



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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

December 7, 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 requested for the application of Los Dos Hermanos Cafe, 6117 Havelock Avenue requesting a class I liquor license.

Maria Rico, owner has requested that she be approved as the manager of the liquor license.

Investigator Fosler attempted to reach Mrs. Rico, by calling her reported telephone number, and contacting the attorney listed on the application, however no contact has been made.

Enclosed for your review is her information packet which was submitted to the Nebraska Liquor Control Commission.

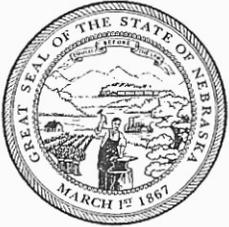
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





Dave Heineman  
Governor

FILED

12-17-07  
1:30 pm  
STATE OF 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/>

NOV 16 2007

CITY CLERK'S OFFICE  
LINCOLN, NEBRASKA

November 15, 2007

LINCOLN CITY CLERK  
555 SOUTH 10TH STREET  
LINCOLN NE 68508-3993

RE: New Application for Class I for LOS DOS HERMANOS MEXICAN CAFÉ INC

6117 Havelock

A7-125648

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,  
NEBRASKA LIQUOR CONTROL COMMISSION

*Tami Applebee*

Tami Applebee  
Licensing Division

Enclosures  
Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman

Pat Thomas  
Commissioner

79369

10

LICENSE APPLICATION CHECKLIST

Applicant Name Marin Guadalupe Rios Telephone # 402-467-4004

Trade Name Los Dos Hermanos Previous Trade Name Rios Mexican Rest

NEW APP I-79369  
LEASE : Expires 10/31/2011

vide any item will cause this application to be legible. Any false statement or omission may revocation of your license. If your operation (a Liquor Control Commission cautions you that and or commit money that you do so at your own view 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.

NEBRASKA LIQUOR CONTROL COMMISSION RECEIVED

REQUIRED ATTACHMENTS

NOV 15 2007

Each item must be checked off and included or marked N/A for not applicable.

NEBRASKA LIQUOR CONTROL COMMISSION

1 person 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.

2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.

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. *DA*

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.

*Official Check 1712438 45-mm*

*2X-mm*



0700020167

- N/A 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- ✓ 9. For Individual and Partnership applications enclose proof of citizenship, birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.
- N/A 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.**

  
\_\_\_\_\_  
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/

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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	\$ 45.00 10,000 min.
		(additional fee of \$100 to \$1,000-call for exact amount)	
<input type="checkbox"/>	W	Wholesale Beer	
<input type="checkbox"/>	X	Wholesale Liquor	\$545.00 5,000
<input type="checkbox"/>	Y	Farm Winery	\$795.00 5,000
			\$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: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name: Rob Otte

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

**PREMISE INFORMATION**

Ask Brian Will \*

Trade Name (doing business as) LOS DOS HERMANOS

Street Address #1 6117 Havelock av.

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

City Lincoln County Lancaster

Zip Code 68507

Not in Service / Disconnected

Telephone number at premise to be licensed 402-467-4004

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

EXX

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

Name: Maria Guadalupe Rios

Street Address #1 6117 Havelock av.

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

City Lincoln County Lancaster

Zip Code 68507

**DESCRIPTION AND DIMENSIONS 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.

entire 1st floor approx 54 x 24  
and basement approx 54 x 24  
of 2 story bldg.

see attached

6117 Havelock Ave. Lincoln NE

Commercial BLDG Sections:				
Description	Stories	Wall HGT	GFA	Perimeter
BASEMENT	1	8.00	1,296	156
COM 1ST FLOOR	1	10.00	1,296	156
COM 2ND FLOOR	1	9.00	648	102
COM 2ND FLOOR	1	9.00	648	102

