

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

July 26, 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 Michael Mart, 2801 NW 48<sup>th</sup> Street requesting a class D liquor license.

This location is a convenience store.

Michael McCurdy, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Michael McCurdy attended University Of Nebraska graduating in 1969. He served in the United States Armed Forces 1969 – 1970 receiving a general discharge. Mr. McCurdy has owned Michael Mart since 1976.

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) MICHAEL MART

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

Name: MICHAEL McCurdy

US Citizen ?       Yes      No

Has applicant ever been cited for liquor law violations ?  No      Yes  
Explain \_\_\_\_\_

Does applicant have an interest in another liquor license ?  No      Yes  
Explain \_\_\_\_\_

Is spouse qualified to hold a license ? Yes      No       N/A

How is applicant if not an owner to be paid ?      Salary      Hourly

How many hours will applicant be at the establishment ? 35+

Any other employment ?  No      Yes, explain \_\_\_\_\_

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 7 / 26 / 06

8-14-06

# STATE OF NEBRASKA

FILED

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 800 833-7252 (TTY)

JUL 7 2006

CITY CLERK'S OFFICE  
LINCOLN, NEBRASKA

July 6, 2006

Lincoln City Clerk  
555 So 10th St  
Suite 103  
Lincoln NE 68508

RE: Michael Marts Inc.

Dear Local Governing Body:

*Michael Marts, Inc  
dba Michael Marts  
2801 NW 48th Street  
CLASS D*

*A6-073230  
150*

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

*Randy Seybert*  
Randy Seybert  
Licensing Division

Enclosures

Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman

R.L. (Dick) Coyne  
Commissioner

*An Equal Opportunity/Affirmative Action Employer*

*7-25-06  
1400*

73352

City

LICENSE APPLICATION CHECKLIST

Applicant Name Michael Marts, Inc Trade Name Michael Marts Previous Trade Name \_\_\_\_\_

RECEIVED JUN 19 2006 (02) 470-2867

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 statements or omissions will result in the denial, suspension, cancellation or revocation of your license. Your application for 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 \$38.00 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 3a and Manager application - Form 3b(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.

RS

QA

CK 2520  
Receipt 280650  
\$45 RS

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

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checklist, all applications and attachments to: Nebraska Liquor Control Commission, 501 Centennial Mall South, PO Box 95046, Lincoln NE 68509-5046

JUN 19 2006

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.

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

*Allen W. Tolpek, Attorney for Michael Marks The*

# 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

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

			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	\$545.00 5,000 min.
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00 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 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: Kelly N. Tollefsen

Phone: (402) 474-1731

Firm Name: Morrow, Poppe, Otte, Watermeier & Phillips

Firm address: P.O. Box 83439, Lincoln, NE 68501-3439

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**PREMISE INFORMATION**

Trade Name (doing business as) Michael Marts

JUN 19 2006

Street Address #1 2801 NW 48th Street

NEBRASKA LIQUOR  
CONTROL COMMISSION

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

City Lincoln County Lancaster

Zip Code 68524

Telephone number at premise to be licensed (402) 470-2867

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

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

Name: Michael Marts, Inc. c/o Kelly N. Tollefsen, Attorney

Street Address #1 P.O. Box 83439

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

City Lincoln County Lancaster

Zip Code 68508

**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.

Please see Exhibit "A" attached hereto.

APPLICANT INFORMATION

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1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY

Has anyone who is a party to this application, or their spouse, EVER BEEN CONVICTED OR OF OR PLEAD GUILTY TO ANY CHARGE. Charge means any charge including a 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

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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

NEBRASKA LIQUOR CONTROL COMMISSION

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 Bank  
Authorized Individuals - Michael McCurdy, John Carmichael, CPA and Julie, John Carmichael's Bookkeeper

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.

Convenient Food Marts d/b/a McCurdy Marts, 7611 Pacific, Omaha, NE 68144, approximately 1971-1978; Convenient Food Mart, 9010 Fort Street, Omaha, NE, approximately 1973-1981; Michael Marts, Inc., 2801 NW 48th Street, Lincoln, NE transferred and upgraded to 2805 NW 48th Street; The licenses were not terminated, the businesses were sold.

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NEBRASKA LIQUOR CONTROL COMMISSION

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.

Michael A. McCurdy 35+

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.

