



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

www.ci.lincoln.ne.us

April 3, 2006

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 U-Stop Convenience Shop, 3280 Superior Street requesting a class D liquor license.

U-Stop has requested that Barbara Ehrisman be approved as the manager of the liquor license.

Background information on Mrs. Ehrisman will be omitted as she was approved by the Council as the manager of the liquor license held at U-Stop, 942 South 27th Street in November 2004.

For Councils information Mrs. Ehrisman has completed the management training course.

Stockholder information has been included for your review.

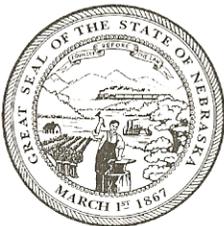
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





FILED

PH: 4/24/06 3:30pm

STATE OF NEBRASKA

Dave Heineman
Governor

MAR 30 2006

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.lcc.ne.gov/>

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

March 29, 2006

Lincoln City Clerk
555 S. 10th Street
Lincoln, NE 68508

A6-032456

116

RE: Class D Application for U-Stop Convenience Shop

3280 Superior

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) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) 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

Mary Messman

Mary Messman
Licensing Division

Enclosures
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

LICENSE APPLICATION CHECKLIST

Applicant Name Whitehead Oil Co Telephone # 435-3509

Trade Name U-Stop Previous Trade Name _____

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.

RECEIVED RECEIVED

MAR 27 2006

MAR 18 2006

REQUIRED ATTACHMENTS

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

NEBRASKA LIQUOR CONTROL COMMISSION

- 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. To prevent the delay in issuing your license, we strongly suggest you go to a Nebraska State Patrol Agency or law enforcement agency listed in the fingerprint 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.
- 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.
- 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.
- 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.
- 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- 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.

DA

Bus ck 027024
45-mm

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

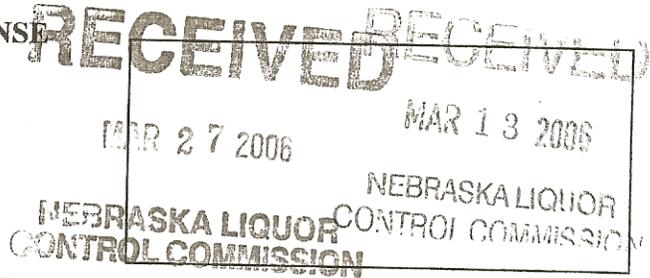
I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Teresa L LaFave
Signature

RECEIVED
MAR 13 2006
NEBRASKA LIQUOR
CONTROL COMMISSION

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 1,000 min.

All Class C licenses expire October 31st

All other licenses expire April 30th

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: Teresa L LaFave Phone: 435-3509

