



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



[lincoln.ne.gov](http://lincoln.ne.gov)

August 1, 2007

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Marz, 1140 'O' Street requesting a class C liquor license.

Nader Sepahpur has purchased this establishment and has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Mr. Sepahpur currently holds several liquor licenses in the City of Lincoln, all in good standing.

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



**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

ABOUT TEN YEARS AGO - CITATION FOR  
SELLING TO MINOR @ THE GRIZZ.

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 MARZ #41097  
 No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- Yes  
 No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- Yes UNION BANIK  
 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 -  
NADER SEPAHPUZ

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.

LINCOLN HOLDINGS LTD DBA YIATIAK 46624  
DBA QSO BURRIZ 58075  
DBA QSO BURRIZ 75921  
NO LONGER IN BUSINESS DBA QSO BURRIZ

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.

NADER SEPAHRU - FULL TIME

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.

21 YEARS IN FOOD + BEVERAGE INDUSTRY.  
OPERATING THREE LICENSED ESTABLISHMENTS  
PRESENTLY.

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

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15. When do you intend to open for business?

IMMEDIATE  
NEBRASKA LIQUOR CONTROL COMMISSION

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

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.

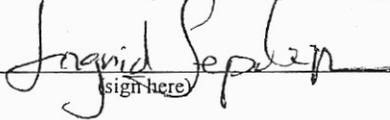
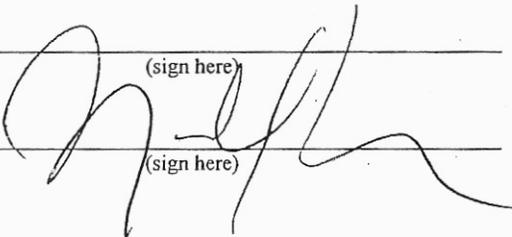
Applicant Name	From: Year	To: Year	City/State
NADER SEPAHRU			
3252 W. SUMMIT BLVD	1991	2002	
3245 W. SUMMIT BLVD	2002	PRESENT.	

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.

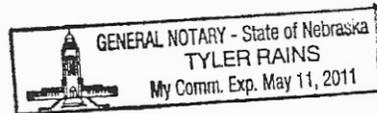
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

 _____ (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

24 day of July, 2007

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

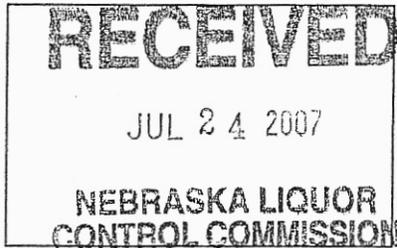


In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

**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.

LINCOLN HOLDINGS LTD.

Corporate Street Address: 1423 'O' ST

City: LINCOLN State: NE Zip Code: 68508

Corporate Telephone Number (402) 477-9166

Total number of shares issued (if corporation) 10,000

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

Name of Registered Agent NADER SEPAHPUR

Name of Proposed Manager \_\_\_\_\_

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: SEPAHPUR First Name: NADER MI

Address Street 3245 W. SUMMIT BLVD City LINCOLN

State NE Zip Code 68508 Home Phone number (402) 420-1350

Social Security Number \_\_\_\_\_ Date of Birth 1-1-

Address Street 3245 W. SUMMIT BLVD City LINCOLN

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

*[Handwritten Signature]*

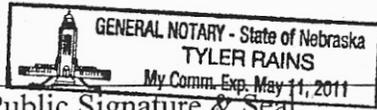
Signature of President/Managing Member

*[Handwritten Signature]*

Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

24 day of July, 2007

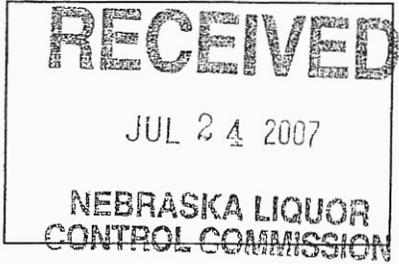


Notary Public Signature & Seal

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



**LIQUOR LICENSE INFORMATION**

NAME OF LICENSED CORPORATION LINCOLN HOLDINGS LTD  
CLASS & LICENSE NUMBER \_\_\_\_\_  
TRADE NAME MARZ BAR  
STREET ADDRESS 1140 'O' ST CITY LINCOLN

Applicon

**SIGNATURE OF CORPORATION PRESIDENT/CEO**

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

NAME NADER SEHAJUR  
ADDRESS 3245 W. SUMMIT BLVD  
CITY LINCOLN STATE NE ZIP CODE 68502  
HOME PHONE NUMBER (402) 420-1350 BUSINESS PHONE NUMBER (402) 477-9166  
SEX  MALE  FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH TEHRAN - IRAN  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

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

SPOUSE NAME INGLID SEHAJUR  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

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

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES  NO

If yes, please explain below or attach a separate page.

SELLING TO MINOR ABOUT TEN YEARS AGO @ THE COTTAGE.

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

VIATING 46624 OSO BUNITS 58075 OSO BUNITS 7591

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	
NAHEE SEPAHPUJ	FROM	TO		FROM	TO
32452 W. Summit Blvd	K91	2002			
3245 W. Summit	2002	PRESENT	SAME		

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
	Self Employed		

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

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Applicant

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Spouse

Subscribed in my presence and sworn to before me this 24  
day of July 2007.

Subscribed in my presence and sworn to before me this 24  
day of July 2007.

*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Signature & Seal

GENERAL NOTARY - State of Nebraska  
JOHN M. NANOS  
My Comm. Exp. Oct. 4, 2010

*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Signature & Seal

GENERAL NOTARY - State of Nebraska  
JOHN M. NANOS  
My Comm. Exp. Oct. 4, 2010

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NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

JUL 24 2007

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. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

*Angrid Sepalpur*

Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 24<sup>th</sup> day  
of July, '07.

