



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 26, 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 Blue Orchid, 129 North 10<sup>th</sup> Street requesting a class I liquor license.

The Blue Orchid will be a full service restaurant which will serve alcoholic beverages.

Malinee Kiatathikom, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Malinee Kiatathikom was born in 1970. She attended Devry Institute, Chicago graduating in 1994.

Malinee Kiatathikom employment history is as follows:

Present	Manager, Blue Orchid	Lincoln, NE.
2003 – 2004	Programmer, Alltel	Lincoln, NE.
2002 - 2003	Programmer, Pamida	Omaha, NE.
1996 – 2002	Programmer, ComEd	Chicago, IL.
1993 – 1995	Wait Staff, Matsuya	Chicago, IL.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Blue ORchid

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

Name: MALINEE Kiatathikom

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 ? 50+

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 \_\_\_\_\_

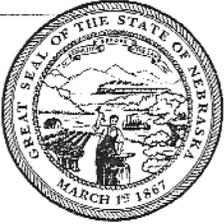
Photo       Records Check       References

Comments \_\_\_\_\_

Interview Date 10/26/05

DATE TO OPEN Dec 2005      Lender Wells Fargo  
FT 3      PT 4      Amount \$65,000

Food Service - YES  
NOV 10 RHC CLASS.



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OCT 18 2005  
BY: City Clerk

PH: 11/28/05  
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 17, 2005

A5-116165  
76

Lincoln City Clerk  
555 South 10<sup>th</sup> St.  
Lincoln, NE 68508

RE: Application for Class I License for Blue Orchid, LLC. Dba Blue Orchid

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Katie Lanning  
Licensing Division

Encl: Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman

R.L. (Dick) Coyne  
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12/99

Locals Class I Fees  
K

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LICENSE APPLICATION CHECKLIST

Applicant Name Blue Orchid, LLC

OCT 12 2005  
Telephone # (402) 472-5004

Trade Name Blue Orchid

Previous Trade Name N/A

NEBRASKA LIQUOR  
CONTROL COMMISSION

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. Your operation depends on receiving a liquor license the Nebraska Liquor Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional local requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

EACH ITEM MUST BE CHECKED OFF AND INCLUDED OR MARKED N/A FOR NOT APPLICABLE

1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$33.00 for each person. All areas must be completed on cards as per brochure.
2. Enclose registration and license fees for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
3. Enclose the appropriate additional application forms; Individual License - Form 1; Partnership License - Form 2; Corporate LLC License - Form 3 and Manager application (with corporate application only). LLC application must include all members.
4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- N/A  5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicant's name.
- N/A  6. Enclose a copy of the temporary agency agreement, if applicable. Must be on Commission form only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- N/A  7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.
- N/A  8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- N/A  9. For individual and partnership applications enclose proof of citizenship birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.

10. If a corporation enclose a copy of the articles of incorporation. This document must show receipt (barcode) by the Secretary of States Office.

Mail checklist, all applications and attachments to: Nebraska Liquor Control Commission, 301 Centennial Mall South,  
PO Box 95046, Lincoln NE 68509-5046

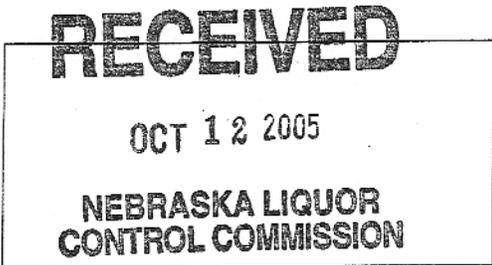
I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.



Signature WITAWAS SRISA-AN

**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



OFFICE USE ONLY

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

**RETAIL LICENSE(S)**

- A Beer, On Sale Only \$45.00
- B Beer, Off Sale Only \$45.00
- C Beer, Wine & Distilled Spirits, On & Off Sale \$45.00
- D Beer, Wine & Distilled Spirits, Off Sale Only \$45.00
- 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**

			Bond
<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00 1,000 min.
<input type="checkbox"/>	O	Boat	\$ 95.00 N/A
<input type="checkbox"/>	V	Manufacturer, Beer, Wine & Distilled Spirits (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: Misty M. Cowan, Paralegal

Phone: (402) 475-5100

Firm Name: Rembolt Ludtke LLP

Firm address: 1201 Lincoln Mall, Suite 102, Lincoln, NE 68508

**PREMISE INFORMATION**

Trade Name (doing business as) Blue Orchid

Street Address #1 129 N. 10th (Suite number unknown at this time)

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

City Lincoln County Lancaster

Zip Code 68508

Telephone number at premise to be licensed Not yet assigned

Is this location inside the city/village corporate limits:  YES  NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)  
Name: Blue Orchid, LLC, ATTN: Witawas Srisa-an

Street Address #1 5460 NW 4th

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

City Lincoln County Lancaster

Zip Code 68521

**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.

See Attached

**APPLICANT INFORMATION**

**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

Witawas Srisa-an has one minor traffic violation.