Firm Name: Whitehead Oil Co

Firm address: 2537 Randolph Lincoln, Ne 68510

RECEIVED

PREMISE INFORMATION

Trade Name (doing business as) U-STOP CONVENIENCE SHOP

FEB 27 2006

Street Address #1 3280 SUPERIOR STREET

Street Address #2 _____

NEBRASKA LIQUOR CONTROL COMMISSION

City LINCOLN

County LANCASTER

Zip Code 68504

Telephone number at premise to be licensed 438-3371

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

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

Name: WHITEHEAD OIL COMPANY

Street Address #1 P O BOX 30211

Street Address #2 _____

City LINCOLN

County LANCASTER

Zip Code 68503

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

*Single Story
No basement*

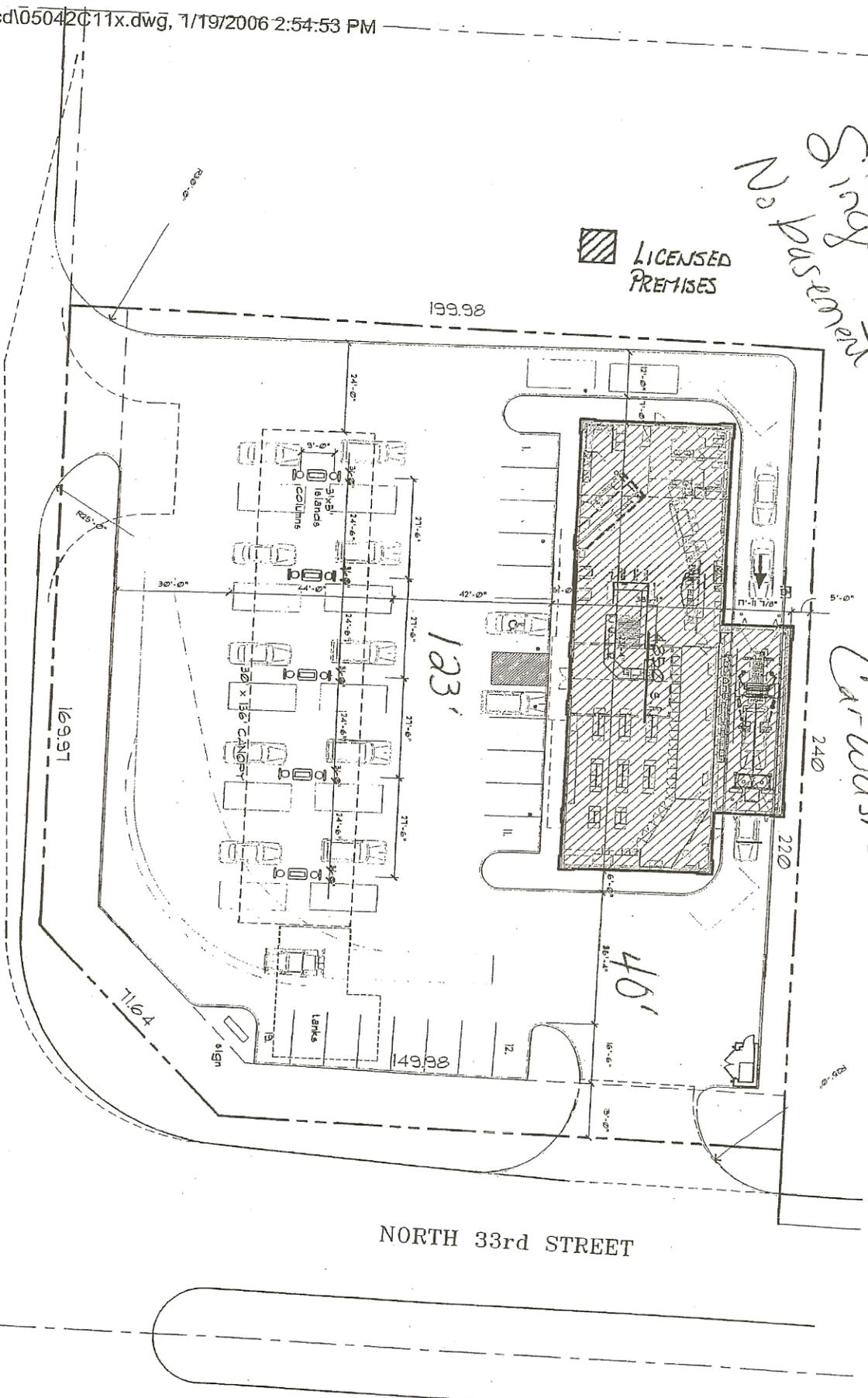
*Excluding
Car Wash*

LICENSED
PREMISES

TRAFFIC PLAN

SUPERIOR STREET

NORTH 33rd STREET



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

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 UNION BANK & TRUST

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.
- UNION BANK & TRUST
 MARK A. WHITEHEAD
 ALAN A. MAKOVICKA
-
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.
- SEE ATTACHED SHEET
-

ADDRESS	LICENSE NUMBER
240 N. 17 th Street Lincoln Ne	B 18518
8231 East "O" Street Lincoln Ne	B 44565
942 S. 27 th Street Lincoln Ne	B 20039
5600 S. 56 th Street Lincoln Ne	B 20040
1421 Centerpark Road Lincoln Ne	K 30972
1421 Centerpark Road Lincoln Ne	B 30963
3244 Cornhusker Hwy Lincoln Ne	K 30676
3244 Cornhusker Hwy Lincoln Ne	B 30675
2925 NW 12 th Lincoln Ne	D 44186
6801 Wildcat Drive Lincoln Ne	K 45418
6801 Wildcat Drive Lincoln Ne	B 45417
502 Hwy 6 Ashland Ne	D 50125
2700 Porter Ridge Rd Lincoln Ne	D 54106
7100 Pioneers Blvd Lincoln Ne	B 55445
7100 Pioneers Blvd Lincoln Ne	K 55446
610 S. 10 th Lincoln Ne	B 18519
6600 N. 84 th St. Lincoln Ne	K 32480

#11

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.

Barbara Ehrisman) 40+ per week

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.

Responsible Hospitality Classes
 Manager on liquor license at present time

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 _____
 Deed
 Purchase Agreement

15. When do you intend to open for business? early 2006

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

Convenience Store open 24 hours

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
Mark A. Whitehead	1986	2006	Lincoln, NE
Chris Whitehead	1993	2006	Lincoln, NE
Lesly & Kent Jagers	'03	'04	Tulsa, OK
Sydney & Steve Withoffs	'04	Present	Lincoln, NE
	'93	present	Atholter, TX

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

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 01/01/2006

Ending Date 12/31/2006

Mark A. Whitehead

Signature of President/Managing Member

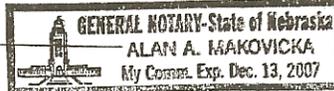
Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

10th day of March, 2006

Alan A. Makovicka

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.

**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/>



**NEBRASKA LIQUOR
CONTROL COMMISSION**

_____. Attach copy of
Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

Whitehead Oil Company

Corporate Street Address: 2537 Randolph Street

City: Lincoln State: NE Zip Code: 68510

Corporate Telephone Number 402-435-3509

Total number of shares issued (if corporation) Mark A. Whitehead 52%

Is this a Non Profit Corporation? YES NO

If yes, what is your Federal ID #? _____

Name of Registered Agent Mark A. Whitehead

Name of Proposed Manager Barbara Ehrisman

This person must complete form 35-4013

Last Name: Whitehead First Name: Mark MIA.

