

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

January 4, 2007

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 El Rancho Authentic Mexican Restaurant, 2700 'O' Street requesting a class I liquor license.

Ever Preciado, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Ever Preciado was born in Guatemala. He attended Los Angeles City College graduating in 1999.

Ever Preciado employment history is as follows:

Present	Manager, El Rancho	Lincoln, NE.
2003 - 2005	Field Rep, Risarc	Burbank, CA.
2001 - 2003	Case Manager, SER Jobs	Lawndale, CA.
2001 - 2005	CEO Finance, CIA Church	Long Beach, CA.
1998 - 2001	Teller, California Bank	Los Angeles, CA.

Stockholder information has been included for your review.

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

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) EL RANCHO

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

Name: EVER PRECIADO

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 ? 50-60

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 11/3/07

Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: EL Rancho

Address : 2700 'O' Phone: 4024762800

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

Type of Business: REST.

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

Ownership: Corporation Partnership Individual

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

Lease Agreement: 2500 YR W/OPTIONS

Sales: %Food: 85 %Liquor: 15

Located: Commercial Industrial Residential

Traffic Flow: HEAVY Off Street Parking: Yes No

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

Food Service: Yes No Employees: F/T 5 P/T 4

Est Seating: 50 Est Daily Customers 80-100

Hours of Operation: 10-10<sup>AM</sup> PM 7 days

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



SP-approved by PC  
10/11/06

Set date: 1-8-07  
PH: 1-29-07

FILED

STATE OF NEBRASKA

Dave Heineman  
Governor

DEC 22 2006

CITY CLERK'S OFFICE  
LINCOLN, NEBRASKA

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/>

December 20, 2006

AG-138518

Lincoln City Clerk  
555 S. 10<sup>th</sup> Street  
Lincoln, NE 68508

RE: Application for Class I License for Preciado Bros., Inc. DBA El Rancho Authentic Mexican Restaurant

2700 O'St

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 no less than 7 days, and no 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

Katie Lanning  
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

75420

Locals  
Class I - 75420  
ll

RECEIVED

LICENSE APPLICATION CHECKLIST

DEC 19 2006

Applicant Name EVER PRECIADO Telephone # (402) 476-2800

NEBRASKA LIQUOR  
CONTROL COMMISSION

Trade Name \_\_\_\_\_ 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. If your operation depends on receiving a liquor license, the Nebraska Liquor Control 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 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 per person. All areas must be completed on cards as per brochure. \$33.00
- 2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission. \$45
- 3. Enclose the appropriate 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 applicants name.
- 6. Enclose a copy of the Temporary Agency Agreement, if applicable. Must be on Commission forms 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.

BUS - 1720 \$45 ll  
ret # 406987

N/A

RECEIVED

- 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, ~~foreign birth certificates~~ or naturalization documents for all persons listed on application. Documents must be a ~~foreign birth certificate~~ 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.

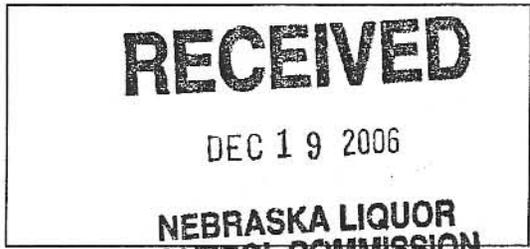
When you have completed this checklist, the application form(s) and attached a the required documents, in triplicate, submit them to: **Nebraska Liquor Control Commission, 301 Centennial Mall South, PO Box 95046, Lincoln, NE 68509-5046**

**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.**

Ever Genado  
Signature

# 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.nol.org/home/NLCC/



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 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<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)

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Individual License, requires insert form 1                            |
| <input type="checkbox"/>            | Partnership License, requires insert form 2                           |
| <input checked="" type="checkbox"/> | 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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Firm address: \_\_\_\_\_