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 Wells Fargo (27th & Superior, Lincoln, NE)  
 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  
 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 (27th & Superior, Lincoln, NE)  
Witawas Srisa-an and his spouse, Malinee Kiatathikom
- 
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.

On site manager: Malinee Kiatathikom  
Hours per week: 40+

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.

Hospitality class to be taken November 10, 2005;  
Restaurant experience - House of Thailand, Chicago, IL, 1991-1996

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 May 31, 2012

Deed

Purchase Agreement

15. When do you intend to open for business? November 1, 2005

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

Restaurant services. Anticipated hours: 11 a.m.-3 p.m. and 5 p.m. to 10 p.m.

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
Witawas Srisa-an	1982	2002	Chicago, IL
	2002		Lincoln, NE
Malinee Kiatathikom	1987	2002	Chicago, IL
	2002		Lincoln, NE

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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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.

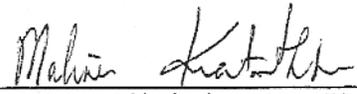
The undersigned understand and acknowledge that any license issued, based on information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Oct 12 2005  
NEBRASKA LIQUOR CONTROL COMMISSION

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.

  
(sign here) Witawas Srisa-an

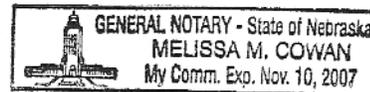
  
(sign here) Malinee Kiatathikom

(sign here)

Subscribed in my presence and sworn to before me this

10<sup>th</sup> day of October, 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.

FORM 35-4010  
REV. 4/05

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

The licensed area includes a portion of the first floor only and outdoor garden area. See the attached diagram for dimensions of the area to be licensed.

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The entire building consists of four floors and the overall dimensions are 144'-8" x 257'-6 1/2".

