



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

October 27, 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 The Melting Spot, 227 North 9<sup>th</sup> Street requesting a class C/K liquor license.

This location was previously known as Prime Time, which held a liquor license.

Calvin Simmons, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Calvin Simmons was born in Charlotte, North Carolina. He received his bachelor's degree in 1974

Mr. Simmons has been employed at State Farm Insurance since 1979.

Stockholder information and criminal histories have 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: MELTING SPOT

Address : 227 N 9TH Phone: \_\_\_\_\_

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

Type of Business: Night Club

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

Ownership: Corporation Partnership Individual

Amount Financed: NONE Source: \_\_\_\_\_

Lease Agreement: 2yr with options @ 4500 mo.

Sales: %Food: \_\_\_\_\_ %Liquor: 100

Located: Commercial Industrial Residential

Traffic Flow: moderate Off Street Parking: Yes No

Ready for Operation: Yes No/ Est Date: \_\_\_\_\_

Food Service: Yes No Employees: F/T 1 P/T 14

Est Seating: 175/250 Est Daily Customers 150 - 200

Hours of Operation: 5pm - 1am

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

Liquor License Investigation

Business (DBA) MELTING SPOT

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

Name: CALVIN SIMMONS

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 ? 35-45

Any other employment ? No       Yes, explain STATE FARM

Any previous experience with a liquor license? Yes       No

Any criminal convictions ? No       Yes  
Comments Dist The Peace - 04 Fined/PROBATION

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 10/27/05

11-14-05



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/>

October 18, 2005

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

*The Melting Spot, Inc  
dba The Melting Spot  
227 No. 9th Street  
CLASS CK*

*AS-116486  
21*

RE: License for CV#70463

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 CK# 70463

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**APPLICATION FOR LIQUOR LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

SEP 27 2005  
**NEBRASKA LIQUOR  
CONTROL COMMISSION**

OFFICE USE ONLY

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS(S)**

**RETAIL LICENSE(S)**

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | Beer, On Sale Only                            | \$45.00 |
| <input type="checkbox"/>            | B | Beer, Off Sale Only                           | \$45.00 |
| <input checked="" type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/>            | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/>            | I | Beer, Wine & Distilled Spirits, On Sale Only  | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

**MISCELLANEOUS**

- |                          |   |  |          |                    |
|--------------------------|---|--|----------|--------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub)   | \$295.00 | Bond<br>1,000 min. |
| <input type="checkbox"/> | O | Boat   | \$ 95.00 | N/A                |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits<br>(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 | 10,000 min.        |
| <input type="checkbox"/> | W | Wholesale Beer   | \$295.00 | 5,000 min.         |
| <input type="checkbox"/> | X | Wholesale Liquor   | \$545.00 | 5,000 min.         |
| <input type="checkbox"/> | Y | Farm Winery  | \$295.00 | 5,000 min.         |

All Class C licenses expire October 31st

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

**TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)**

- Individual License, requires insert form 1  
 Partnership License, requires insert form 2  
 Corporate License, requires insert form 3a and manager application 3b

**NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION**

(Commission will call this person with any questions we may have)

Name: J. Michael Rierden

Phone: 476-2413

Firm Name: \_\_\_\_\_

Firm address: 645 M St #200 Lincoln, Nebraska 68508

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**PREMISE INFORMATION**

Trade Name (doing business as) The Melting Spot

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Street Address #1 227 N 9th St

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68508

Telephone number at premise to be licensed \_\_\_\_\_

Is this location inside the city/village corporate limits:  YES

NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: \_\_\_\_\_

Street Address #1 Same

Street Address #2 \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Zip Code \_\_\_\_\_

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment 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. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

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APPLICANT INFORMATION

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 charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; 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 If yes, please explain below or attach a separate page.  
 No

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). Liquor Inventory may be taken at time of application being submitted.

- Yes  
Current business name and license number \_\_\_\_\_  
 No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- Yes  
 No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- Yes  
 No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

Yes \_\_\_\_\_

No

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.

Yes pool table, juke box, dart game and video game

No

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? (No silent partners)

Yes

No

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. Neb. Rev. Stat. 53-177.

