

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 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 Nam's, 940 North 27<sup>th</sup> Street requesting a class C liquor license.

This location will be a bar / restaurant.

Nam Doung, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Nam Doung was born in Vietnam. He attended High School in Vietnam, graduating in 1966.

Mr. Nam served in the Armed Forces 1968 – 1975. Mr. Nam has been self employed since 1994.

Mr. Nam is to take the required training January 8, 2009.

**This location requires a special permit for approval.**

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

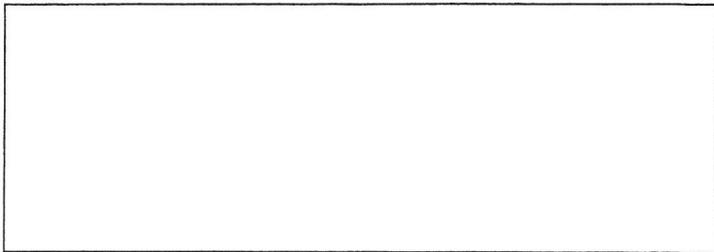


A nationally accredited law enforcement agency



# 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/



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

### RETAIL LICENSE(S)

		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

### MISCELLANEOUS

		Application Fee	Bond Required
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$145.00	1 to 100 barrel* \$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00	100 to 150 barrel* \$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00	150 to 200 barrel* \$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00	200 to 300 barrel* \$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00	300 to 400 barrel* \$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00	400 to 500 barrel* \$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	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 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

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 NAM - DUONG Phone number: 438-4031 (310.1595) cell/#

Firm Name Nam -

**APPLICANT INFORMATION**

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

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

YES  NO

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

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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?

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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.**

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

YES  NO

If yes, list the lender \_\_\_\_\_

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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. \_\_\_\_\_

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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. \_\_\_\_\_

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

YES  NO

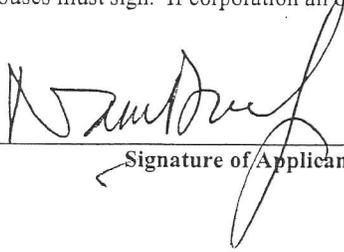
If yes, explain. \_\_\_\_\_

**No silent partners**

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

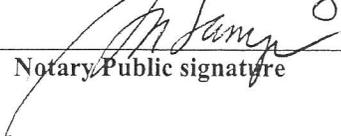
State of Nebraska

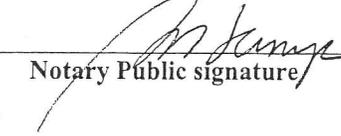
County of Lancaster

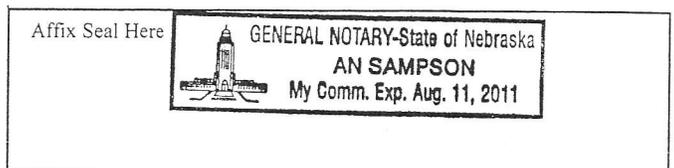
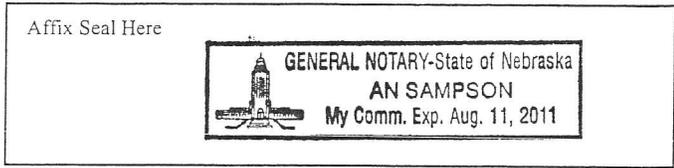
The foregoing instrument was acknowledged before me this Dec 1, 2008 by Nam Van Duong

County of Lancaster

The foregoing instrument was acknowledged before me this Dec 1, 2008 by Tho Thi Le

  
\_\_\_\_\_  
Notary Public signature

  
\_\_\_\_\_  
Notary Public signature



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.

**APPLICATION FOR LIQUOR LICENSE  
INDIVIDUAL  
INSERT - FORM 1**

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](http://www.lcc.ne.gov)

Office Use

**Individual applicants, including 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 sign the signature page of the Application for License form
- 6) Applicant may be required to take a training course

*INS  
paperwork*

Name of individual applicant who will hold license

Last Name: DUONG

First Name: NAM MI: VAN

Home Address: 5101 FOXGLOVE CR City: LINCOLN NE Zip Code: 68521

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

Home Telephone Number: 402-438-2665

Drivers License Number: \_\_\_\_\_ State: NEBRASKA

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

*spousal*

*Not a  
citizen*

YES

NO

If yes, provide your spouse's information below

Spouses Last Name: LE

Spouses First Name: THO MI: THI

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

Drivers License Number: NONE State: NA

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities. A ten day advance period is required in writing to produce the alternate format.