OCT 12 2005

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

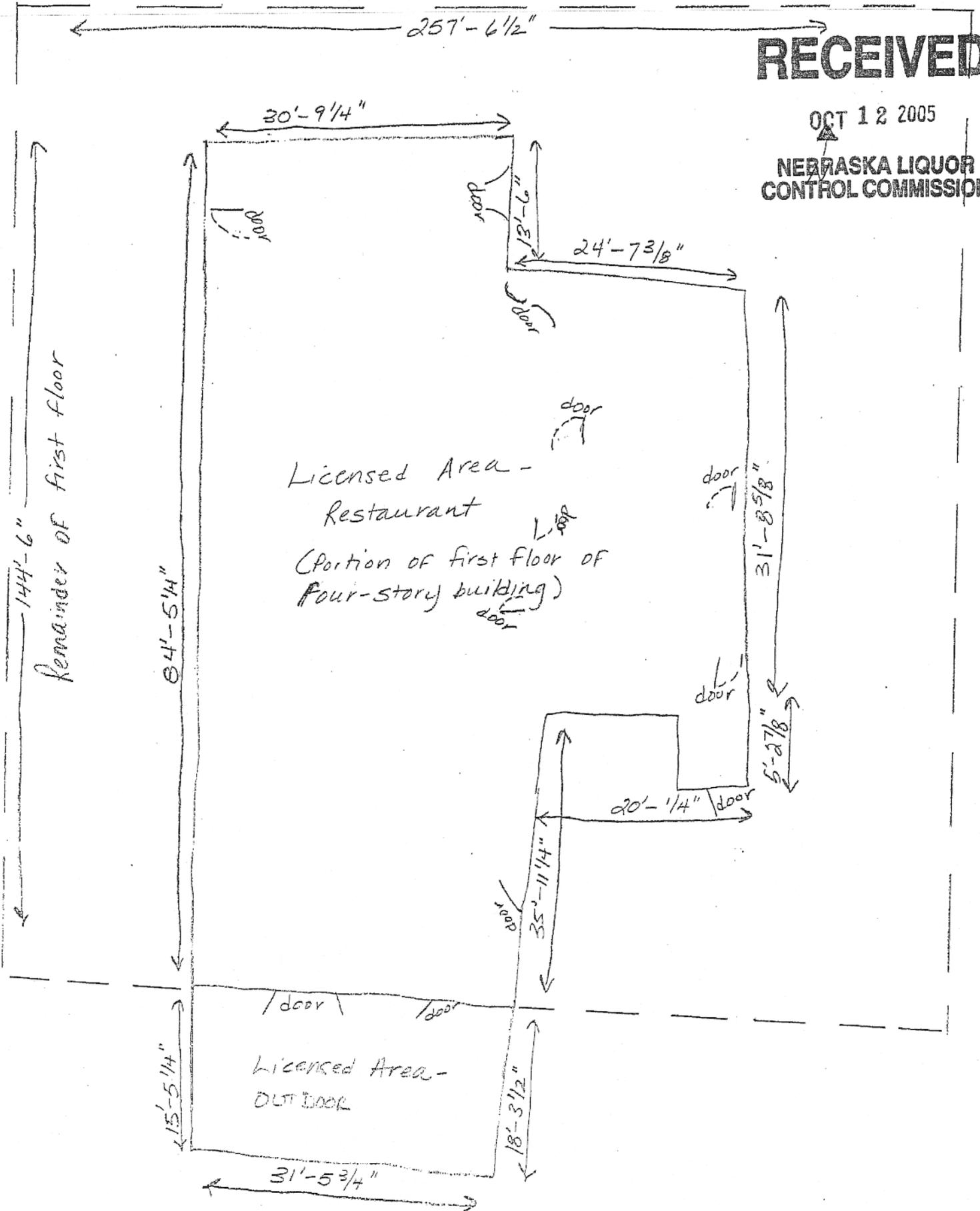
mnc/G:\WDOX\clients\29827\000\00050024.WPD

Irregular shaped portion of <sup>#16</sup> main floor of a four story building approx. 86' x 56' including beer garden approx. 32' x 19' and office/storage space on mezzanine approx. 24' x 20'

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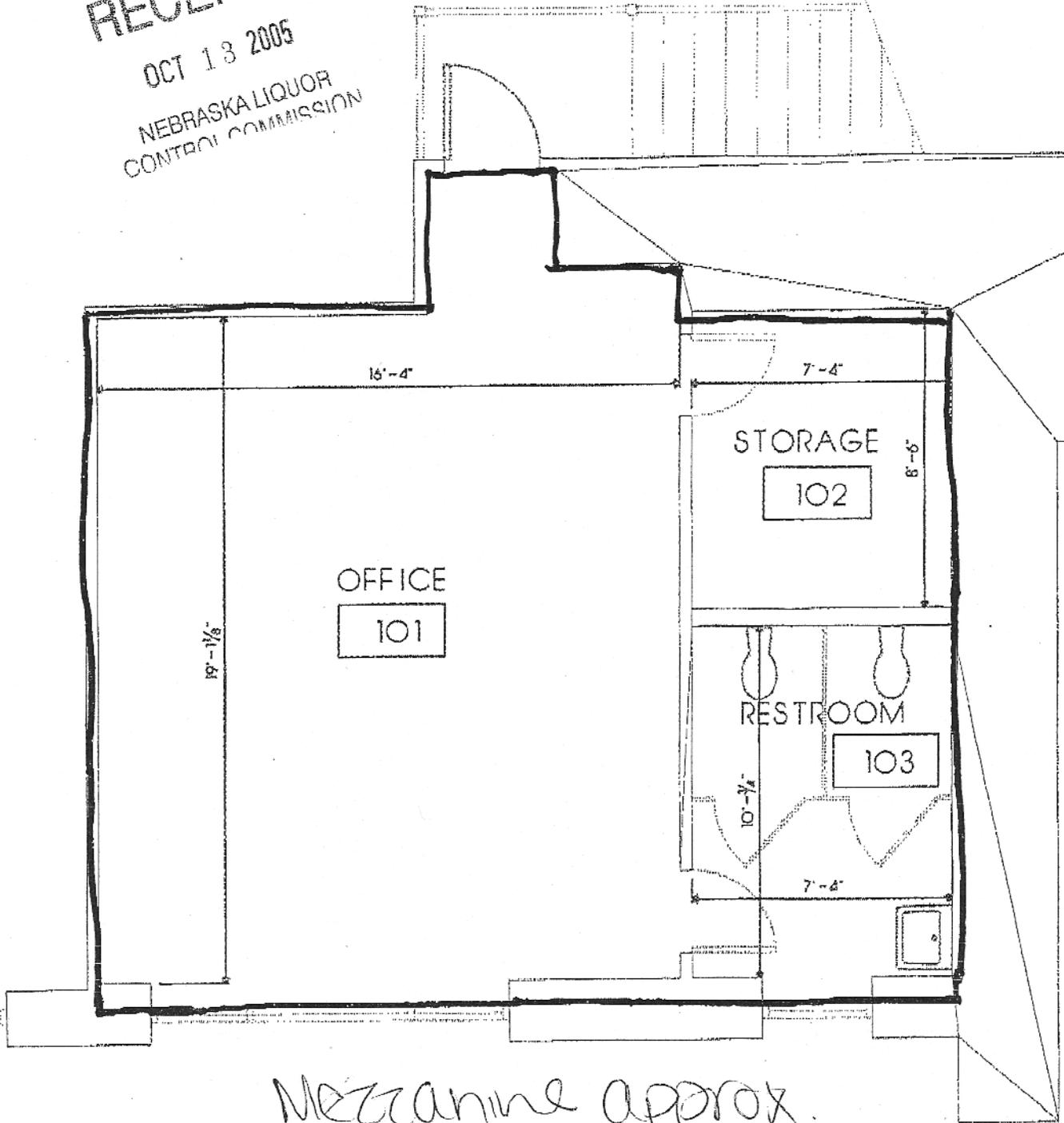
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CONTROL COMMISSION**