Yes

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

Yes

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Wells Fargo/ Calvin Simmons

11. List all past and present liquor licenses held in Nebraska or any other state 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.

None

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.  
Calvin Simmons/35 to 40 hrs
13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

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 in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

Lease: expiration date September 9, 2007

Deed

Purchase Agreement

15. When do you intend to open for business? as soon as possible

16. What will be the main nature of business? What are the anticipated hours of operation?

**lounge**

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
Calvin Simmons	1995	2001	Cottage Grov
	2001	2004	woodbury Mi
	2004	2005	Lincoln, Neb

The undersigned applicant(s) hereby consent(s) to a background investigation and release 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

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NEBRASKA LIQUOR CONTROL COMMISSION

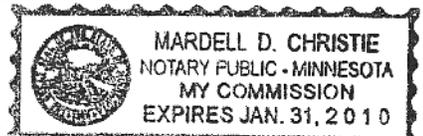
of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

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 by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

Handwritten signatures of Calvin Finamore and Dorothy McSimons, each with "(sign here)" written below.

Four sets of horizontal lines for signatures, each with "(sign here)" written below.



Subscribed in my presence and sworn to before me this 21st day of September, 2005.

Subscribed in my presence and sworn to before me this 23 day of September 2005. MardeLL D. Christie

Handwritten signature of Joann Rierden, Notary Public Signature & Seal.



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Subscribed in my presence and sworn to before me this 21st day of September, 2005.

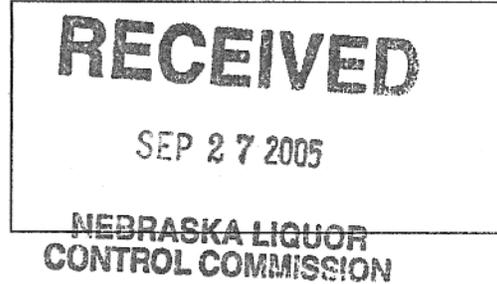
Handwritten signature of Joann Rierden, Notary Public Signature and Seal.



FORM 35-4010 REV. 4/05

**APPLICATION FOR LIQUOR LICENSE  
CATERING LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov



**FEE \$100.00**

A catering license allows a retail licensee 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 and time 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 filed 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 when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER Class C

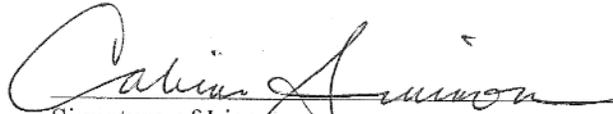
NAME OF LICENSEE The Melting Spot, Inc

TRADE NAME same

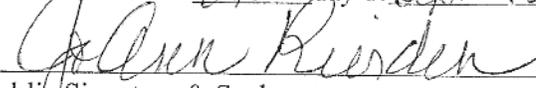
PREMISE ADDRESS 227 N 9th St

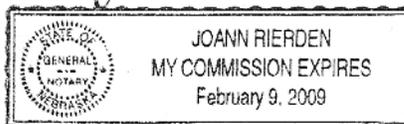
CITY/STATE/ZIP CODE Lincoln, Neb 68508

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., 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 Neb. rev. state., for delivery of licenses.

  
Signature of Licensee

Subscribed in my presence and sworn to before me this 21<sup>st</sup> day of Sept, 2005

  
Notary Public Signature & Seal



Memo to File - 10-17-05

Re Meeting Spot

The application for a TAA is to be held pending a decision on the issue of CAT, Inc. vs Premier Night Club.

Specifically it appears that Premier failed to operate in accordance with the Act is because the club has been evicted. If CAT Inc. has been evicted, then they no longer have a property interest in the location and thus cannot agree to a TAA.

