



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

April 16, 2008

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 9 South Chagrill, 844 South Street requesting a class I liquor license.

Linsi Peterson has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Linsi Peterson was born in Columbus, Nebraska. She attended the University of Nebraska graduating in 2002.

Linsi Peterson employment history is as follows:

Present	Manager, 9 South Chagrill	Lincoln, NE.
2000 - Present	Bartender, Q	Lincoln, NE.
2005 - 2007	Manager, Bennigans	Lincoln, NE.
2005	Loss Prevention, American Eagle	Lincoln, NE.
2004 - 2005	Bartender, Baciama	Lincoln, NE.

Brett Richardson, owner is signed up to take the required training in 5-8-08.

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



APPLICATION FOR LIQUOR LICENSE

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

80654

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CLASS OF LICENSE FOR WHICH APPLICATION IS CHECK DESIRED CLASS(S)

NEBRASKA LIQUOR CONTROL COMMISSION

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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

APR 03 2008

NEBRASKA LIQUOR CONTROL COMMISSION

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- L Craft Brewery (Brew Pub) \$295.00 \$1,000 minimum bond
- O Boat \$ 95.00
- V Manufacturer \$ 45.00(+license fee) \$10,000 minimum bond
- W Wholesale Beer \$545.00 \$5,000 minimum bond
- X Wholesale Liquor \$795.00 \$5,000 minimum bond
- Y Farm Winery \$295.00 \$1,000 minimum bond
- Z Micro Distillery \$295.00 \$1,000 minimum bond

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 & 3c)
- Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Brett Richardson

Phone number: 773-415-0183

Firm Name _____

BUS 9986
145-mm



0800007544

PREMISE INFORMATION

Trade Name (doing business as) SWIG LLC dba 9 South Chagrill

Street Address #1 844 South St

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68502

Premise Telephone number 402-474-9997

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

Mail address (where you want receipt of mail from the commission) _____

Name Brett Richardson

Street Address #1 1928 S 8th St

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68502

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.

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CONTROL COMMISSION

All attached

one story building

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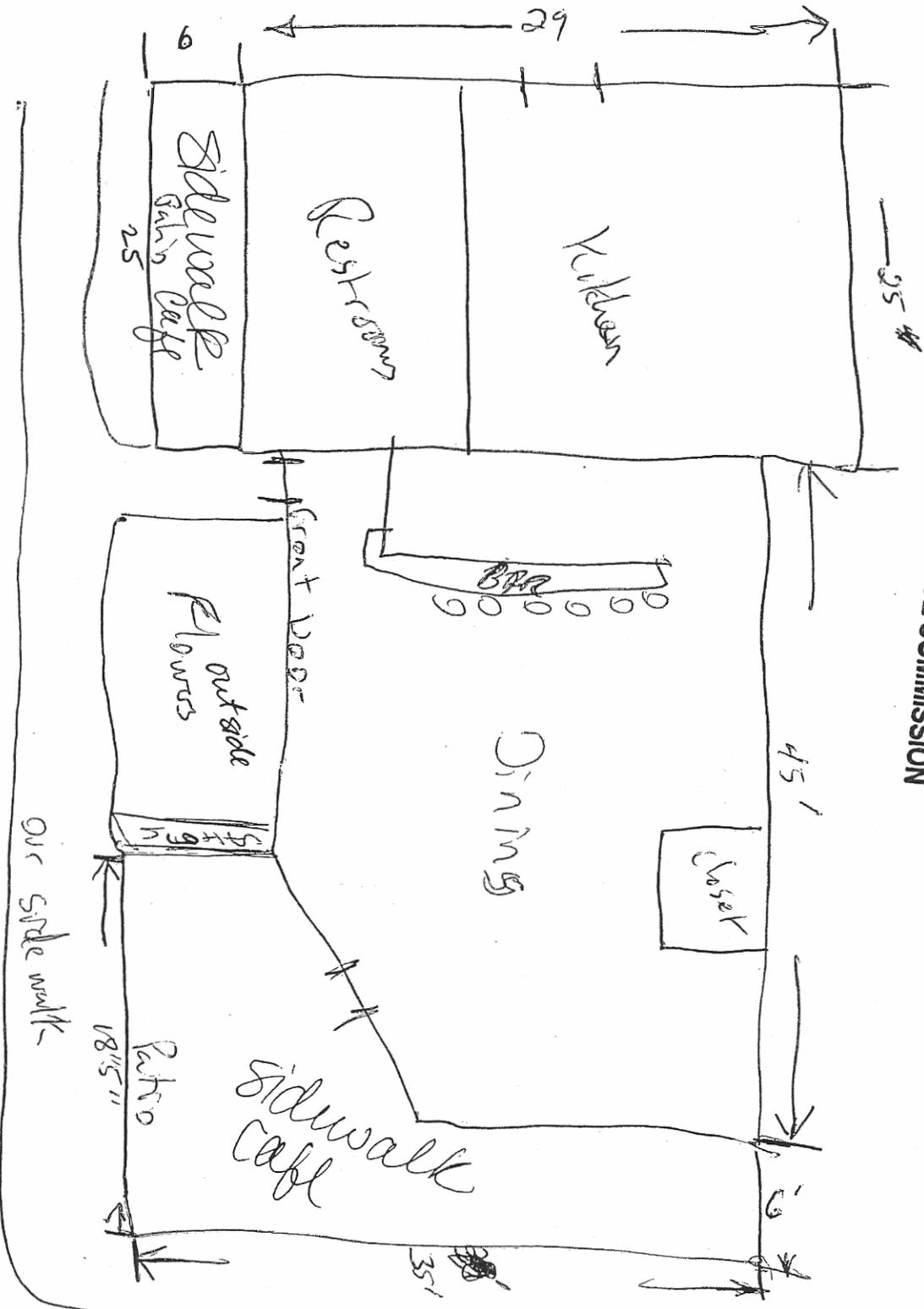
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no basement

