



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 Marriott Cornhusker, 333 South 13 Street requesting a class C/K liquor license.

This location has a stockholder change in ownership and a new liquor license is requested.

Marriott Cornhusker has requested that Jamie Erickson be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jamie Erickson was born in Minnesota. She attended Northern State University graduating in 1972.

Jamie Erickson employment history is as follows:

2004 - Present	Controller, Cornhusker	Lincoln, NE.
1998 - 2003	Coordinator, Union Agency	Lincoln, NE.
1997	Sales, Geist Manufacturing	Lincoln, NE.

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) MARCIOTT CORNHUSKER

Manager Owner Other _____

Name: JAMIE ERICKSON

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
DMV photo
Comments _____

Interview Date 1/4/07



Dave Heineman
Governor

FILED

PH: 2/5/07
STATE OF NEBRASKA

DEC 29 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 27, 2006

A7-000441

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

RE: Application for Class CK License for Shubh Hotels Lincoln, LLC. DBA Marriott Cornhusker

333 So 13TH

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 Canning
Licensing Division
Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

CTIS
429883

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

CLASS CK-75458
 LOCALS
 LICENSE APPLICATION CHECKLIST

Applicant Name Shubh Hotels Lincoln, L.L.C. Telephone # 402-474-7474

Trade Name Marriott Cornhusker Previous Trade Name Marriott Cornhusker

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

REQUIRED ATTACHMENTS

DEC 28 2006

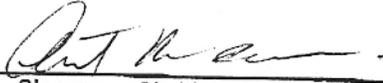
EACH ITEM MUST BE CHECKED OFF AND INCLUDED OR MARKED N/A FOR NOT APPLICABLE OR

- NEBRASKA LIQUOR CONTROL COMMISSION
- XX 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.
- XX 2. Enclose registration and license fees for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- XX 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.
- XX 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.
- XX 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.
- XX 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.
- XX 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.
- XX 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- N/A 9. For individual and partnership applications enclose proof of citizenship birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.

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

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

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

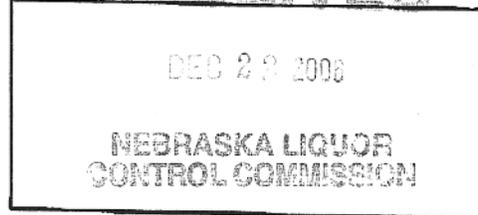


Signature Shubh Hotels Lincoln, L.L.C.

By: Atul Bisaria, Manager

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)

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

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

MISCELLANEOUS

<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00	Bond	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 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: Darrell K. Stock, Attorney Phone: 402-476-3345

Firm Name: Snyder & Stock

Firm address: 1115 K St., Suite 104, Lincoln, NE 68508

PREMISE INFORMATION

Trade Name (doing business as) Marriott Cornhusker

Street Address #1 333 S. 13th St.

Street Address #2 _____

City Lincoln County Lancaster

Zip Code 68508

Telephone number at premise to be licensed 402-474-7474

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

Mail to Address (where you want receipt of Liquor Control Commission mailings)
Name: Marriott Cornhusker

Street Address #1 333 S. 13th St.

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.

The entire building, approximately 196 x 336, consisting of the lower level conference center, first level conference center, 10 story hotel, 3 story atrium and 7 story office building

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 Shubh Hotels Cornhusker, LLC, # 63423
- No Sales agreement, liquor inventory attached

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 See attached

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.

Union Bank, 13th & O St., PO Box 62535, Lincoln, NE

Persons Authorized to write checks: Atul Bisaria, Jamle Erickson, Norbert Gruner, Harris Mathis and Carol Ciappina

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

None

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Jamie Erickson, approximately 50 hours 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.

Tips Class

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? Upon obtaining temporary agency number

16. What will be the main nature of business? What are the anticipated hours of operation? Hospitality, Hotel, Restaurants, Banquet Services, Liquor Establishment
8:30 a.m - 1:00 p.m. Mon - Sat & 12-1:00 a.m Sun. for service of alcoholic beverages in bar & restaurant

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.