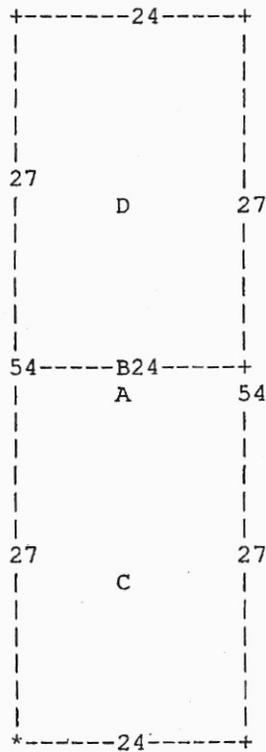
  

Commercial Refinements:				
Description	Unit	Mear-1	Mear-2	Mear-3

Building Sketch: 01

\*\*\*\*\*

BUILDING SKETCH



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NEBRASKA LIQUOR CONTROL COMMISSION

*	BASEMENT	Square Feet:	1296
A	COM 1ST FLOOR	Square Feet:	1296
B	COM 2ND FLOOR	Square Feet:	648
C	COM 2ND FLOOR	Square Feet:	648

⑤ entire 1st floor of two story building approx 24 x 54 including basement area

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APPLICANT INFORMATION

NEBRASKA LIQUOR CONTROL COMMISSION

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

my husband got charged because he cross the Berens line in American woman his record has been checked before

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

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

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

- Yes \_\_\_\_\_

No

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 and

Maria G. Ried

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.

Maria G. Ried

LIC # 45334

98-2002

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NEBRASKA LIQUOR CONTROL COMMISSION

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

Maria G Rios 48 Hours

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.

I had a Restaurant with Licos Back To 1997 it was at 48th St. G.I To 2002 then at Conestoga Mall; then I moved to Lincoln

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? the business are open Now

16. What will be the main nature of business? What are the anticipated hours of operation? from 11AM TO 10 P.M.

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
<u>Maria G Rios</u>	<u>1989</u>	<u>1998</u>	<u>Grand Island</u>
<u>Maria G. Rios</u>	<u>1998</u>		<u>Lincoln NE</u>
<u>Tiburcio Rios</u>	<u>1989</u>	<u>1998</u>	<u>G.I</u>
<u>Tiburcio Rios</u>	<u>1998</u>	<u>2007</u>	<u>Lincoln</u>

SPOUSE

he will move Back to G.I next month.

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.

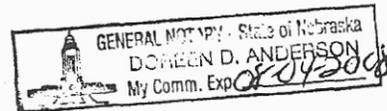
X	<u>Maria Guadalupe Rico</u>	<u>[Signature]</u>
	(sign here)	(sign here)
X	<u>Ed Rico</u>	<u>Ed Rico</u>
	(sign here)	(sign here)
	_____	_____
	(sign here)	(sign here)
	_____	_____
	(sign here)	(sign here)
	_____	_____
	(sign here)	(sign here)

Subscribed in my presence and sworn to before me this

22nd day of May, 2007

Doreen D Anderson

Notary Public Signature & Seal

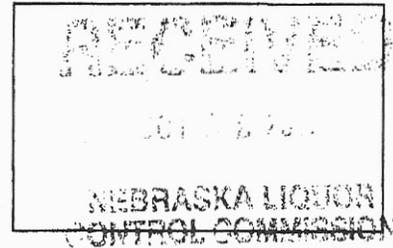


In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

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

LOS Dos Hermanos Mexicana Cafe Inc

Corporate Street Address: 6117 Havelock Ave

City: Lincoln State: NE Zip Code: 68507

Corporate Telephone Number 402-467-4004

Total number of shares issued (if corporation) 1000

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

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Name of Registered Agent Robert Othe

Name of Proposed Manager Maria Rico  
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Rico First Name: Maria MI G.

Address Street 8415 Eagle Court City Lincoln

State NE Zip Code 68507 Home Phone number 402) 467-4004

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

10070  
Stockholder

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

Last Name RICO First Name MARIA

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

Title President Number of Shares 1000

Spouse Name (indicate N/A if single) ~~RODRIGO~~ TIBURCIO RICO

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

Title N/A Number of Shares 0

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

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

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

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

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

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

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

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

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

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

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

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

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

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

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

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

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

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

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

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

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

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

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

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

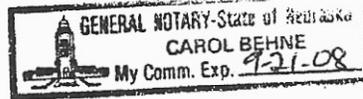
Starting Date Jan Ending Date Dec.