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OCT 13 2005

NEBRASKA LIQUOR  
CONTROL COMMISSION



Mezzanine approx.  
24' x 20'

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OCT 12 2005

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**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.

Blue Orchid, LLC

Corporate Street Address: 5460 NW 4th

City: Lincoln State: NE Zip Code: 68521

Corporate Telephone Number 402.472.5004

Total number of shares issued (if corporation) N/A

Is this a Non Profit Corporation?  YES  NO

If yes, what is your Federal ID #?

Name of Registered Agent Witawas Srisa-an

Name of Proposed Manager Malinee Kiatathikom

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: First Name: MI

Address Street City

State Zip Code Home Phone number

Social Security Number Date of Birth

---

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

Last Name Srisa-an First Name Witawas

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title Member Number of Shares N/A

Spouse Name (indicate N/A if single) Malinee Kiatathikom

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title Corporate Manager Number of Shares N/A

---

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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OCT 12 2005

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

Yes  No

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date 01/01/2005

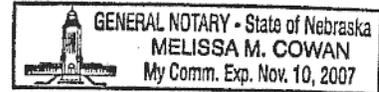
Ending Date 12/31/2005

*[Handwritten Signature]*

Signature of President/Managing Member Witawas Srisa-an

*Melissa M. Cowan*

Notary Public Signature & Seal



Subscribed in my presence and sworn to before me this

10<sup>th</sup> day of October, 2005

*Melissa M. Cowan*

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.



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**ARTICLES OF ORGANIZATION  
OF  
BLUE ORCHID, LLC**

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

The undersigned, desiring to form a limited liability company for the purposes hereinafter set forth, under the Nebraska Limited Liability Company Act, Neb. Rev. Stat. § 21-2601 et seq., as amended, adopts the following Articles of Organization:

**I.  
NAME OF COMPANY**

The name of the limited liability company is Blue Orchid, LLC (the "*Company*").

**II.  
PERIOD OF DURATION**

The period of duration is perpetual upon the filing of these Articles of Organization with the Nebraska Secretary of State, unless the Company is sooner dissolved.

**III.  
PURPOSE**

The Company is organized to engage in and do any lawful act concerning any and all lawful business, other than banking or insurance, for which a limited liability company may be organized under the laws of Nebraska.

**IV.  
REGISTERED OFFICE AND AGENT**

The Company's principal place of business in Nebraska is at the address of its initial registered agent, and the name and address of the initial registered agent at that address is Witawas Srisa-an, 5460 NW 4<sup>th</sup> Street, Lincoln, Nebraska 68521.