*[Signature]*

Signature of Notary Public

GENERAL NOTARY - State of Nebraska  
JOHN M. NANOS  
My Comm. Exp. Oct. 4, 2010

The applying individual, whose spouse is requesting to be waived, 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]*

\*Signature of applying individual  
(spouse of individual listed above)

NADER SEPAHPUR

Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 24<sup>th</sup> day  
of July, '07.

*[Signature]*

Signature of Notary Public

GENERAL NOTARY - State of Nebraska  
JOHN M. NANOS  
My Comm. Exp. Oct. 4, 2010

\*spouse of individual listed above is the individual required to sign bottom portion of affidavit

TEMPORARY AGENCY AGREEMENT

ID# 41097

- 1. On July 24<sup>th</sup>, 2007. Seller and buyer entered into a contract for sale of the business known as \_\_\_\_\_, which contract is contingent upon Buyer receiving approval for a liquor license to operate the business.
- 2. Seller and buyer agree to operate the business, subject to approval by the Liquor Control Commission, for a period not to exceed 120 days subsequent to \_\_\_\_\_, the date of filing the application.
- 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.

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6. ~~FINANCIAL INSTITUTION: NAME, ADDRESS, ACCOUNT NUMBER~~  
~~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.

NEBRASKA LIQUOR CONTROL COMMISSION

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, the temporary agency agreement is null and void the date of the order.

Signature of Seller Jerry J. Luth  
Signature of Seller \_\_\_\_\_

The above and forgoing agency agreement was acknowledged before me this 23 day of July, 2007 by Jerry J. Luth

Notary signature and seal \_\_\_\_\_

GENERAL NOTARY - State of Nebraska  
JOHN M. NANOS  
My Comm. Exp. Oct. 4, 2010

Signature of Buyer \_\_\_\_\_  
Signature of Buyer \_\_\_\_\_

GENERAL NOTARY - State of Nebraska  
TYLER RAINS  
My Comm. Exp. May 11, 2011

The above and forgoing agency agreement was acknowledged before me this 24 day of July, 2007 by Nabe Sepahpur

Notary signature and seal \_\_\_\_\_

Notary signature and seal \_\_\_\_\_  
JOHN M. NANOS

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 07/24/2007 BY 659  
 INITIAL DEPOSIT \$ 4000.00  
 CASH  CHECK  \_\_\_\_\_  
 HOME TELEPHONE # 402-475-9475  
 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: \_\_\_\_\_  
 **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] 7/24/07  
 LINCOLN HOLDINGS LTD (Date)

ACCOUNT NUMBER \_\_\_\_\_ PORTFOLIO NUMBER \_\_\_\_\_

**ACCOUNT OWNER(S) NAME & ADDRESS**  
 LINCOLN HOLDINGS LTD  
 DBA MARZ BAR  
 1140 O ST  
 LINCOLN NE 68508

**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 1  
 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):

Deposit Account  Funds Availability  Truth in Savings  
 Electronic Fund Transfers  Privacy  Substitute Checks  
 Schedule of Fees & Charges

(1): [ X ]  
 NADER SEPAHPUR  
 I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(2): [ X ]  
 JERRY LUTH  
 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 \_\_\_\_\_

**CORPORATE AUTHORIZATION RESOLUTION**

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

By: LINCOLN HOLDINGS LTD  
 DBA MARZ BAR

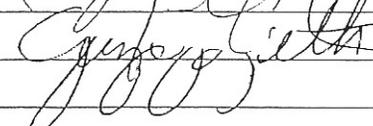
1140 O ST  
 LINCOLN NE 68508

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 \_\_\_\_\_, engaged in business under the trade name of LINCOLN HOLDINGS LTD DBA MARZ BAR, 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 07/24/2007 (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. <u>NADER SEPAHPUR</u>	X 	X _____
B. <u>JERRY LUTH</u>	X 	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	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
<u>All</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(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.

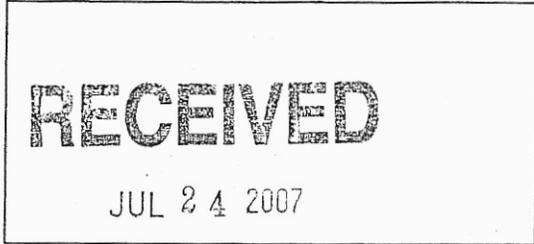
In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on 07/24/2007 (date).

Attest by One Other Officer

Secretary

**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

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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

**RETAIL LICENSE(S)**

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

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

**MISCELLANEOUS**

			Bond
<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00 1,000 min.
<input type="checkbox"/>	O	Boat	\$ 95.00 N/A
<input type="checkbox"/>	V	Manufacturer, Beer, Wine & Distilled Spirits (additional fee of \$100 to \$1,000-call for exact amount)	\$ 45.00 10,000 min.
<input type="checkbox"/>	W	Wholesale Beer	\$545.00 5,000
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00 5,000
<input type="checkbox"/>	Y	Farm Winery	\$295.00 1,000

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: NADER SEPAHRU Phone: (402) 477-9166

Firm Name: LINCOLN HOLDINGS LTD.

Firm address: 1423 'O' ST 68508

**PREMISE INFORMATION**

Trade Name (doing business as) MARZ Bar

Street Address #1 1140 'O' ST

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

City LINCOLN County LANCASTER

Zip Code 68508

Telephone number at premise to be licensed (402) 890-9565

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

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

Name: LINCOLN HOLDINGS LTD.

Street Address #1 1423 'O' 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.