X 

Signature of President/Managing Member



Notary Public Signature & Seal



Subscribed in my presence and sworn to before me this

22<sup>nd</sup> day of October, 2007

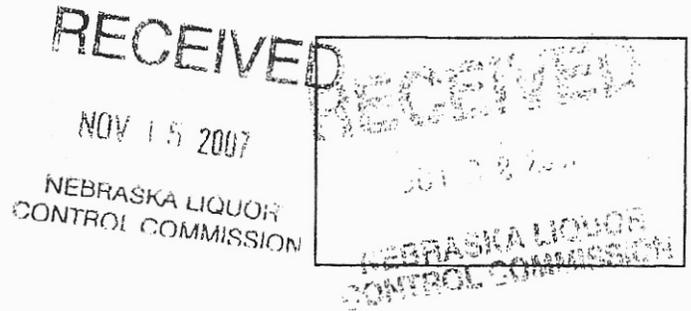
Notary Public Signature & Seal

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 For Don Hermanor  
CLASS & LICENSE NUMBER I  
TRADE NAME For Don Hermanor  
STREET ADDRESS 6117 Harlock ave CITY Lincoln NE

X Applicant

SIGNATURE OF CORPORATION PRESIDENT/CEO

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

NAME Maria G. Dries  
ADDRESS 6117 Harlock ave  
CITY Lincoln STATE NE ZIP CODE 688507  
HOME PHONE NUMBER 402) 730 7062 BUSINESS PHONE NUMBER 402-467 4004  
SEX  MALE  FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH San Salvador  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

SPOUSES INFORMATION

SPOUSE NAME Tiburcio Rico  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

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

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

YES       NO

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

Tiburcio Rico - charged - see application #1

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
Maria Rico Grand Island	1989	1998	Tiburcio Rico Grand Island	1989	1998
Lincoln	1998	Present	Lincoln	1998	2007

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

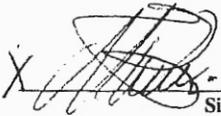
MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
	Self Employer		

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

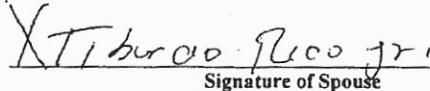
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true.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

X 

Signature of Applicant

X 

Signature of Spouse

Subscribed in my presence and sworn to before me this 22<sup>nd</sup>  
day of October, 2007.

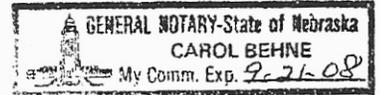
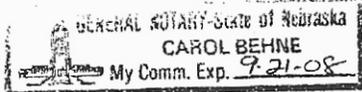
Subscribed in my presence and sworn to before me this 22<sup>nd</sup>  
day of October, 2007.



Notary Signature & Seal



Notary Signature & Seal



Home address

~~15346~~ ~~W. Main St. Rio~~  
15346 K&N SAW NE

68956

RECEIVED

NOV 1 2001

NEBRASKA LIQUOR  
CONTROL COMMISSION

6117 Harrelson Ave.  
Lincoln NE. 68507

I do have an apartment at this address  
and I will stay here

6117 Harrelson Ave.

please whom you want to use 75901  
or  
75902

NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

RECEIVED

NOV 12 2007

NEBRASKA LIQUOR CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest 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.

RECEIVED

NOV 15 2007

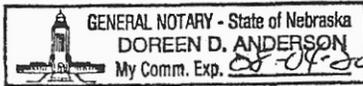
NEBRASKA LIQUOR CONTROL COMMISSION

Ted Rieck

Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 22nd day of

May, 2007.



Doreen D Anderson

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]

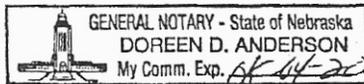
Signature of Licensee/Applicant

Maria G. Ried

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 22nd day of

May, 2007.



Doreen D Anderson

Signature of Notary Public

FORM 35-4178  
REV 2/01

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