**PREMISE INFORMATION**

Trade Name (doing business as) El Rancho Authentic Mexican Restaurant

Street Address #1 2700 "O" Street

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

City Lincoln County LANCASTER

Zip Code 68510

Telephone number at premise to be licensed (402) 476-2800

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

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

Name: El Rancho Restaurant

Street Address #1 2700 "O" Street

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

City Lincoln County Lancaster

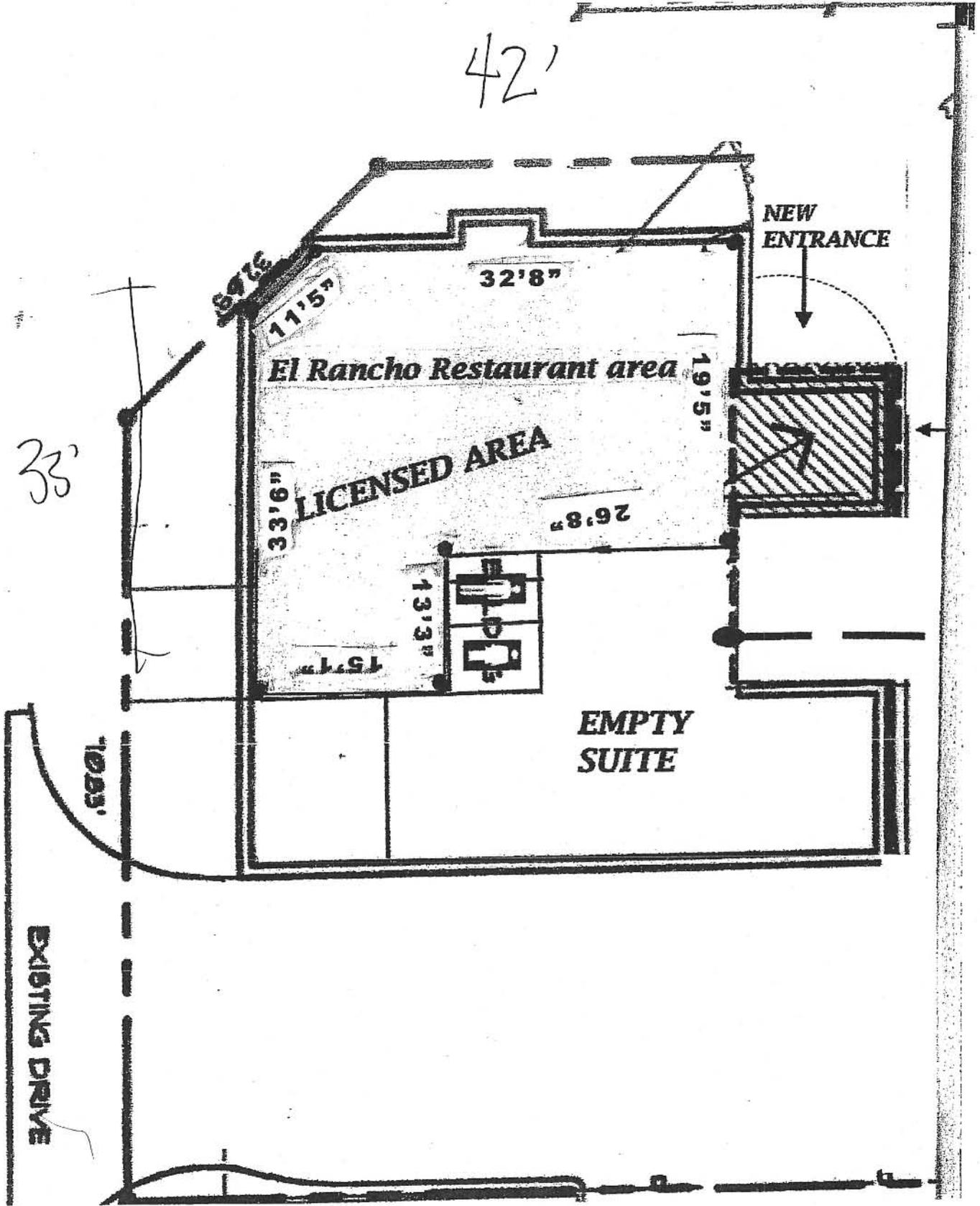
Zip Code 68510

**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 Attachment

Single story irregular shaped area approx. 38' x 42'



**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 \_\_\_\_\_  
 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 Bank  
OSCAR A. PRECIADO  
ELSA PRECIADO.

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.

N/A

Needs Training

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.

Ever Preciado 40-50 hrs/wk  
 Alex Preciado 40-50 hrs/wk

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.

