



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

February 24, 2009

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 Ambiance Nail Spa, 2755 Jamie Lane requesting a class C liquor license.

Paulina Nguyen, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Paulina Nguyen was born in Vietnam. She attended Lincoln High School graduating in 1994.

Paulina Nguyen employment history is as follows:

2008 - Present	Owner, Ambiance Nail Spa	Lincoln, NE.
2009 - Present	Owner, South Fast Break	Lincoln, NE.
2005 - 2006	Tech, Maple Nails	Lincoln, NE.
2004 - 2005	Staff, INS	Lincoln, NE.

Mrs. Nguyen will complete the required training on March 12<sup>th</sup> 2009.

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 CHECKLIST**

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

84260

RS



Applicant Name PAULINA NGUYEN

Trade Name AMBIANCE NAIL SPA Previous Trade Name SAME

E-Mail Address: ethankha.nguyen@yahoo.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. 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.

QA

**REQUIRED ATTACHMENTS**

Each item must be checked and included with application or marked N/A (not applicable)

- 1. Fingerprint cards for each applicant and the Nebraska State Patrol for processing. Attach 2 copies of cards as per brochure.
- 2. Enclose registration fee for the applicant to the Control Commission.
- 3. Enclose the appropriate application form: Form 2; Corporate - Form 3a; Limited Liability Company - Form 3b requires Corporate Manager application.
- 4. If building is being leased or LLC name being applied for. At the time of application, if building owned, send a copy of the deed.
- 5. If you are buying the business, provide a copy of the purchase agreement from licensee. This also needs to be in appropriate applicant's name.

RECEIPT

DATE	<u>2-10-09</u>	No.	<u>165646</u>
FROM	<u>AMBIANCE NAIL SPA</u>		
FOR	<u>NEW APP</u>		
	<input type="checkbox"/> CASH		
	<input checked="" type="checkbox"/> CHECK #	<u>1059</u>	<u>45.00</u>
	<input type="checkbox"/> MONEY#		
ORDER			
Received by	<u>R. Seibert</u>		

BUS 1059  
45-mm



0900003063

N/A 6. If wishing to run on current liquor license enclose temporary agency agreement (must be Commission form only, must include copy of signature card from the bank showing both the seller and buyers name 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.

N/A 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

9. For individual, partnership and LLC enclose proof of citizenship; copy of birth certificate (certificate from the State where born, not hospital certificate), naturalization paper or passport, for all applicants, members and spouses.

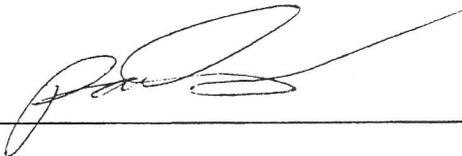
10. If corporation or LLC enclose a copy of articles as filed with the Secretary of States Office. This document must show barcode.

11. Check with local governing bodies for any further requirements or restrictions.

12. If you have a business plan, please submit a copy.

**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.**

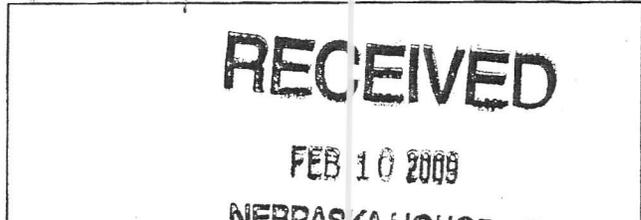
Signature

A handwritten signature in black ink, written over a horizontal line. The signature is stylized and appears to be a first name followed by a last name.

45 days = 4/4/09

# 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 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 PAULINA NGUTEN Phone number: (402) 420-0198  
CELL (402) 617-6475

