CITY OF LINCOLN
NEBRASKA

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

LINCOLN
The Community of Opportunity

October 13, 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 Jasmine Room, 129 North 10th Street requesting a class I liquor license.

Monte Forehlich, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as the Council approved Mr. Forehlich on a previous application.

Mr. Forehlich completed the required training on 5-8-2008.

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

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/

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

RETAIL LICENSE(S)			Application Fee
☐	A	BEER, ON SALE ONLY	$45.00
☐	B	BEER, OFF SALE ONLY	$45.00
☐	C	BEER, WINE & DISTILLED SPIRTS, 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 (requires catering application form)		$100.00

MISCELLANEOUS			Application Fee		Bond Required
☐	L	Craft Brewery (Brew Pub)	$295.00		$1,000 minimum
☐	O	Boat	$ 95.00		none
☐	V	Manufacturer			
	☐	Alcohol & Spirits	$1,045.00		$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$145.00	1 to 100 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$245.00	100 to 150 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$395.00	150 to 200 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$545.00	200 to 300 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$695.00	300 to 400 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$745.00	400 to 500 barrel*	$1,000 minimum
☐	W	Wholesale Beer	$545.00		$5,000 minimum
☐	X	Wholesale Liquor	$795.00		$5,000 minimum
☐	Y	Farm Winery	$295.00		$1,000 minimum
☐	Z	Micro Distillery	$295.00		$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st
All other licenses expire April 30th
Catering license (K) expires 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 PATTI A. DITTMANN Phone number: 402-474-6900

Firm Name CLINE WILLIAMS LAW FIRM

PREMISE INFORMATION

Trade Name (doing business as) JASMINE ROOM

Street Address #1 129 NORTH 10TH STREET

Street Address #2

City LINCOLN County LANCASTER #2 Zip Code 68508

Premise Telephone number 402-476-4568

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

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

Name OLD FEDERAL PLACE LIMITED LIABILITY COMPANY

Street Address #1 129 NORTH 10TH STREET

Street Address #2 SUITE 100

City LINCOLN State NE Zip Code 68508

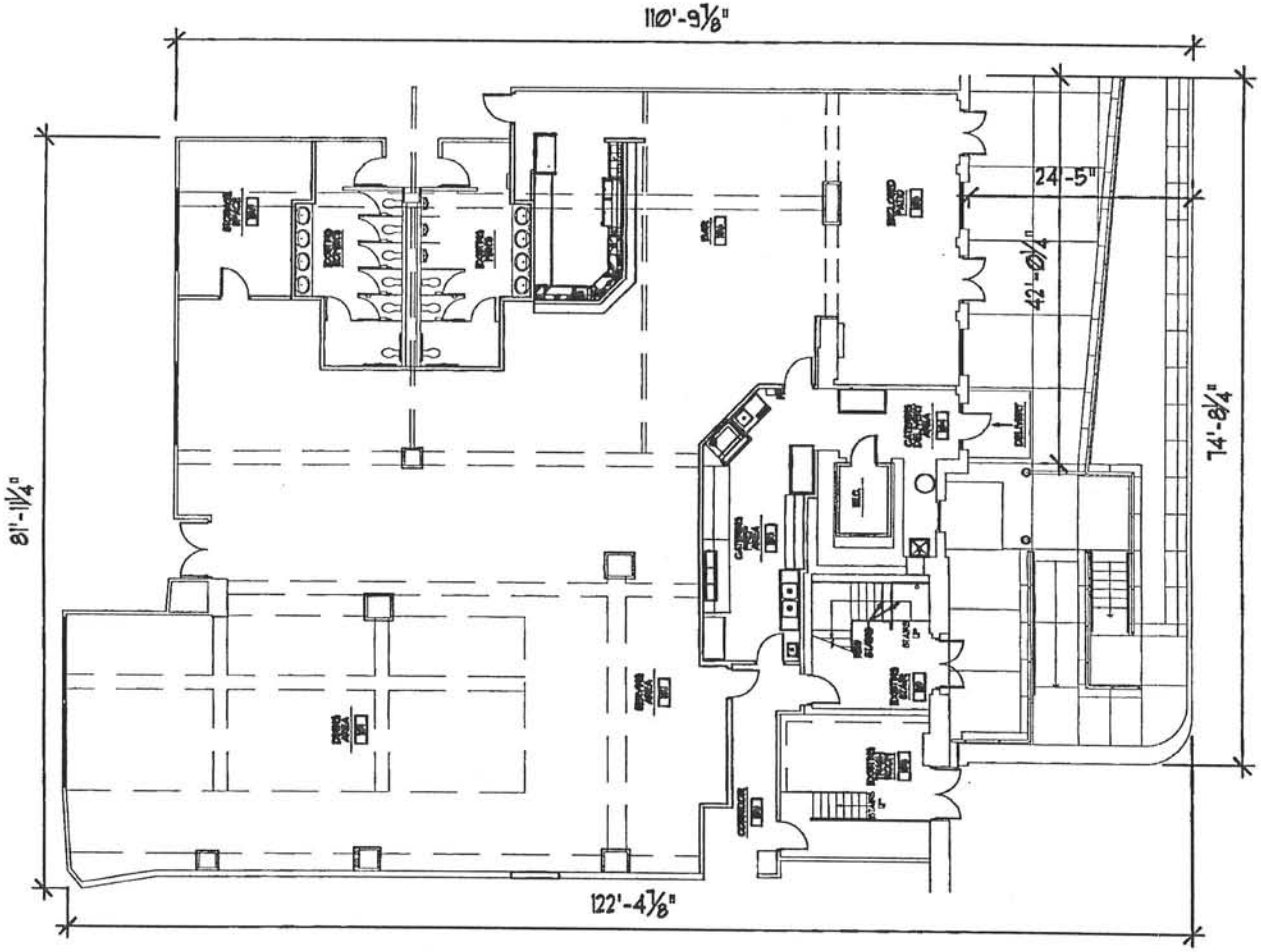
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