On process to take a class on all regulations

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 ~~No expiration date~~ JULY 1, 2008  
 Deed  
 Purchase Agreement

15. When do you intend to open for business? Business is already in operation.

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

Hours = Monday - Thursday - 10<sup>am</sup> - 10 pm (Weekends = 10 - 11 pm)

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
EVER K. PRECIADO	8/05	Present	Lincoln, NE
	10/96	8/05	Los Angeles, CA
<u>See attached</u>			

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

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.

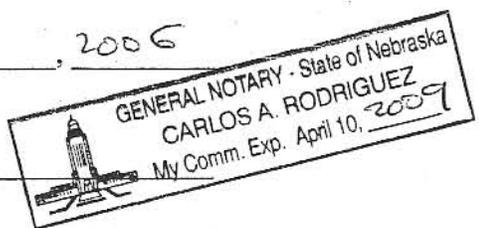
\* OSCAR  
\* Elsa  
\* Alexis  
\* EVER

<u>Oscar Preciado</u> (sign here)	<u>Oscar Preciado</u> (sign here)
<u>Elsa Preciado</u> (sign here)	<u>Elsa Preciado</u> (sign here)
<u>Alexis Preciado</u> (sign here)	<u>Alexis Preciado</u> (sign here)
<u>Ever Preciado</u> (sign here)	<u>Ever Preciado</u> (sign here)
_____ (sign here)	_____ (sign here)

Subscribed in my presence and sworn to before me this

13 day of DECEMBER, 2006  
Carlos Rodriguez

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

X17

RECEIVED

17. List the principal residence (s) for the past 10 years for all persons required to file 10501 9 2006 application, including spouses. If necessary attach a separate sheet.

NEBRASKA LIQUOR CONTROL COMMISSION

OSCAR A. PRECIADO SR.

CITY/ STATE	FROM: YEAR	TO: YEAR
<u>LINCOLN, NE</u>	<u>05/05</u>	<u>PRESENT</u>
<u>LOS ANGELES, CA</u>	<u>10/84</u>	<u>05/05</u>
-----	-----	-----

ELSA PRECIADO

CITY/ STATE	FROM: YEAR	TO: YEAR
<u>LINCOLN, NE</u>	<u>05/05</u>	<u>PRESENT</u>
<u>LOS ANGELES, CA</u>	<u>10/84</u>	<u>05/05</u>
-----	-----	-----

ALEXIS PRECIADO

CITY/ STATE	FROM: YEAR	TO: YEAR
<u>LINCOLN, NE</u>	<u>05/05</u>	<u>PRESENT</u>
<u>LOS ANGELES, CA</u>	<u>11/89</u>	<u>05/05</u>
-----	-----	-----

09/10/06

RECEIVED

DEC 19 2006

NEBRASKA LIQUOR  
CONTROL COMMISSION

From:  
El Rancho Authentic Mexican Restaurant  
Ever K. Preciado  
2700 "O" Street  
Lincoln, NE 68510

To whom it may concern:

Hello, I would like to start by introducing myself. My name is Ever Preciado and my family and I are currently operating El Rancho Authentic Mexican Restaurant located on the northeast corner of 27<sup>th</sup> and "O" street.

The foods we prepare at El Rancho are authentic Mexican plates such as birria, menudo, parrilladas (Fajitas), burritos, tortas, tacos, carne asada, etc...

The purpose of this restaurant is to bring some of our traditional foods to the city of Lincoln. However, some of our foods are traditionally accompanied by beer, such plates as menudo, caldo de camarones (shrimp stew), parrilladas, and ceviches among others. I would like to ask the city of Lincoln to please allow us to serve some liquor at our restaurant as it would only compliment the majority of our dishes. My family and I would like to thank you for your understanding.

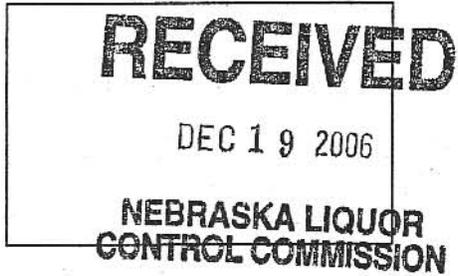
Sincerely,



Ever Preciado

**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: [www.nol.org/home/NLCC](http://www.nol.org/home/NLCC)



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.

PRECIADO BROS INC

Corporate Street Address: 2700 O<sup>th</sup> St.