Firm Name \_\_\_\_\_

**PREMISE INFORMATION**

Trade Name (doing business as) AMBIANCE NAIL SPA

Street Address #1 2755 JAMIE LANE # 3

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

City LINCOLN County LANCASTER Zip Code 18512

Premise Telephone number (402) 420-0198

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

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

Name AMBIANCE NAIL SPA

Street Address #1 2755 JAMIE LANE # 3

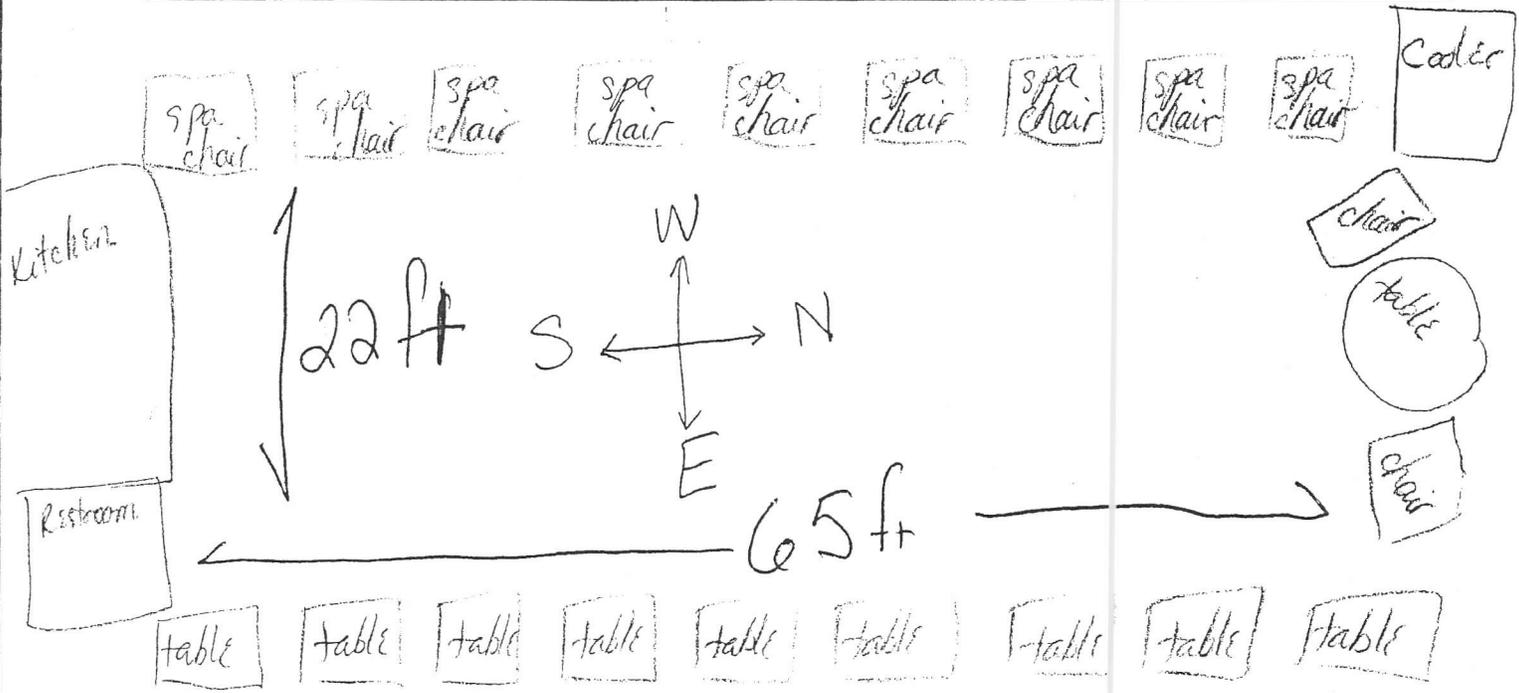
Street Address #2 \_\_\_\_\_

City LINCOLN State NE Zip Code 18512

**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



- one floor only

**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 ASSURANCE MAIL STORE

- 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 Tier One 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 (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.

TIER ONE BANK - Paulina Nguyen (husband) Hai Dao

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 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:
Paulina Nguyen	May 2006	South East Brak

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 Aug 2011  
 Deed  
 Purchase Agreement

14. When do you intend to open for business? OPENED

15. What will be the main nature of business? NAILS & SPA

16. What are the anticipated hours of operation? M - Sat' 9:30am - 7:00 pm Sun - Closed

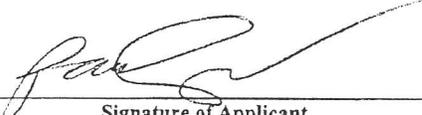
17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE							
APPLICANT: CITY & STATE		YEAR		SPOUSE: CITY & STATE		YEAR	
		FROM	TO			FROM	TO
Paulina Nguyen				Hai Dao			
LINCOLN NE		1998	2008	LINCOLN NE		1998	2008

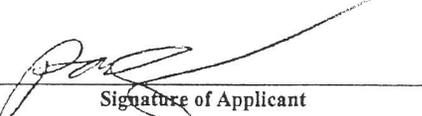
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records and said applicant(s) and spouse(s)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

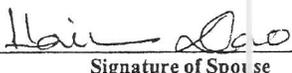
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person 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.

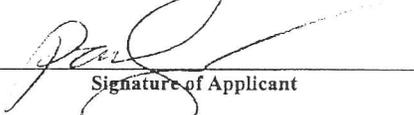
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

