. Mahaney** \*

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

Name Title Date of Birth  
**Connie M. Mahaney** \* **President** \* \*

Social Security Number Home Address (1) City  
 \* **1621 Crestline Drive** \* **Lincoln** \*

State Zip Code Home Telephone Number  
**NE** \* **68506** \* - **1425** **402-486-1621** \*

**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 <b>Connie Margaret Imig Mahaney</b>			<b>President</b>
Spouse Name <b>John Dale Mahaney</b>			<b>Vice-President</b>
Partner Number of Shares / % <b>68.2%</b>		Spouse Number of Shares / % <b>0%</b>	
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 <b>Marian Jean Hunzeker Smith</b>			<b>Vice-President</b>
Spouse Name <b>Charles Clinton Smith</b>			<b>Sec./Treas.</b>

Partner Number of Shares / % <b>22.7%</b>	Spouse Number of Shares / % <b>0%</b>												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases</th> <th style="width:15%;">Social Security Number</th> <th style="width:15%;">Date of Birth</th> <th style="width:20%;">Title</th> </tr> </thead> <tbody> <tr> <td>Name <b>T.R Hughes II</b></td> <td></td> <td></td> <td><b>Non-voting member</b></td> </tr> <tr> <td colspan="4">Spouse Name</td> </tr> </tbody> </table>		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 <b>T.R Hughes II</b>			<b>Non-voting member</b>	Spouse Name			
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Name <b>T.R Hughes II</b>			<b>Non-voting member</b>										
Spouse Name													
Partner Number of Shares / % <b>9.1%</b>	Spouse Number of Shares / %												
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Name													
Spouse Name													
Partner Number of Shares / %	Spouse Number of Shares / %												

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NEBRASKA LIQUOR  
CONTROL COMMISSION

(If Necessary, Continue on Separate Sheet)

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/I.C.C. 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.

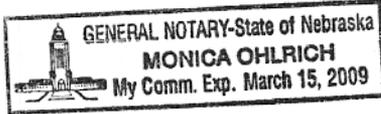
Please indicate below your corporate tax year with the IRS

Starting date: **1Jan.** Ending date: **31Dec.**

State of Nebraska  
Lancaster County

)  
) ss.  
)

*Monica Ohlrich*  
Notary Public Signature & Seal



By *Amie M. Hagan*  
President/Member

*Charles C. Smyth*  
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

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MAY 16 2005

**NEBRASKA LIQUOR CONTROL COMMISSION**

FORM 35-4183  
REV. 02/01

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MAY 16 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

From Nebraska, Inc. \*

Class & License number

C \*

Trade Name of Licensed Premise

From Nebraska Gift Shop \*

Street Address of Licensed Premise

803 Q Street, Suite 50 \*

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)

Mahaney, Connie, Margaret, Imig \*

Sex \*

F

M

Social Security Number

Date of Birth \*

Place of Birth

Lincoln, NE \*

Home Street Address

1621 Crestline Drive \*

City

Lincoln \*

County

Lancaster \*

State

NE \*

Zip Code

68506 \*

Home Telephone Number

402-486-1621 \*

Business Telephone Number

402-476-2455 \*

Drivers License Number

State

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)

Social Security Number

Mahaney, John, Dale

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Drivers License Number	State NE
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Date of Birth

MAY 16 2005

Place of Birth

Oskaloosa, Iowa

**NEBRASKA LIQUOR CONTROL COMMISSION**

**\* 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  
     

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**\* 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  
     

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**\* 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  
     

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**\* 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 & State		
Connie M. Mahaney: Lincoln, NE	1971	2005
Spouse: City & State		

John D. Mahaney: Lincoln, NE 1971 2005

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MAY 16 2005

NEBRASKA LIQUOR CONTROL COMMISSION

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
From Nebraska Gift Shop	1988 2005
Name of Supervisor	Telephone Number
Self	404-476-2455

Name of Employer	Year
	From To
Dept. of Health Laboratory - State of Nebr.	1981 1994
Name of Supervisor	Telephone Number
Mel Smith	

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.

*[Handwritten Signature]*  
Signature of Applicant

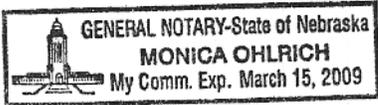
*[Handwritten Signature]*  
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 16th day of May 2005

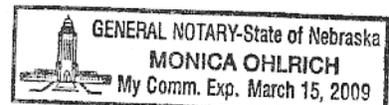
Subscribed in my presence and sworn to before me this 16th day of May 2005

*[Handwritten Signature]*  
Notary Signature & Seal

*[Handwritten Signature]*  
Notary Signature & Seal



Verify and Print



FORM 35-4013  
REV. 2/01

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MAY 16 2005

NEBRASKA LIQUOR  
CONTROL COMMISSION