Adrian

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SEP 27 2005



**Lancaster County**

County Assessor

Building Sketch/Section Information

InterLinc

**NEBRASKA LIQUOR CONTROL COMMISSION**

Dan Gibson

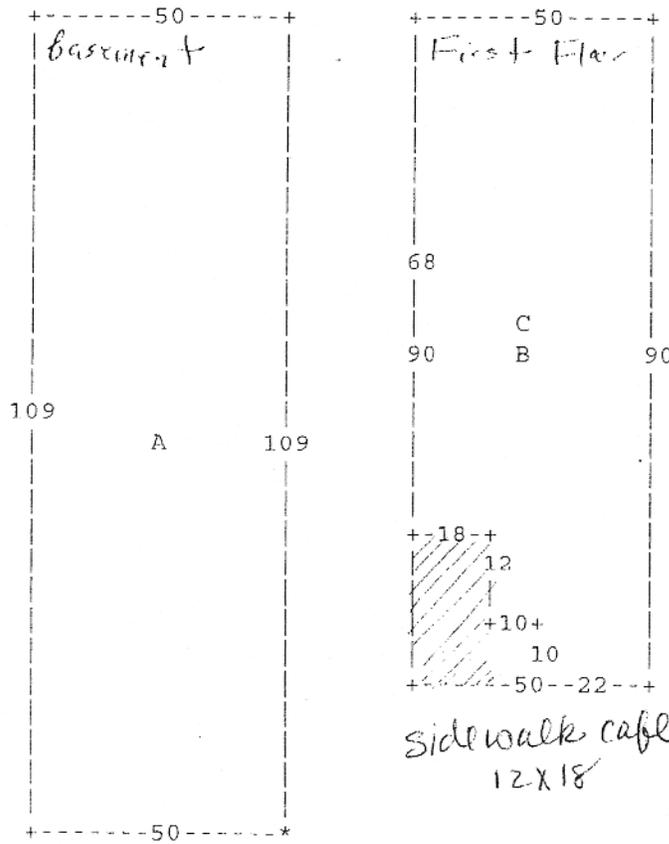
441-7463

Parcel Identification No: 10-23-421-001-000

**Building Sketch:**

\*\*\*\*\*

BUILDING SKETCH



one story building  
50 x 90, including  
basement &  
sidewalk cafe

**Building Sections**

Building Section ID	Building Section	Square Footage
*	BASEMENT	5,450
A	COM 1ST FLOOR	4,004
B	COM 2ND FLOOR	4,500

Land and Miscellaneous

Commercial Information

Display Building 01

Building Sketch

Display Building 01

Map

TEMPORARY AGENCY AGREEMENT

ID# 38479

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NEBRASKA LIQUOR CONTROL COMMISSION

1. On August 16, 2005, Seller and Buyer entered into a contract for sale of the business known as Prime Time, which contract is contingent upon Buyer receiving approval for a liquor license to operate the business.

2. Seller and Buyer agree to allow Buyer to operate the business, subject to approval by the Liquor Control Commission, for a period not to exceed 120 days subsequent to AUGUST 16, 2005, the date of filing application with the Liquor Control Commission.

3. Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

4. Buyer will at all times be the agent of the Seller, but Buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when Buyer is acting as Seller's agent; it is specifically understood that Seller shall have no liability for the operation of the business during this period of time, and Buyer agrees to indemnify and hold Seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the Seller and Seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as Seller's license is canceled;

5. At time of closing, certain funds will be held in escrow pending issuance of the license.

6. Financial Institution: Name, Address, Account number of where escrow account is being held

UNION BANK AND TRUST CO
PO BOX 82535
LINCOLN, NEB ACCT #5139940

7. All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the Buyer shall receive no profits from the operation of the business until the liquor license has been issued to Buyer, but shall have the right to direct the investment of profit funds by escrow agent.

8. This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

9. It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.

Signature of Seller X Carmie Guida

Signature of Seller

Signature of Buyer X Calvin Simmons

Signature of Buyer

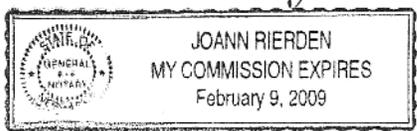
Dated this 27th day of September, 2005.