844 South St

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NEBRASKA LIQUOR CONTROL COMMISSION



11/11/07

APPLICANT INFORMATION

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1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or pleads 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

NEBRASKA LIQUOR CONTROL COMMISSION

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

Brett Richardson DUI2001Lincoln, DUI2002Lincoln Speeding tickets Nebraska Leaving the scene of accident 1995 omaha Shawn Lacey procuring to minor 199? MIP 1988?

2. Are you buying the business and/or assets of a licensee?

YES NO

If yes, give name of business and license number _____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

YES NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

YES NO

If yes, list the lender HS Bank

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

YES NO

If yes, explain. All involved persons must be disclosed on application. _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

YES NO

If yes, explain. _____

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

YES NO

If yes, list the name of such institution and where it is located in relation to the premises. Nebr. Rev. Stat. § 47-1177

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9. Is anyone listed on this application a law enforcement officer?

YES NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

NEBRASKA LIQUOR CONTROL COMMISSION

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 withdrawals on accounts at the institution.

Bank Of the West Brett Richardson, Shawn Lacey

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 reason for termination of any license(s) 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. Linsi Peterson 40+ hours Brett Richardson 40+

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. Brett Hospitality class serve safe program 20 years bartending, Linsi Peterson Bennigans

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 12/2012

10-31-2011

Deed

Purchase Agreement

15. When do you intend to open for business? opened May 21st 2007

16. What will be the main nature of business? restaraunt/catering

17. What are the anticipated hours of operation? 11:00-11:00

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

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

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Shawn Lacey Lincoln NE	LIFE				
Brett Richardson Lincoln NE	1993	2003			
Brett Richardson Chicago Il	2003	2004			
Brett Richardson Lincoln	2004	2007			

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and 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 of 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.