**V.  
MEMBERS CONTRIBUTIONS**

The description of property, including property other than cash contributed by the Members and the agreed value of such property is set forth below. The Members have not agreed to make additional contributions, but may agree to do so in the future upon the terms and conditions set forth in the Operating Agreement. Additional rights and preferences of the Members are set forth in the Operating Agreement.

<u>Property Contributed</u>	<u>Value</u>
Cash	\$1,000

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**VI.  
ADDITIONAL MEMBERS**

The Members reserve the right to admit additional Members upon an affirmative vote of a majority in interest of the current Members as to the admission of, and the consideration to be paid by, such new Members, and subject to the terms and conditions of the Company's Operating Agreement.

NEBRASKA LIQUOR  
CONTROL COMMISSION

**VII.  
OPERATING AGREEMENT**

The Operating Agreement of the Company shall be executed by each Member of the Company and shall set forth all provisions for the affairs of the Company and the conduct of its business to the extent that such provisions are not inconsistent with law or these Articles.

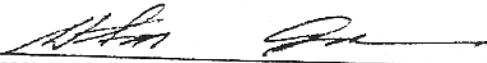
**VIII.  
LIABILITIES OF MEMBERS AND MANAGERS**

Members and managers of the Company are not liable under a judgment, decree or order of a court, or in any other manner, for a debt, obligation or liability of the Company. A member, manager, or former member or manager of the Company shall be indemnified by the Company against expenses actually and reasonably incurred in connection with the defense and settlement of any civil or criminal action, suit, or proceeding in which he or she is made a party by reason of being or having been a member or manager except in matters as to which he or she is adjudged liable in the action, suit, or proceeding for gross negligence, reckless disregard of duty, knowing violation of law, or breach of fiduciary duty, or any other act for which indemnification is denied by a vote of a majority in interest of all Members, regardless of whether such Members have the right to vote for the election of Managers. In addition, the Company shall indemnify any other person as set forth in the Operating Agreement.

**IX.  
MANAGEMENT OF COMPANY**

The name and address of the member who will serve as manager is Witawas Srisa-an, 5460 NW 4<sup>th</sup> Street, Lincoln, Nebraska 68521.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this 11 day of January, 2005.

  
\_\_\_\_\_  
Witawas Srisa-an, Organizing Member

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/>

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NEBRASKA LIQUOR  
CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Blue Orchid, LLC

CLASS & LICENSE NUMBER I

TRADE NAME Blue Orchid

STREET ADDRESS 5460 NW 4th

CITY Lincoln



Witawas Srisa-an

SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME Malinee Kiatathikom

ADDRESS 5460 NW 4th

CITY Lincoln

STATE NE

ZIP CODE 68521

HOME PHONE NUMBER (402) 438-9889

BUSINESS PHONE NUMBER Not yet assigned

SEX  MALE  FEMALE

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH Thailand

DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Witawas Srisa-an

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

**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.

Witawas Srisa-an has one minor traffic violation.

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 FROM      TO		SPOUSE: CITY & STATE	
				YEAR FROM      TO	
Malinee Kiatathikom, Chicago, IL		1987	2002	Witawas Srisa-an, Chicago, IL	
Malinee Kiatathikom, Lincoln, NE		2002		Witawas Srisa-an, Lincoln, NE	
EMPLOYERS - LIST LAST TWO EMPLOYERS					
MONTH/YEAR FROM      TO		NAME OF EMPLOYER		NAME OF SUPERVISOR	TELEPHONE NUMBER
05/03	11/04	Alltel		Linda Chrastil	(402) 436-4283
11/96	10/02	Exelon (formerly Commonwealth Edison Co.) Chicago, IL		En Lu Ruan	(630) 684-2966

**RECEIVED**

OCT 12 2005

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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

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.

*Malinee Kiatathikom*

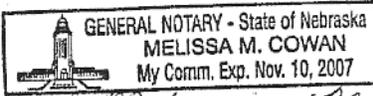
Signature of Applicant Malinee Kiatathikom

*Witawas Srisa-an*

Signature of Spouse Witawas Srisa-an

Subscribed in my presence and sworn to before me this 10<sup>th</sup>  
day of October 2005

Subscribed in my presence and sworn to before me this 10<sup>th</sup>  
day of October 2005



*Melissa M. Cowan*  
Notary Signature & Seal



*Melissa M. Cowan*  
Notary Signature & Seal