STATE OF NEBRASKA )
COUNTY OF ) ss

The above and foregoing Agency Agreement was acknowledged before me this 27th day of September, 2005, by Carmie Guida, as Seller,

The above and foregoing Agency Agreement was acknowledged before me this 27th day of September, 2005, by Calvin Simmons, as Buyer,

Signature & Seal of Notary Public Joann Rierden



UNION BANK & TRUST COMPANY Member FDIC  
PO Box 82535  
Lincoln, NE 68501-2535

**OWNERSHIP OF ACCOUNT - PERSONAL (Select One and Initial):**

- Single-Party Account \_\_\_\_\_  Trust-Separate Agreement \_\_\_\_\_  
 Multiple-Party Account \_\_\_\_\_  
 Other \_\_\_\_\_

**RIGHTS AT DEATH (Select One And Initial):**

- Single-Party Account \_\_\_\_\_  
 Multiple-Party Account With Right of Survivorship \_\_\_\_\_  
 Multiple-Party Account Without Right of Survivorship \_\_\_\_\_  
 Single-Party Account With Pay On Death \_\_\_\_\_  
 Multiple-Party Account With Right of Survivorship and Pay On Death \_\_\_\_\_

**PAY-ON-DEATH BENEFICIARIES:** To Add Pay-On-Death Beneficiaries Name One or More:

**OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE**

- SOLE PROPRIETORSHIP  PARTNERSHIP  
 CORPORATION:  FOR PROFIT  NOT FOR PROFIT  
 LIMITED LIABILITY COMPANY  
 \_\_\_\_\_

BUSINESS: \_\_\_\_\_  
COUNTY & STATE \_\_\_\_\_  
OF ORGANIZATION: \_\_\_\_\_  
AUTHORIZATION DATED: \_\_\_\_\_

DATE OPENED 09/17/2005 BY 678/JAS

INITIAL DEPOSIT \$ 50.00

- CASH  CHECK  \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_

BUSINESS PHONE # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

Name and address of someone who will always know your location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BACKUP WITHHOLDING CERTIFICATIONS**

TIN: 91-1823483

**TAXPAYER I.D. NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

**BACKUP WITHHOLDING** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

**EXEMPT RECIPIENTS** - I am an exempt recipient under the Internal Revenue Service Regulations.

**SIGNATURE:** I certify under penalties of perjury the statements checked in this

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CORPORATE AUTHORIZATION RESOLUTION

UNION BANK & TRUST COMPANY
3643 SOUTH 48TH STREET
LINCOLN NE 68506-0155

By: CAT INC

SEP 27 2005

227 N 9TH ST
LINCOLN NE 68508

NEBRASKA LIQUOR CONTROL COMMISSION

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

CATHIE GUIDA, certify that I am Secretary (clerk) of the above named corporation organized under the laws of Nebraska, Federal Employer I.D. Number 91-1823483, engaged in business under the trade name of CAT INC & THE MELTING SPOT INC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 09/17/2005 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Table with 3 columns: Name and Title or Position, Signature, Facsimile Signature (if used). Rows include Cathie Guida - Owner and Calvin Simmons - Owner.

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Table with 2 columns: Indicate A, B, C, D, E, and/or F; Description of Power; Indicate number of signatures required. Powers include exercising all powers, opening accounts, endorsing checks, borrowing money, etc.

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

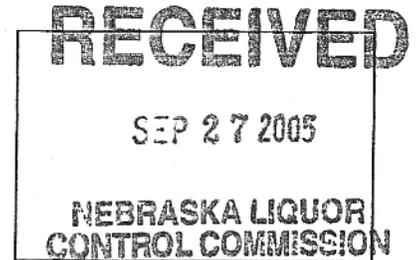
EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated All Prior. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY Further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same.