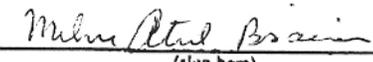
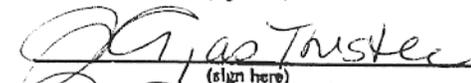
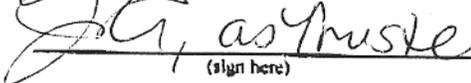
Applicant Name	From: Year	To: Year	City/State
Atul Bisaria	1996	Present	Boca Raton Florida
Mihu Atul Bisaria	1996	Present	Boca Raton Florida
Jane Rankin, as Trustee for:	1996	Present	Ft Lauderdale Florida
Aniruddh Bisaria 2006 Irrevocable Trust Dated May 15, 2006			
Devisha Bisaria 2006 Irrevocable Trust Dated May 15, 2006			

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.

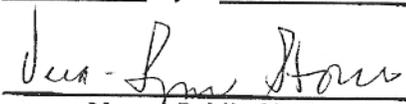
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person 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.

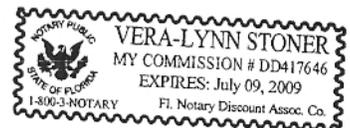
 _____	_____
(sign here)	(sign here)
 _____	_____
(sign here)	(sign here)
 _____	_____
(sign here)	(sign here)
 _____	_____
(sign here)	(sign here)
_____	_____
(sign here)	(sign here)

Subscribed in my presence and sworn to before me this

20th day of Dec., 2006



Notary Public Signature & Seal



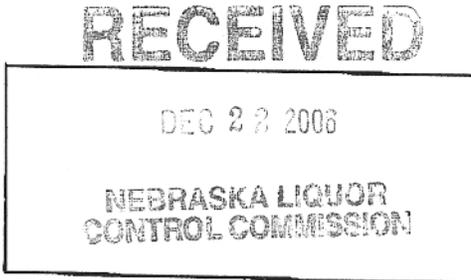
In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

32

**APPLICATION FOR LIQUOR LICENSE
CATERING LICENSE**

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



FEE \$100.00

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL, when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER Class C, Number Pending

NAME OF LICENSEE Shubh Hotels Lincoln, L.L.C.

TRADE NAME d/b/a Marriott Cornhusker

PREMISE ADDRESS 333 S. 13th St.

CITY/STATE/ZIP CODE Lincoln, NE 68508

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

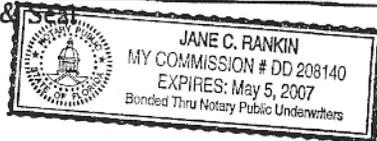
Shubh Hotels Lincoln, L.L.C.

By: [Signature] Manager, of Shubh Hotels Lincoln
Signature of Licensee Management, LLC, a Delaware limited liability company, its manager

Subscribed in my presence and sworn to before me this 20 day of Dec, 2006

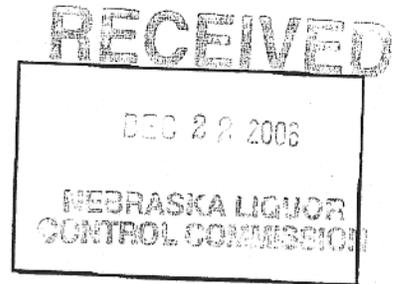
State of Florida
County of Broward: ss

[Signature]
Notary Public Signature & Seal



**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.

Shubh Hotels Lincoln, L.L.C.

Corporate Street Address: 333 S. 13th St.