Has owned businesses and has acquired liquor licenses in the past.

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 December 31, 2014  
 Deed  
 Purchase Agreement

15. When do you intend to open for business? currently open

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

Retail, 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
Michael McCurdy, 3118 S. 116th Avenue	1996	2005	Omaha, NE
Michael McCurdy, 1202 F Street, Apt D4	2005	2006	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.

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.

Michael J. Condy (sign here)
(sign here) (sign here)
(sign here) (sign here)
(sign here) (sign here)
(sign here) (sign here)

Subscribed in my presence and sworn to before me this

12th day of June, 2006

Abby M. Wilhelm
Notary Public Signature & Seal

GENERAL NOTARY - State of Nebraska
ABBY M. WILHELM
My Comm. Exp. Nov. 18, 2006

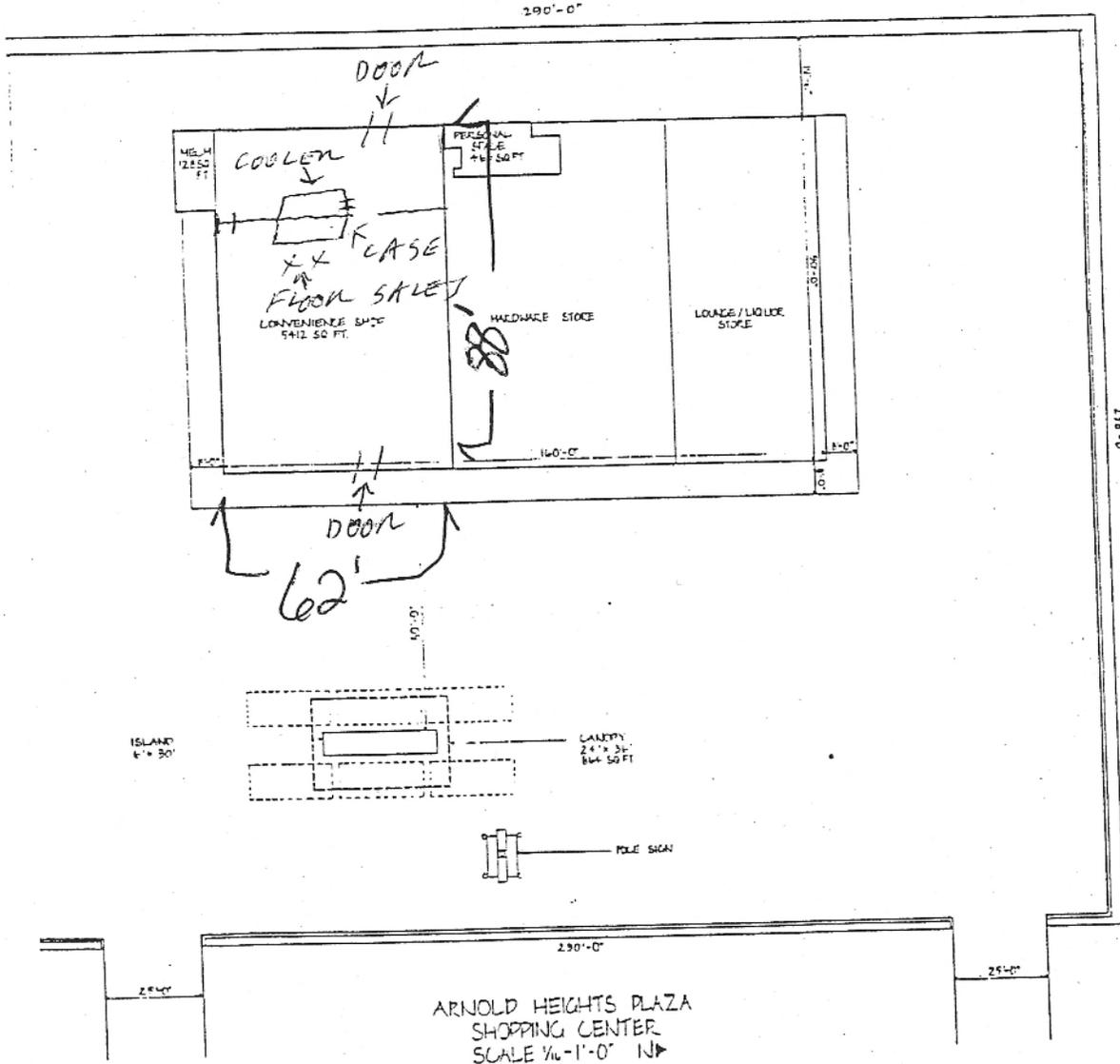
In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

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NEBRASKA LIQUOR CONTROL COMMISSION



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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.