If checked, the Corporation is a non-profit corporation. In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on 09/17/2005 (date). Attest by One Other Officer Calvin Simmons Secretary Cathie Guida

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION MANAGER - FORM 3b  
\*MUST BE A NEBRASKA RESIDENT\***

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>



**LIQUOR LICENSE INFORMATION**

NAME OF LICENSED CORPORATION The Melting Spot, Inc  
CLASS & LICENSE NUMBER \_\_\_\_\_  
TRADE NAME same  
STREET ADDRESS 227 N 9th St CITY Lincoln

**SIGNATURE OF CORPORATION PRESIDENT/CEO**

**APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)**

NAME Calvin Simmons  
ADDRESS 4821 Sugar Creek Road  
CITY Lincoln STATE Neb ZIP CODE 68516  
HOME PHONE NUMBER 420-9112 BUSINESS PHONE NUMBER \_\_\_\_\_  
SEX  MALE  FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH Charlotte, North Carolina  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

**SPOUSES INFORMATION (IF NOT MARRIED INDICATE)**

SPOUSE NAME Dorothy M Simmons  
SOCIAL SECURITY NUMBER 508-70-0604 DATE OF BIRTH August 22, 1953  
DRIVERS LICENSE NUMBER & STATE zo86232665914 Minnesota

**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 charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; 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

If yes, please explain below or attach a separate page.

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 THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Cottage Grove, Min	1995	2001			
Woodbury, Minn	2001	2004			
Lincoln, Neb	2004	2005			

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

MONTH/YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
01/80	09/05	State Farm		

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

NEBRASKA LIQUOR  
CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

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

*Caleb Simon*  
Signature of Applicant

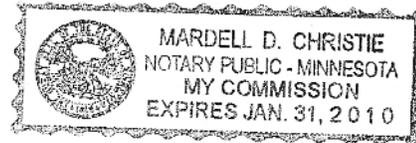
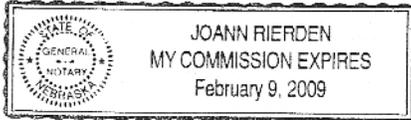
*Dorey M. Simon*  
Signature of Spouse

Subscribed in my presence and sworn to before me this 21<sup>st</sup>  
day of September, 2005.

Subscribed in my presence and sworn to before me this 23  
day of September, 2005.

*Joann Rierden*  
Notary Signature & Seal

*Mardell D. Christie*  
Notary Signature & Seal



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

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

*Dorothy M. Simms*  
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 27<sup>th</sup> day  
of September, 2005.

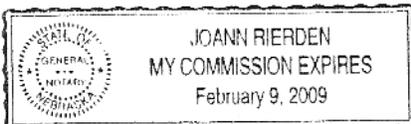


*Joann Rierden*  
Signature of Notary Public

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.

*Calvin Simmons*      Calvin Simmons  
Signature of licensee/applicant      Print name of licensee/applicant

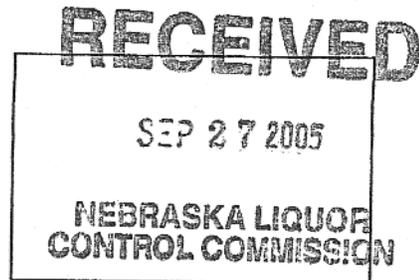
SUBSCRIBED in my presence and sworn to before me this 27<sup>th</sup> day  
of September, 2005.



*Joann Rierden*  
Signature of Notary Public

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

Corporate Street Address: 227 N 9th St

City: Lincoln State: Neb Zip Code: 68508

Corporate Telephone Number 420-9112

Total number of shares issued (if corporation) 100

Is this a Non Profit Corporation?  YES  NO

If yes, what is your Federal ID #? \_\_\_\_\_

Name of Registered Agent Calvin Simmons

Name of Proposed Manager Calvin Simmons

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Simmons First Name: Calvin MI

Address Street 4821 Sugar Creek Rd City Lincoln

State Neb Zip Code 68516 Home Phone number 420-9112

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Simmons First Name Calvin

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title President Number of Shares 100

Spouse Name (indicate N/A if single) Dorothy M Simmons

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title None Number of Shares 0

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Name (indicate N/A if single) \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Name (indicate N/A if single) \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Is this Corporation or Limited Liability Company controlled by another Corporation?

Yes  No

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date 01/01/2005

Ending Date \_\_\_\_\_

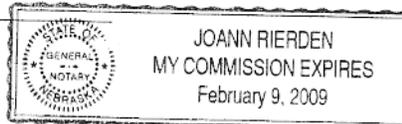
  
Signature of President/Managing Member

\_\_\_\_\_  
Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

21<sup>st</sup> day of September, 2005

  
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.