City: Lincoln State: NE Zip Code: 68508

Corporate Telephone Number 402-474-7474

Total number of shares issued (if corporation) _____

Is this a Non Profit Corporation? YES NO

If yes, what is your Federal ID #? _____

Name of Registered Agent CSC-Lawyers Incorporating Service Company

Name of Proposed Manager Jamle Erickson

This person must complete form 35-4013

List name of Chief Executive Officer _____

Last Name: Bisaria First Name: Atul MI _____

Address Street 8402 Lookout Cr. City Boca Raton

State FL Zip Code 33496 Home Phone number _____

Social Security Number _____ Date of Birth _____

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

Last Name Shubh Hotels Lincoln Investments, LLC First Name N/A

~~Social Security Number~~ [redacted] Date of Birth N/A

Title Owner Number of Shares 91.078% Interest

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

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name Aniruddh Bisaria 2006 Irrevocable Trust, May 15, 2006 First Name N/A

~~Social Security Number~~ EIN [redacted] Date of Birth N/A

Title Owner Number of Shares 3.961% Interest

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

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name Devisha Bisaria 2006 Irrevocable Trust, May 15, 2006 First Name N/A

~~Social Security Number~~ EIN [redacted] Date of Birth N/a

Title Owner Number of Shares 3.961% interest

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

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name Shubh Hotels Lincoln Management, LLC First Name N/A
Atul Bisaria, 100% Owner/Manager

Social Security Number [REDACTED] Date of Birth N/A

Title Owner Number of Shares 1% Interest

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

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

Title [REDACTED] Number of Shares [REDACTED]

Last Name Bisaria First Name Atul

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

Title Owner/Managing Member Number of Shares 95% interest
Shubh Hotels Lincoln Investments, LLC

Spouse Name (indicate N/A if single) Mihu Atul Bisaria

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

Title Owner/Member Shubh Hotels Lincoln Investments, LLC Number of Shares 5% interest

Last Name [REDACTED] First Name [REDACTED]

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

Title [REDACTED] Number of Shares [REDACTED]

Spouse Name (indicate N/A if single) [REDACTED]

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

Title [REDACTED] Number of Shares [REDACTED]

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

Yes No

If yes, give name of corporation and supply organizational chart

See attached

Indicate tax year with the IRS

Starting Date January 1

Ending Date December 31

[Signature]

Signature of President/~~Managing Member~~ Manager of Shubh Hotels Lincoln Management, LLC, a Delaware limited liability company, its Manager.

Notary Public Signature & Seal

State of Florida: SS
County of Broward

Subscribed in my presence and sworn to before me this

20th day of December, 2006

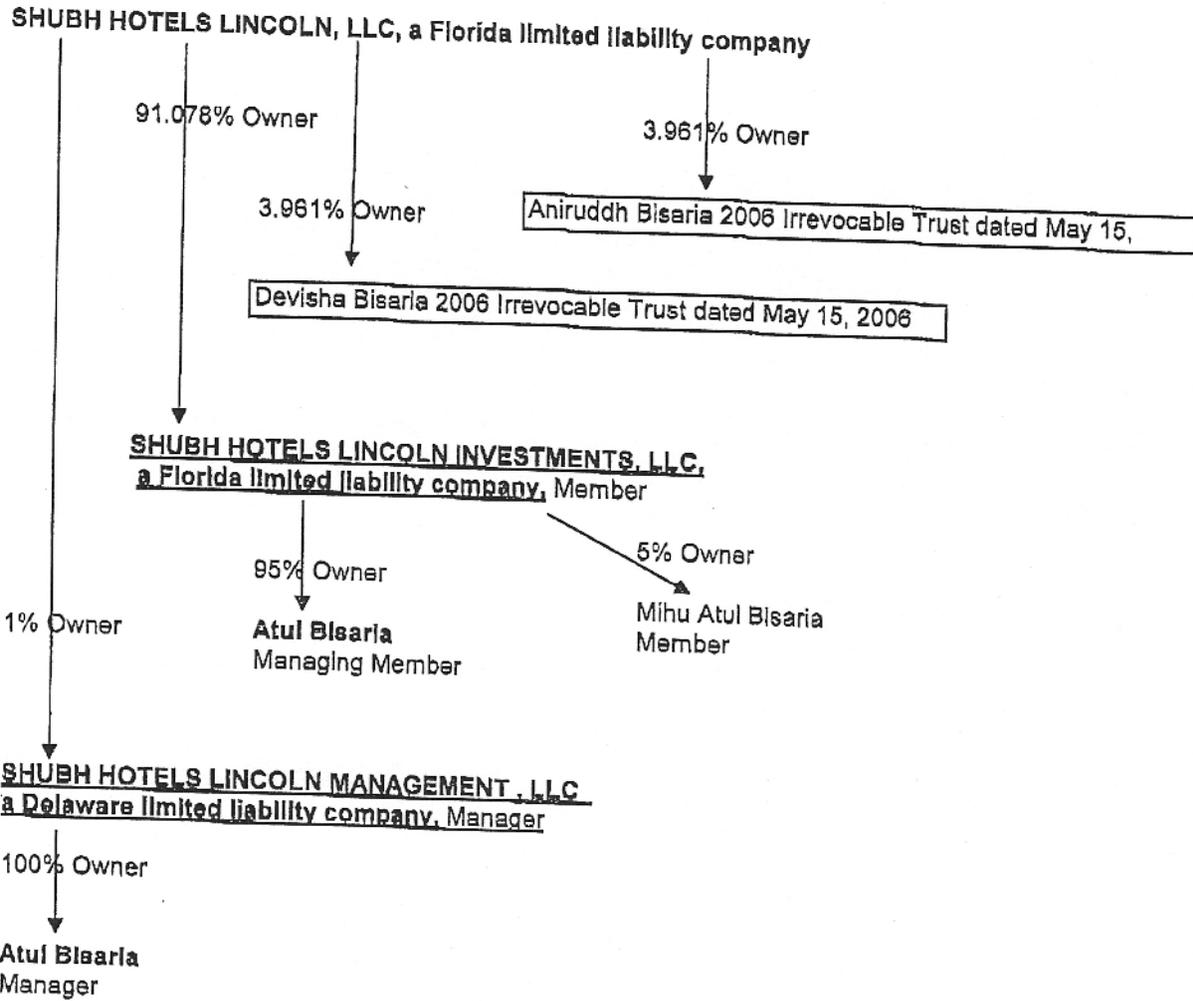
[Signature]
Notary Public Signature & Seal