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.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

SEE ATTACHED

1st floor of 3 story bldg
approx 123' X 82'



FLOOR PLAN

SCALE: 1"=20'-0"

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NEBRASKA LIQUOR
CONTROL COMMISSION

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GRAND MANSE
JASMINE ROOM
BANQUET
FACILITY

LINCOLN, NEBRASKA

Project No. 16008

REVIEW SET

Date: 09/16/2008

ERICKSON
ARCHITECTS
SULLIVAN
209 South 9th Street
Lincoln, NE 68508
Tel.402.475.1767 Fax402.475.1800

APPLICANT INFORMATION

READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

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

☐ YES ☑ NO

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

_____

_____

_____

_____

_____

2. 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_____

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 (Neb. Rev. Stat. 53-177)

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

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.

CORNHUSKER BANK: MONTE FROEHLICH, CINDY GRAHAM, JOEL ANDERSON & PATRICIA CORKLE AUTHORIZED

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.

SEE ATTACHED SHEET

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

a) Individual, applicant only (no spouse)
b) Partnership, all partners (no spouses)
c) Corporation, manager only (no spouse)
d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
RESPONSIBLE HOSPITALITY COUNCIL	5-08-08	27TH STREET POLICE STATION
MANAGEMENT TRAINING		

13. 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

14. When do you intend to open for business? NOVEMBER 1, 2008
15. What will be the main nature of business? LEASING SPACE FOR SPECIAL EVENTS
16. What are the anticipated hours of operation? VARIES DEPENDING ON EVENT

17. 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 FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
LINCOLN, NE	1998	—	LINCOLN, NE	1998	—

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

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this October 6, 2008 by

Patti A. Dittmann

Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
PATTI A. DITTMANN
My Comm. Exp. Nov. 29, 2008

County of Lancaster

The foregoing instrument was acknowledged before me this October 6, 2008 by

Patti A. Dittmann

Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
PATTI A. DITTMANN
My Comm. Exp. Nov. 29, 2008

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.

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OCT 07 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE

Question No. 11

License Holder Name	Location of License	License Number
Old Federal Place Limited Liability Company (Monte Froehlich)	129 North 10th Street Lincoln, NE 68508	#80371
red9, LLC (Monte Froehlich)	322 South 9th Street Lincoln, NE 68508	Pending

0867713.1

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

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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: MONTE L. FROEHLICH

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

OLD FEDERAL PLACE LIMITED LIABILITY COMPANY

LLC Address: 129 NORTH 10TH STREET, SUITE 100

City: LINCOLN State: NE Zip Code: 68508

LLC Phone Number: 402-475-8776 Fax Number 402-476-6124

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

Last Name: FROEHLICH First Name: MONTE MI: L

Home Address: 6011 SOUTH 72ND STREET City: LINCOLN

State: NE Zip Code: 68516 Home Phone Number: 402-489-0030

Signature of Contact Member

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

October 6, 2008 by Patti A. Dittmann
date name of person acknowledged

Patti A. Dittmann
Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
PATTI A. DITTMANN
My Comm. Exp. Nov. 29, 2008

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

Last Name: FROEHLICH First Name: MONTE MI: L

Social Security Number: _____ Date of Birth: _____

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

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: _____

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: _____

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 Ending Date: DECEMBER

Is this a Non Profit Corporation?