Signature of Applicant

Signature of Spouse



Signature of Applicant

Signature of Spouse

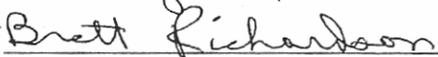
State of Nebraska

County of Lancaster

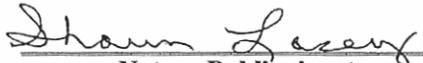
County of _____

The foregoing instrument was acknowledged before me this August 24, 2009 by

The foregoing instrument was acknowledged before me this _____ by

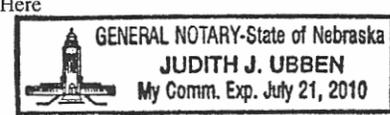


Brett Richardson



Notary Public signature

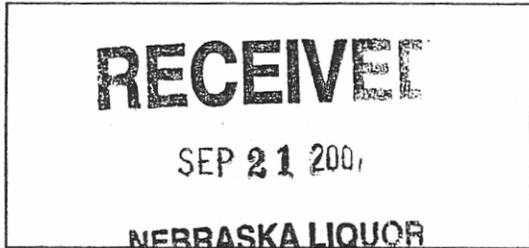
Notary Public signature

Affix Seal Here


Affix Seal Here

**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 _____

NAME OF LICENSEE Swig LLC **RECEIVED**

TRADE NAME 9 South Chargeill **APR 08 2008**

PREMISE ADDRESS 844 South St **NEBRASKA LIQUOR CONTROL COMMISSION**

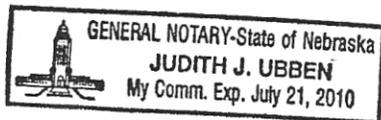
CITY/STATE/ZIP CODE Lincoln NE 68502

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.

Burt A. Arden
Signature of Licensee

Subscribed in my presence and sworn to before me this 27th day of Aug, 2007

Judith J. Ubben
Notary Public Signature & Seal



**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

All LCC members, including spouses, are required to adhere to the following requirements:

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Jody Gittins

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Swig LLC

LLC Address: 1928 S 8th St

City: Lincoln State: NE Zip Code: 68502

LLC Phone Number: 402-474-9997 Fax Number 402-474-0233

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Richardson First Name: Brett MI: A

Home Address: 1928 S 8th St City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: 773-415-0183

Brett A. Richardson

Signature of Contact Member

State of Nebraska
County of Lancaster

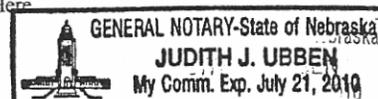
The foregoing instrument was acknowledged before me this

August 24, 2007
date

by Brett Richardson
name of person acknowledged

Judith J. Ubben
Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

*Signed
prints*
Last Name: Lacey First Name: Shawn MI: S

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

PC

*Signed
prints*
Last Name: Richardson First Name: Brett MI: A

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

PC

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

(Vertical line through the bottom three rows)

Is the applying Limited Liability Company controlled by another Corporation/Company?

YES

NO

If yes, provide the name of corporation/company and supply an organizational chart

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January 1

Ending Date: December 31

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

**MANAGER APPLICATION
INSERT - FORM 3c**

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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Swig LLC

Premise information

Premise License Number: _____

Premise Trade Name/DBA: 9 South Chargrill

Premise Street Address: 844 South St

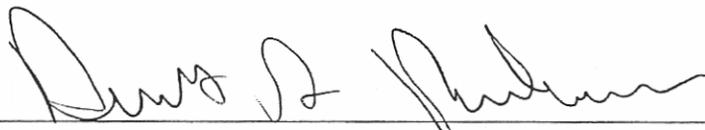
City: Lincoln

State: NE

Zip Code: 68502

Premise Phone Number: 402-474-9997

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

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Manager's information must be completed below PLEASE PRINT CLEARLY

APR 03 2008

NEBRASKA LIQUOR CONTROL COMMISSION

Gender: MALE FEMALE

Last Name: Peterson First Name: Linsi MI: A

Home Address (include PO Box if applicable): 835 S 11th St #1

City: Lincoln State: NE Zip Code: 68508

Home Phone Number: 402-730-7584 Business Phone Number: 402-474-9997

Social Security Number Drivers License Number & State:

Date Of Birth Place Of Birth: Columbus NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES NO

Spouse's information

Spouses Last Name: First Name:

MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth:

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln NE	1995	2007			

MANAGER'S LAST TWO EMPLOYERS

YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
2005	2007	Bennigans	Brian Bierman	402-488-8701
2000	2007	Q-Continuum Inc	Jim Friedman	402-730-2010

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

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SEP 21 2002

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

NEBRASKA LIQUOR CONTROL COMMISSION

Has anyone who is a party to this application, or their spouse, EVER been convicted of or pled 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.

speeding tickets Lincoln, public intoxication IA Council Bluffs JULY 2002

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES

NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES

NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

YES

NO

prints enclosed

PERSONAL OATH AND CONSENT OF INVESTIGATION

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.