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.

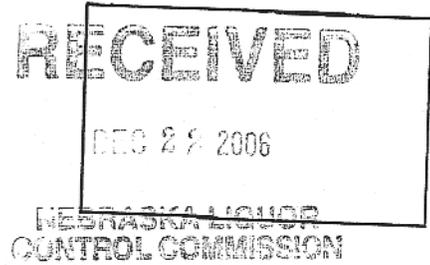
OWNERSHIP STRUCTURE

SHUBH HOTELS LINCOLN, LLC, a Florida limited liability company
Date of Formation: Wednesday, February 11, 2004
Registered Agent: AGI Registered Agents, Inc.
Principal Address: 701 N.W. 53rd Street, Boca Raton, FL 33487



**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 Shubh Hotels Lincoln, LLC

CLASS & LICENSE NUMBER Class C, Number Pending

TRADE NAME d/b/a Marriott Cornhusker

STREET ADDRESS 333 S 13th St. CITY Lincoln

SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME Jamle Erickson

ADDRESS 7401 S. 95th Ct.

CITY Lincoln

STATE NE

ZIP CODE 68526

HOME PHONE NUMBER 402-486-3278

BUSINESS PHONE NUMBER 402-474-7474

SEX MALE FEMALE

SOCIAL SECURITY NUMBER [REDACTED]

DATE OF BIRTH [REDACTED]

PLACE OF BIRTH Minnesota

DRIVERS LICENSE NUMBER & STATE [REDACTED]

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Dennis Erickson

SOCIAL SECURITY NUMBER [REDACTED]

DATE OF BIRTH [REDACTED]

DRIVERS LICENSE NUMBER & STATE [REDACTED]

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	
		FROM	TO		
		FROM	TO		
Jamie Erickson		1996	Present	Dennis Erickson	1996 Present

EMPLOYERS - LIST LAST TWO EMPLOYERS				
MONTH/YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
2004	2006	Shubh Hotels Lincoln, L.L.C.	Harris Mathis	561-703-9344
1998	2003	Union Agency, Inc.	Linda Robinson Rutz	402-483-4527

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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 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 by the information furnished in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-107.01) 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.