Michael Marts, Inc.

Corporate Street Address: 2801 NW 48th Street

City: Lincoln State: NE Zip Code: 68524

Corporate Telephone Number 402-450-0284

Total number of shares issued (if corporation) 10,010 shares

Is this a Non Profit Corporation?  YES  NO  
If yes, what is your Federal ID #?

Name of Registered Agent Michael A. McCurdy

Name of Proposed Manager Michael A. McCurdy  
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: McCurdy First Name: Michael MIA.

Address Street 2801 NW 48th Street City Lincoln

State NE Zip Code 68524 Home Phone number 402-450-0284

Social Security Number Date of Birth

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

NEBRASKA LIQUOR CONTROL COMMISSION

Last Name McCurdy First Name Michael

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

Title President, Secretary, Treasurer & Director Number of Shares 10,010

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

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

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

Last Name N/A 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 N/A 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

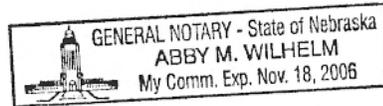
If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS  
Starting Date 01/01/2006

Ending Date 12/31/2006

*Michael M. Lundy*  
Signature of President/Managing Member

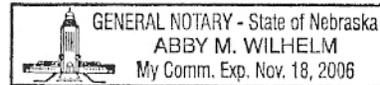
*Abby M. Wilhelm*  
Notary Public Signature & Seal



Subscribed in my presence and sworn to before me this

12 day of June, 2006

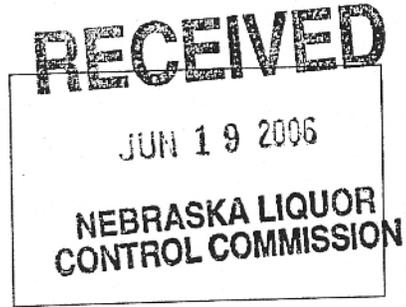
*Abby M. Wilhelm*  
Notary Public Signature & Seal



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 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 Michael Marts, Inc.  
CLASS & LICENSE NUMBER D  
TRADE NAME Michael Mart  
STREET ADDRESS 2801 NW 48th Street CITY Lincoln

**SIGNATURE OF CORPORATION PRESIDENT/CEO**

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

NAME Michael A. McCurdy  
ADDRESS P.O. Box 81846  
CITY Lincoln STATE NE ZIP CODE 68501  
HOME PHONE NUMBER (402) 450-0284 BUSINESS PHONE NUMBER (402) 470-2867  
SEX  MALE  FEMALE SOCIAL SECURITY NUMBER [REDACTED]  
DATE OF BIRTH [REDACTED] PLACE OF BIRTH Fresno, CA  
DRIVERS LICENSE NUMBER & STATE [REDACTED]

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

SPOUSE NAME N/A  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

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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.

NEBRASKA LIQUOR CONTROL COMMISSION

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. Convenient Food Mart, 7611 Pacific, Omaha, NE; Convenient Food Mart, 9010 Fort St, Omaha, NE; & Michael Marts, Inc., 2801 NW 48th St, Lincoln, NE, transferred & upgraded to 2805 NW 48th St, Lincoln, NE

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	
Michael McCurdy, Omaha, NE		1996	2005		
Michael McCurdy, Lincoln, NE		2005	2006		
EMPLOYERS - LIST LAST TWO EMPLOYERS					
MONTH/YEAR FROM TO		NAME OF EMPLOYER		NAME OF SUPERVISOR	
7/6	Present	Convenient Food Mart		Manager	
		Michael Marts		Owner/Manager	
				402-450-0284	

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**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, to make the 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 as 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 COMMISSION

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.

*Michael J. [Signature]*  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

Subscribed in my presence and sworn to before me this 12  
day of June, 2006

Subscribed in my presence and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_

*Abby M. Wilhelm*  
\_\_\_\_\_  
Notary Signature & Seal

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