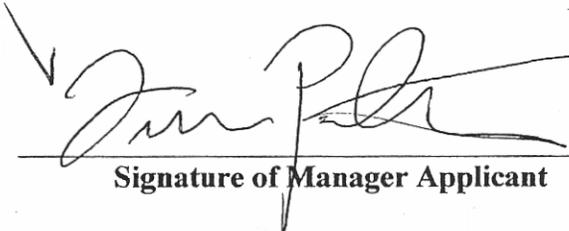
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action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

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NEBRASKA LIQUOR
CONTROL COMMISSION



Signature of Manager Applicant

Signature of Spouse

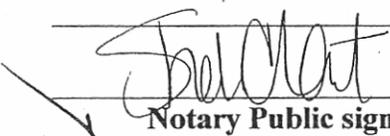
State of Nebraska

County of Lancaster

County of _____

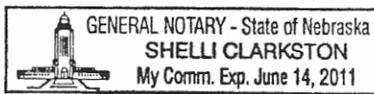
The foregoing instrument was acknowledged before me this 01/24/07 by _____

The foregoing instrument was acknowledged before me this _____ by _____



Notary Public signature

Notary Public signature

Affix Seal Here 

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In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
08/31/2007
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA—DEPARTMENT OF HEALTH Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

126- 68 19409
W-200 BIRTH NUMBER

CHILD—NAME			DATE OF BIRTH (MONTH, DAY, YEAR)		126-	68 19409
1. Shawn Scott Lacey			2c.		2b. 2:55 A.M.	
SEX	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH	
3. Male	4c. Single		4b.		5c. Lancaster	
CITY, TOWN, OR LOCATION OF BIRTH			HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)			
5b. Lincoln			5d. Bryan Memorial Hospital			
MOTHER—MAIDEN NAME			AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
4a. Sandra Lee Schantel			6c. 27		6b. Minn.	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
7a. Nebraska	7b. Lancaster	7c. Lincoln		7d. Yes		7e. 1110 Fairfield 68521
FATHER—NAME			AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
8a. Lester Owen Lacey			8b. 30		8c. Nebraska	
INFORMANT—NAME OR SIGNATURE					RELATION TO CHILD	
9a. Sandra Lacey					9b. Mother	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR)		ATTENDANT—M.D., D.O., OTHER (SPECIFY)	
10a. SIGNATURE			10b.		10c. M.D.	
CERTIFIER—NAME (TYPE OR PRINT)			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
10d. J. W. Ballew, M.D.			10e. 1701 K St., Lincoln, Nebr.			
REGISTRAR—SIGNATURE					DATE RECEIVED BY LOCAL REGISTRAR	
11a. <i>[Signature]</i>					11b. MONTH DAY YEAR OCT 29 1968	

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NEBRASKA LIQUOR CONTROL COMMISSION

CERTIFICATE OF BIRTH

Bartholomew County Health Department

Columbus, Indiana

This Certifies that according to the records of the Bartholomew County Health Department

Name BRETT ALAN RICHARDSON

Was born in Bartholomew County, Indiana on _____ Year _____

Child of BRENT A. AND JODY L. RICHARDSON

Birthplace of father INDIANA Birthplace of mother NEBRASKA

Record Filed April 28, 1969 Certificate 1969-000386

Walter H. Robinson
(Health Officer)

1176584

Issued August 28, 2007

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

STATE OF INDIANA

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
08/30/2007
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

128- 77 14306

CHILD - NAME FIRST MIDDLE LAST 1. Linsi Ann Peterson			DATE OF BIRTH (MONTH, DAY, YEAR) 2.		HOUR 3. 2:01 P. M.
SEX 4. Female	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 5. single	IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 6.		COUNTY OF BIRTH 7. Platte	
CITY, TOWN, OR LOCATION OF BIRTH 8. Columbus		INSIDE CITY LIMITS (SPECIFY YES OR NO) 9. yes	HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 10. Columbus Community Hospital		
MOTHER - MAIDEN NAME FIRST MIDDLE LAST 11. Bonita Jane Paprocki			AGE (AT TIME OF THIS BIRTH) 12. 26	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 13. Nebraska	
RESIDENCE - STATE 14. Nebraska	COUNTY 15. Platte	CITY, TOWN, OR LOCATION, zip code 16. Columbus 68601		INSIDE CITY LIMITS (SPECIFY YES OR NO) 17. yes	STREET AND NUMBER 18. 710 Lovers Lane
FATHER - NAME FIRST MIDDLE LAST 19. James Henry Peterson			AGE (AT TIME OF THIS BIRTH) 20. 26	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 21. Nebraska	
INFORMANT - NAME OR SIGNATURE 22. Bonita Peterson <i>Bonita Peterson</i>				RELATION TO CHILD 23. mother	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) 24.	ATTENDANT - M.D., D.O., OTHER (SPECIFY) 25. M. D.	
SIGNATURE 26. <i>Herbert Kuper</i>		CERTIFIER - NAME (TYPE OR PRINT) 27. H. D. Kuper	MAILING ADDRESS 28. 2511 15th St. Columbus, NE 68601	DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR 29. August 8, 1977	
REGISTRAR - SIGNATURE 30. <i>Milton Langan</i>					