City: LINCOLN State: NE Zip Code: 68510

Corporate Telephone Number 402) 476-7800

Total number of shares issued (if corporation) 3000

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

Name of Registered Agent DARREL K. STOCK

Name of Proposed Manager EVER K. PRECIADO

This person must complete form 35-4013

**List name of Chief Executive Officer**

Last Name: OSCAR A PRECIADO First Name: OSCAR MI A.

Address Street 3200 PRESCOTT AVE City LINCOLN

State NE Zip Code 68502 Home Phone number 402) 770-7844

Social Security Number - Date of Birth 1/1

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

PHATS

Last Name PRECIADO First Name OSCAR Sr.

Social Security Number - - - Date of Birth 1/1

Title President Number of Shares 35

PHATS

Spouse Name (indicate N/A if single) ~~OSCAR~~ ELSA PRECIADO

Spouse Social Security Number - - - Date of Birth 1/1

Title SECRETARY/TREASURER Number of Shares 0

Last Name PRECIADO First Name EVER K.

Social Security Number - - - Date of Birth 10/75

Title Vice-president Number of Shares 30

Hidden

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

Spouse Social Security Number - - - Date of Birth 1/1

Title N/A Number of Shares 0

PHATS

Last Name PRECIADO First Name ALEXIS

Social Security Number 614-70 Date of Birth 1/1

Title VICE-PRESIDENT Number of Shares 30

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

Spouse Social Security Number - - - Date of Birth - - -

Title - - - Number of Shares - - -

Social Security Number - - - Date of Birth 1/1

Title SECRETARY/TREASURER Number of Shares 0

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

Spouse Social Security Number - - - Date of Birth 1/1

Title President Number of Shares 35

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 - - -

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

Jan 1

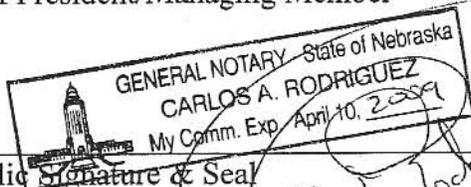
Ending Date

DEC 31

\*OSCAR

Osca. Preciado

Signature of President/Managing Member



Notary Public Signature & Seal

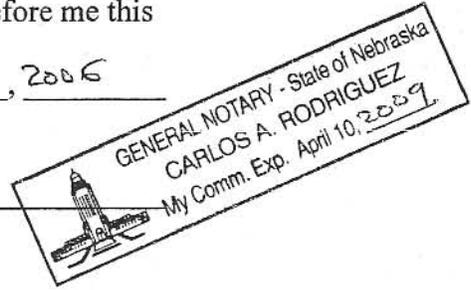
*Carlos Rodriguez*

Subscribed in my presence and sworn to before me this

13 day of DEC, 2006

Carlos Rodriguez

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.

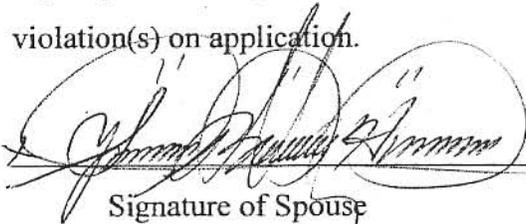
NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

RECEIVED

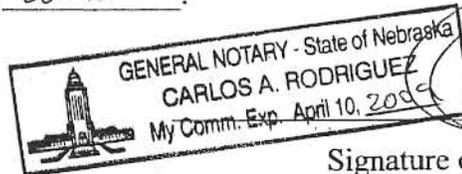
DEC 19 2006

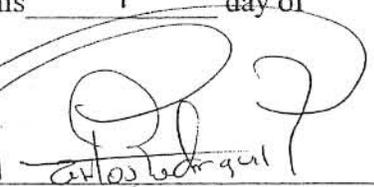
NEBRASKA LIQUOR  
CONTROL COMMISSION

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.

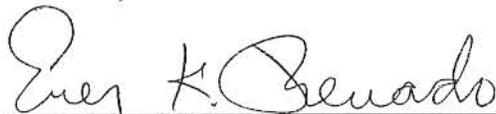
  
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 7 day of  
Nov, 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.