☐ YES ☑ NO

If yes, provide the Federal ID #.

_____

In compliance with the ADA, this limited liability company insert form 3b is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

JUN 29 1993
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

FHS-79e(VS)
REV. 12-54
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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

58-032068

BIRTH NO. 126

1. PLACE OF BIRTH a. COUNTY Madison	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Madison
b. CITY (If outside corporate limits, write RURAL) OR TOWN Norfolk	c. CITY (If outside corporate limits, write RURAL) OR TOWN Norfolk
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) Lutheran Hospital	d. STREET ADDRESS (If rural, give location) 1803 Madison Ave.

3. CHILD'S NAME (Type or print)	a. (First) Monte	b. (Middle) Lynn	c. (Last) Froehlich
4. SEX Male	5a. THIS BIRTH Single ☒ Twin ☐ Triplet ☐	5b. If TWIN OR TRIPLET (This child born) 1st ☐ 2nd ☐ 3rd ☐	6. DATE OF BIRTH (Month) (Day) (Year)

FATHER OF CHILD E-6-2

7. FULL NAME	a. (First) Virgil	b. (Middle) Leo	c. (Last) Froehlich	8. COLOR OR RACE White
9. AGE (At time of this birth) 29 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Hadar, Nebraska	11a. USUAL OCCUPATION Buyer	11b. KIND OF BUSINESS OR INDUSTRY General Wholesale	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First) Janice	b. (Middle) Elaine	c. (Last) Clark	13. COLOR OR RACE White
14. AGE (At time of this birth) 30 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Page, Nebraska	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 3	b. How many OTHER children were born alive but are now dead? 0	c. How many children were stillborn (born dead after 20 weeks pregnancy? 0
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Virgil L. Froehlich, Mother				

I hereby certify that this child was born alive on the date stated above at 3:52 a.m.	18a. SIGNATURE Estel G Durham	18b. ATTENDANT AT BIRTH M. D. ☒ Midwife ☐ Other (Specify)
	18c. ADDRESS Norfolk, Nebraska	19. MOTHER'S MAILING ADDRESS Mrs. Virgil L. Froehlich 1803 Madison Ave. Norfolk, Nebraska
20. DATE REC'D BY LOCAL REG. Dec. 27, 1958	21. REGISTRAR'S SIGNATURE A. K. Boysen	

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

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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: OLD FEDERAL PLACE LIMITED LIABILITY COMPANY

Premise information

Premise License Number:

Premise Trade Name/DBA: JASMINE ROOM

Premise Street Address: 129 NORTH 10TH STREET

City: LINCOLN State: NE Zip Code: 68508

Premise Phone Number: 402-476-4568

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)

Manager's information must be completed below - PLEASE PRINT CLEARLY

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OCT 07 2009
NEBRASKA LIQUOR CONTROL COMMISSION

Gender: ☑ MALE ☐ FEMALE

Last Name: FROEHLICH First Name: MONTE MI: L

Home Address (include PO Box if applicable): 6011 SOUTH 72ND STREET

City: LINCOLN State: NE Zip Code: 68516

Home Phone Number: 402-489-0030 Business Phone Number: 402-475-8776

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Norfolk, 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: FROEHLICH First Name: LISA
MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Oelwein, IA

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

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
LINCOLN, NE	1998	—	LINCOLN, NE	1998	—

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
	—	U.S. PROPERTY MANAGEMENT	SELF	

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

RECEIVED
OCT 07 200
NEBRASKA LIQUOR
CONTROL COMMISSION

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

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

☐ YES ☑ NO If yes, please explain below or attach a separate page.

2. Have you or your spouse ever 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 SEE ATTACHED

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 FINGERPRINT CARDS ON FILE

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.

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this October 6, 2008 by

Patti A. Dittmann

Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
PATTI A. DITTMANN
My Comm. Exp. Nov. 29, 2008

County of Lancaster

The foregoing instrument was acknowledged before me this October 6, 2008 by

Patti A. Dittmann

Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
PATTI A. DITTMANN
My Comm. Exp. Nov. 29, 2008

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.

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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

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NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Lisa Froehlich

Signature of spouse asking for waiver
(Spouse of individual listed below)

Lisa R. Froehlich

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

October 6, 2008 (date) by Patti A. Dittmann (name of person acknowledged)

Patti A. Dittmann

Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
PATTI A. DITTMANN
My Comm. Exp. Nov. 29, 2008

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Signature of individual involved with application
(Spouse of individual listed above)

Monte L. Froehlich

Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

October 6, 2008 (date) by Patti A. Dittmann (name of person acknowledged)

Patti A. Dittmann

Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
PATTI A. DITTMANN
My Comm. Exp. Nov. 29, 2008

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.