UNITED STATES OF AMERICA

No. 11906445

CERTIFICATE OF



NATURALIZATION

Petition No. 5288

ORIGINAL

Alien Registration No. A25 046 152

Personal description of holder as of date of naturalization: Date of birth \_\_\_\_\_; sex M; complexion Medium; color of eyes Brown; color of hair Black; height 5 feet 7 inches; weight 147 pounds; visible distinctive marks Brown Mark on Right Cheek; Marital status Married; Country of former nationality Vietnam

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

x [Signature]

(Complete and true signature of holder)

UNITED STATES OF AMERICA DISTRICT OF NEBRASKA

ss:

Be it known, that at a term of the U.S. District Court Nebraska Court of

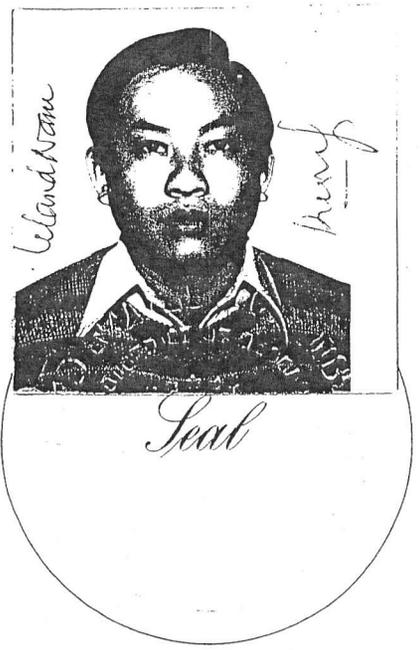
held pursuant to law at Omaha, Nebraska on July 3, 1986

the Court having found that

CELAND NAM DUONG

then residing at 2901 S Street, Lincoln NE 68503 intends to reside permanently in the United States (when so required by the Naturalization Laws of the United States), had in all other respects complied with the applicable provisions of such naturalization laws, and was entitled to be admitted to citizenship, thereupon ordered that such person be, and (s)he was admitted as a citizen of the United States of America.

In testimony whereof the seal of the court is herunto affixed this 3rd day of July in the year of our Lord nineteen hundred and eighty-six



Seal

WILLIAM L. OLSON

Clerk of the U.S. District Court

[Signature]

By JoAnne McClain Deputy Clerk

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE.

# 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](http://www.lcc.ne.gov)

Office Use

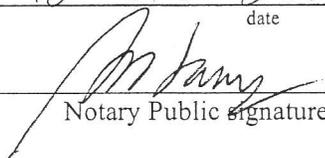
I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, 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.

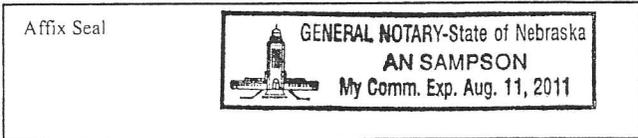
  
\_\_\_\_\_  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

THO . THI - LE  
\_\_\_\_\_  
Printed name of spouse asking for waiver

State of NEBRASKA  
County of Lancaster  
12-01-2008  
date

The foregoing instrument was acknowledged before me this  
by Tho Thi Le  
name of person acknowledged

  
\_\_\_\_\_  
Notary Public signature



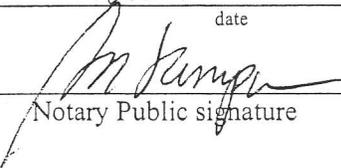
I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

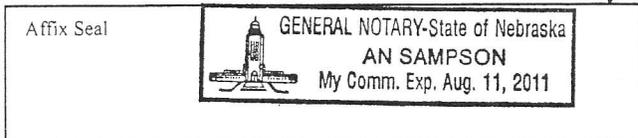
  
\_\_\_\_\_  
Signature of individual involved with application  
(Spouse of individual listed above)

NAM - VAN - DUONG  
\_\_\_\_\_  
Printed name of applying individual

State of Nebraska  
County of Lancaster  
01-01-2008  
date

The foregoing instrument was acknowledged before me this  
by Tho Thi Le & Nam Van Duong  
name of person acknowledged

  
\_\_\_\_\_  
Notary Public signature



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.