Address Street 4605 South 98th Street City Lincoln

State NE Zip Code 68526 Home Phone number 402-488-8578

Social Security Number: _____ Date of Birth: _____

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

Last Name UTHOFF First Name SYDNEY

Social Security Number _____ Date of Birth _____

Title SECRETARY Number of Shares 240

Spouse Name (indicate N/A if single) UTHOFF, STEVE

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name JAGGERS First Name LESLEY

Social Security Number _____ Date of Birth _____

Title TREASURER Number of Shares 240

Spouse Name (indicate N/A if single) JAGGERS, KENT

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 _____

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.

Mark A. White (sign here) Cheryl White (sign here)

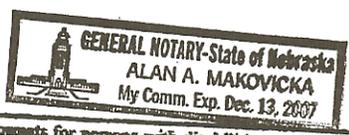
Debra W. Jay (sign here) _____ (sign here)

Sydney A. Utthoff (sign here) Stephen J. Utthoff (sign here)

[Signature] (sign here) _____ (sign here)
[Signature] (sign here) _____ (sign here)

Subscribed in my presence and sworn to before me this
10th day of MARCH, 2006

[Signature]
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

**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.

Mark A. Whitehead

Signature of Applicant

Cheryl Whitehead

Signature of Spouse

Subscribed in my presence and sworn to before me this 10th
day of MARCH, 2006.

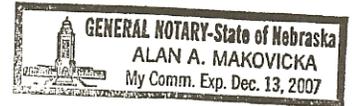
Subscribed in my presence and sworn to before me this 10th
day of MARCH, 2006.

Alan A. Makovicka

Notary Signature & Seal

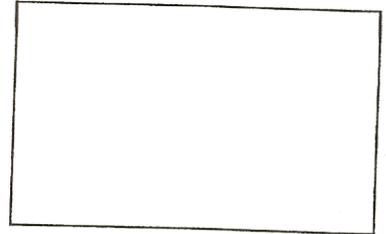
Alan A. Makovicka

Notary Signature & Seal



**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/>



NAME OF LICENSED CORPORATION Whitehead Oil Company

CLASS & LICENSE NUMBER Applying Now

TRADE NAME U-Stop Convenience Shop

STREET ADDRESS 3280 Superior Street

CITY Lincoln

Macl A Whitehead

NAME Ehrisman, Barbara, Jean Batenhorst

ADDRESS 2830 Kucera Drive

CITY Lincoln

STATE NE

ZIP CODE 68502

HOME PHONE NUMBER (402) 420-1432

BUSINESS PHONE NUMBER (402) 477-8990

SEX MALE FEMALE

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

PLACE OF BIRTH West Point, NE

DRIVERS LICENSE NUMBER & STATE _____

SPOUSE NAME Ehrisman, Russell, Wayne

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.

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 *on file*

APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE		YEAR FROM TO	
Lincoln, NE		1995	2006	Lincoln, NE		1995	2006
Beemer, NE		1990	1995	Beemer, NE		1990	1995

MONTH/YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
07/04	03/06	Whitehead Oil	Brian Makovicka	(402) 540-2144
09/02	07/04	Subway/Rosberg Management	Marv Rosberg	(402) 750-6083

**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.

Barbara E. Johnson
Signature of Applicant

[Signature]
Signature of Spouse

Subscribed in my presence and sworn to before me this 9th
day of MARCH, 2006.

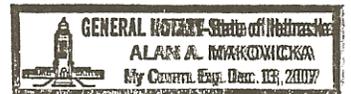
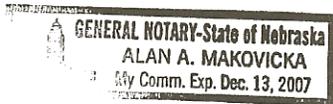
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day of MARCH, 2006.

Alan A. Makovicka

Notary Signature & Seal

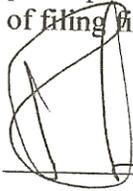
Alan A. Makovicka

Notary Signature & Seal



NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

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



Signature of Spouse

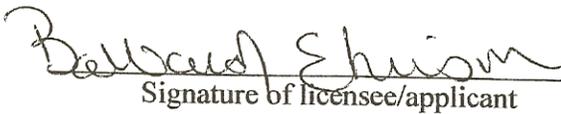
SUBSCRIBED in my presence and sworn to before me this 9th day
of MARCH, 2006.



Signature of Notary Public



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



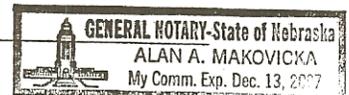
Signature of licensee/applicant

Barbara S. Ehrisman
Print name of licensee/applicant

SUBSCRIBED in my presence and sworn to before me this 9th day
of MARCH, 2006.



Signature of Notary Public



FORM 35-4178
REV 2/01