Jamie Erch
Signature of Applicant

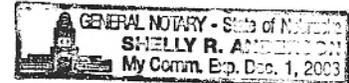
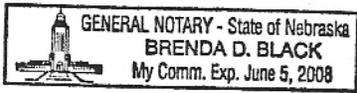
Jennifer Erickson
Signature of Spouse

Subscribed in my presence and sworn to before me this 17
day of November 2006

Subscribed in my presence and sworn to before me this 20th
day of November 2006

Brenda D. Black
Notary Signature & Seal

Shelly R. Anderson
Notary Signature & Seal



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NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

DEC 29 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.

Melba Atul Bisaria

Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 20th day
of Dec, 2006.

[Signature]
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.

Shubh Hotels Lincoln, L.L.C..

By: [Signature]
Signature of licensee/applicant

Shubh Hotels Lincoln, L.L.C. Manager of Shubh
By: Atul Bisaria, Managing Member Hotels Lincoln
Print name of licensee/applicant Management,
LLC, a Delaware
limited liability
company,
its
manager

SUBSCRIBED in my presence and sworn to before me this 20th day
of Dec, 2006.

[Signature]
Signature of Notary Public



TEMPORARY AGENCY AGREEMENT

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DEC 08 2006

1. On December, 2006, Seller and Buyer entered into a contract for sale of the business known as Marriott Cornhusker, which contract is contingent upon Buyer receiving approval for a liquor license to operate the business.

2. Seller and Buyer agree to allow Buyer to operate the business, subject to approval by the NEBRASKA LIQUOR CONTROL COMMISSION, for a period not to exceed 120 days subsequent to _____, 2006, the date of filing the application with the Liquor Control Commission.

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

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

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

6. Financial Institution: Name, Address, Account number of where escrow account is being held: Union Bank & Trust Company PO Box 82535 Lincoln NE 68501 Acct # 20103730 Send Copy Of Signature Card.

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

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

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

Signature of Seller [Signature] Shubh Hotels Cornhusker, L.L.C.
By: Sachit Nadkarni, Manager
Signature of Seller [Signature]
Signature of Buyer [Signature] Shubh Hotels Lincoln, LLC
By: Atul Bisaria, Manager, Shubh Hotels Lincoln Investments, LLC
Signature of Buyer [Signature]

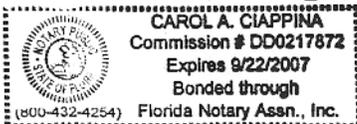
Dated this 1 day of November December, 2006.

STATE OF NEBRASKA)
COUNTY OF) ss

The above and foregoing Agency Agreement was acknowledged before me this 1 day of November, 2006, by Sachit Nadkarni, Manager, Shubh Hotels Cornhusker, L.L.C., as Seller, _____, as Seller.

The above and foregoing Agency Agreement was acknowledged before me this 1 day of November, 2006, by Atul Bisaria, Manager, Shubh Hotels Lincoln Investments, LLC, as Buyer, _____, as Buyer.

Signature & Seal of Notary Public [Signature]



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

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

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

RIGHTS AT DEATH (Select One And Initial):

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

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

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

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

BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: _____
AUTHORIZATION DATED: _____

DATE OPENED 11/20/2006 BY 444

INITIAL DEPOSIT \$ 500.00

CASH CHECK

HOME TELEPHONE # _____

BUSINESS PHONE # _____

DRIVER'S LICENSE # _____

E-MAIL _____

EMPLOYER _____

MOTHER'S MAIDEN NAME _____

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

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 20-5904816

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

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

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

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X Atul Bisaria
Shubh Hotels Lincoln, LLC

ACCOUNT NUMBER 20103730

PORTFOLIO NUMBER 400592

ACCOUNT OWNER(S) NAME & ADDRESS:

Shubh Hotels Lincoln, LLC

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333 S 13TH ST
LINCOLN

NE 68508

NEBRASKA LIQUOR CONTROL COMMISSION

TYPE OF ACCOUNT
 NEW EXISTING
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW
Account Name: BASIC BUSINESS
 This is a Temporary account agreement.