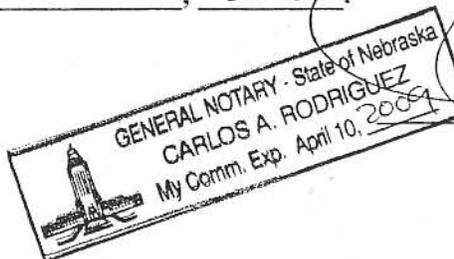


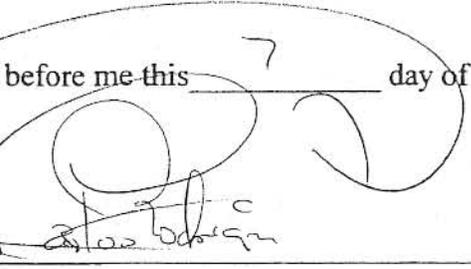
Signature of Licensee/Applicant

EVER K. PRECIADO

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 7 day of  
Nov, 2006.



  
Signature of Notary Public

FORM 35-4178  
REV 2/01

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: [www.nol.org/home/NLCC/](http://www.nol.org/home/NLCC/)

RECEIVED

DEC 19 2006

NEBRASKA LIQUOR  
CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Preciado Bros, Inc.  
CLASS & LICENSE NUMBER \_\_\_\_\_  
TRADE NAME EL RANCHO MEXICAN RESTAURANT  
STREET ADDRESS 2700 "O" ST CITY LINCOLN

*DESCAR*  
*Ever Preciado*  
SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME EVER K. PRECIADO  
ADDRESS 1233 N. 41th St.  
CITY LINCOLN STATE NE ZIP CODE 68503  
HOME PHONE NUMBER 402-202-6626 BUSINESS PHONE NUMBER (402) 476-2800  
SEX  MALE  FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH 1/1 PLACE OF BIRTH GUATEMALA  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_ X 1 1

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

*SAIRA*  
SPOUSE NAME SAIRA PRECIADO  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH 1/1  
DRIVERS LICENSE NUMBER & STATE N/A

**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

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

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
LINCOLN, NEBRASKA	08/05	Present	LINCOLN, NE	08/05	Present
Los Angeles, CALIFORNIA	11/89	08/05	Los Angeles, CA	10/98	08/05

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
03/03 08/05	RISARC	BRANDON	818) 953-3020
8/00 10/02	SER Jobs for Progress	MARIA Sanchez	Don't remember

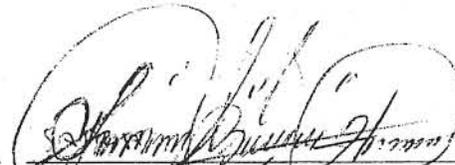
**PERSONAL OATH AND CONSENT OF INVESTIGATION  
MUST BE SIGNED BY APPLICANT & SPOUSE**

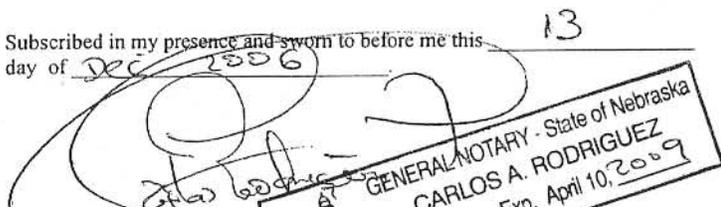
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. 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.

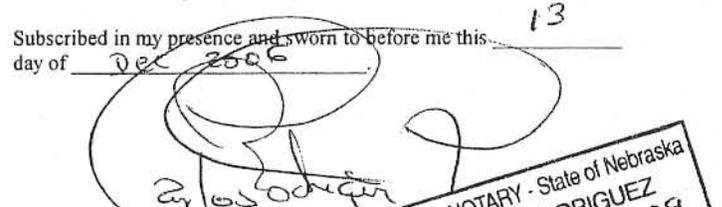
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action 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.

  
\_\_\_\_\_  
Signature of Applicant

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

Subscribed in my presence and sworn to before me this 13  
day of Dec 2006  
  
\_\_\_\_\_  
Notary Signature & Seal  
GENERAL NOTARY - State of Nebraska  
CARLOS A. RODRIGUEZ  
My Comm. Exp. April 10, 2009

Subscribed in my presence and sworn to before me this 13  
day of Dec 2006  
  
\_\_\_\_\_  
Notary Signature & Seal  
GENERAL NOTARY - State of Nebraska  
CARLOS A. RODRIGUEZ  
My Comm. Exp. April 10, 2009