Official Nebraska Government Website

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Fri Sep 21 15:06:00 2007

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Entity Name	SOS Account Number		
SWIG LLC	10073895		
Principal Office Address	Registered Agent and Office Address		
1928 S 8TH ST	JODY GITTINS		
LINCOLN, NE	1443 N PINE ST WAHOO, NE 68066		
Nature of Business	Entity Type	Date Filed	Account Status
Not Available	Domestic L L C Qualifying State: NE	Jul 20 2005	Active



Corporation Position	Name	Address
Manager	BRETT RICHARDSON	1928 S 8TH ST LINCOLN, NE 68502

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Click on the pay service items you wish to view. Your Nebraska Online account will be charged the indicated amount for each item you view.

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Code	Trans	Date	Price
AL	Articles Limited	Jul 20 2005	\$1.35 = 3 page(s) @ \$0.45 per page
BR	Biennial Report	May 31 2007	\$0.45 = 1 page(s) @ \$0.45 per page

- Letter of Good Standing

I require a Letter of Good Standing for this Corporation. - This is an online/electronic Letter of Good Standing which is immediately available for viewing or printing and will be charged to your Nebraska.gov account. \$6.50

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RECEIVED

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

Submit in Duplicate

SEP 21 2007

NEBRASKA LIQUOR
CONTROL COMMISSION

John A. Gale, Secretary of State
Room 1305 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.nol.org/home/SOS/>



Name of Limited Liability Company SWIG LLC

~~DBA 9 South~~
Name must contain the words limited liability company, ltd. liability company, ltd. liability co., L.L.C. or LLC as the last words of the name

Period of Duration perpetual (may be perpetual)

Purpose for which the limited liability company is organized manage and operate restaurants

Principal place of business in Nebraska:

1928 S 8th St Lincoln NE 68502
Street Address City Zip

Name and address of registered agent in Nebraska:

Registered Agent Name: Jody Gilman
Address: 1443 N Pine St Wahar NE 68066
Street Address City Zip

The total amount of cash contributed to stated capital of the LLC \$ 2000.00

Description and agreed value of property other than cash contributed to stated capital:

Description of Property	Agreed Value
<u>Restaurant Equipment</u>	<u>3000.00</u>
<u>Building Material</u>	<u>7500.00</u>

Total additional contributions agreed to be made by all members and the times at which, or events upon the happening of which such contributions shall be made:

NONE

RECEIVED

APR 03 2008

NEBRASKA LIQUOR CONTROL COMMISSION

Members shall or shall not have the right to admit additional members (check)

If additional members are allowed the terms and conditions of admission:

by unit sale or 10%

The company will be managed by managers or members (check one). List the name and address of the managers or, if the management is reserved to the members, the name and address of the members:

Name	Address
<u>Brett Richardson</u>	<u>1928 S 8th St Lincoln NE 68502</u>

Attach additional pages if needed for additional managers or members. If the LLC has more than one class of membership please attach additional pages with the name or description of each class of membership and the names and addresses of the members in each class.

Any other provisions, not inconsistent with law, which the members elect to set out in the articles of organization for the limited liability company:

Five horizontal lines for additional provisions.

Only one signature is required, additional persons may sign:

David A. [Signature]
Signature

Signature

Brett Richardson
Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

FILING FEE: \$100.00 plus \$5.00 per page and \$10.00 for certificate of organization

Revised 4/5/2001

Neb. Rev. Stat. 21-2606