Number of signatures required for withdrawal 2

FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

- Electronic Funds Transfer Funds Availability Privacy
 Truth in Savings Schedule of Fees & Charges

(1): [X] Atul Bisaria
ATUL BISARIA

I.D. # _____ D.O.B. _____

(2): [X] Sachit R Nadkarni
SACHIT R NADKARNI

I.D. # _____ D.O.B. _____

(3): [X] Harris Mathis
HARRIS MATHIS

I.D. # _____ D.O.B. _____

(4): [X] Jamie Erickson
JAMIE ERICKSON

I.D. # _____ D.O.B. _____

AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:

(Select One and Initial):

- Agency Designation Survives Disability or Incapacity of Parties
 Agency Designation Terminates on Disability or Incapacity of Parties

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

ACCOUNT NUMBER 20103730

PORTFOLIO NUMBER 400592

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

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

RIGHTS AT DEATH (Select One And Initial):

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

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

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

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

BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: _____
AUTHORIZATION DATED: _____

DATE OPENED 11/20/2006 BY 444
INITIAL DEPOSIT \$ 500.00
 CASH CHECK _____
HOME TELEPHONE # _____
BUSINESS PHONE # _____
DRIVER'S LICENSE # _____
E-MAIL _____
EMPLOYER _____
MOTHER'S MAIDEN NAME _____
Name and address of someone who will always know your location: _____

BACKUP WITHHOLDING CERTIFICATIONS

- TIN: 20-5904816
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
 BAC KUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X [Signature]
Shubh Hotels Lincoln, LLC (Date)

ACCOUNT OWNER(S) NAME & ADDRESS

Shubh Hotels Lincoln, LLC

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333 S 13TH ST
LINCOLN

NE 68508

NEBRASKA LIQUOR CONTROL COMMISSION

NEW EXISTING
TYPE OF ACCOUNT
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW
Account Name: BASIC BUSINESS
 This is a Temporary account agreement.

Number of signatures required for withdrawal 2

FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]
SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

- Electronic Funds Transfer Funds Availability Privacy
 Truth in Savings Schedule of Fees & Charges

- (1): [X] [Signature]
CAROL CIAPPINA
I.D. # _____ D.O.B. _____
- (2): [X] [Signature]
NORBERT GRUENER
I.D. # _____ D.O.B. _____
- (3): [X] _____
I.D. # _____ D.O.B. _____
- (4): [X] _____
I.D. # _____ D.O.B. _____

AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:

(Select One and Initial):

- Agency Designation Survives Disability or Incapacity of Parties
 Agency Designation Terminates on Disability or Incapacity of Parties

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

CORPORATE AUTHORIZATION RESOLUTION

By Shubh Hotels Lincoln, LLC

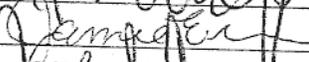
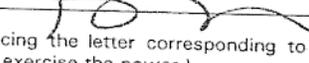
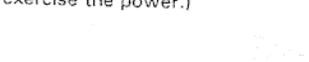
333 S 13TH ST
 LINCOLN NE 68508

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, _____, certify that I am Secretary (clerk) of the above named corporation organized under the laws of Nebraska, Federal Employer I.D. Number 20-5904816, engaged in business under the trade name of Shubh Hotels Lincoln, LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on _____ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

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

Name and Title or Position	Signature	Facsimile Signature (if used)
A. SACHIT R NADKARNI	X 	X
B. ATUL BISARIA	X 	X
C. HARRIS MATHIS	X 	X
D. JAMIE ERICKSON	X 	X
E. CAROL CIAPPINA	X 	X
F. NORBERT GRUENER	X 	X

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

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
All	(1) Exercise all of the powers listed in this resolution.	2
	(2) Open any deposit or share account(s) in the name of the Corporation.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other _____	

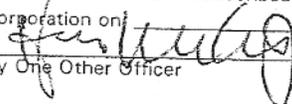
LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

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

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

If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on _____ (date).

Attest by  Secretary