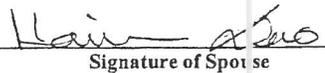
  
 \_\_\_\_\_  
 Signature of Applicant

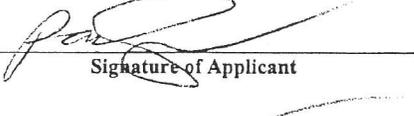
  
 \_\_\_\_\_  
 Signature of Spouse

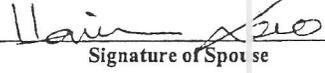
  
 \_\_\_\_\_  
 Signature of Applicant

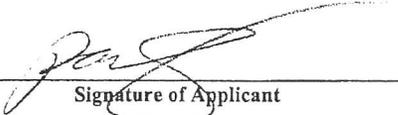
  
 \_\_\_\_\_  
 Signature of Spouse

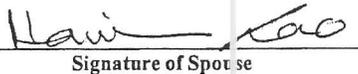
  
 \_\_\_\_\_  
 Signature of Applicant

  
 \_\_\_\_\_  
 Signature of Spouse

  
 \_\_\_\_\_  
 Signature of Applicant

  
 \_\_\_\_\_  
 Signature of Spouse

  
 \_\_\_\_\_  
 Signature of Applicant

  
 \_\_\_\_\_  
 Signature of Spouse

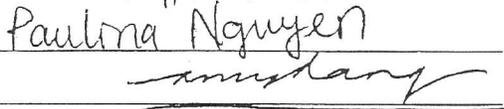
State of Nebraska

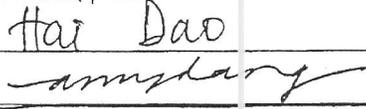
County of LANCASTER

County of LANCASTER

The foregoing instrument was acknowledged before me this Oct 4, 2008 by

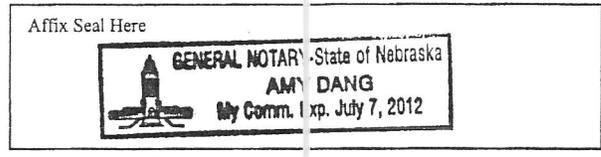
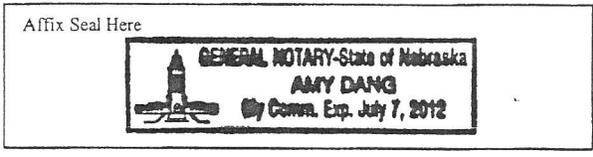
The foregoing instrument was acknowledged before me this Oct 4, 2008 by

  
 \_\_\_\_\_

  
 \_\_\_\_\_

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

Office Use

RECEIVED  
FEB 10 2009  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: SCUDDER LAW

Name of Corporation that will hold license as listed on the Articles

NGUYEN S CORPORATION

Corporation Address: 2755 JAMIE LANE # 3

City: LINCOLN State: NE Zip Code: 68512

Corporation Phone Number: (402) 420-0198 Fax Number: \_\_\_\_\_

Total Number of Corporation Shares Issued: N/A

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: NGUYEN First Name: PAULINA MI: T

Home Address: 2540 Smithview CR City: LINCOLN

State: NE Zip Code: 68512 Home Phone Number: (402) 617-6475  
Cell

  
Signature of president

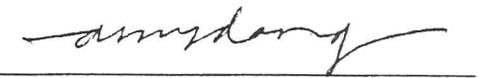
State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this

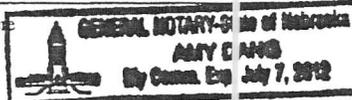
9-26-08  
date

by Paulina Nguyen  
name of person acknowledged



Notary Public signature

Affix Seal Here



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

Last Name: NGUYEN First Name: PAULINA MI: T

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

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

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: \_\_\_\_\_

**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

County of LANCASTER

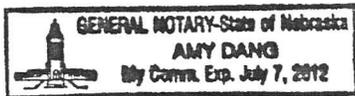
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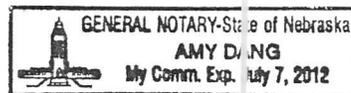
Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here



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.

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

Office Use

**RECEIVED**  
FEB 10 2009  
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: NGUYEN S CORPORATION

**Premise information**

Premise License Number: \_\_\_\_\_

Premise Trade Name/DBA: AMBIANCE NAIL SPA

Premise Street Address: 2755 JAMIE LANE #3

City: LINCOLN State: NE Zip Code: 68512

Premise Phone Number: (402) 420-0198

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

Gender:  MALE  FEMALE

Last Name: NGUYEN First Name: PAULINA MI: T

Home Address (include PO Box if applicable): 2540 Southview Ct

City: LINCOLN State: NE Zip Code: 68512

Home Phone Number: N/A Business Phone Number: (402) 420-0198

Social Security Number \_\_\_\_\_ Drivers License Number & Sta \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Sai Gon, VN

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: DAO First Name: HAI  
MI: V

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Sai Gon, VN

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

APPLICANT				SPOUSE			
CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
<u>Paulina Nguyen</u> <u>LINCOLN, NE</u>		<u>1997</u>	<u>2008</u>	<u>Hai Dao</u> <u>LINCOLN, NE</u>		<u>1997</u>	<u>2008</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>2005</u> <u>2006</u>	<u>MAPLE NAIL</u>	<u>LINDA A</u>	<u>(Sold Business)</u>
<u>1997</u> <u>2003</u>	<u>CENTURION</u>	<u>JUNY MAY</u>	<u>(Business closed)</u>

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

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.

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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

Is the applying Corporation controlled by another Corporation?

YES

NO

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

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

Starting Date: July - \_\_\_\_\_ Ending Date: Dec.

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

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

REVISED 5/2007

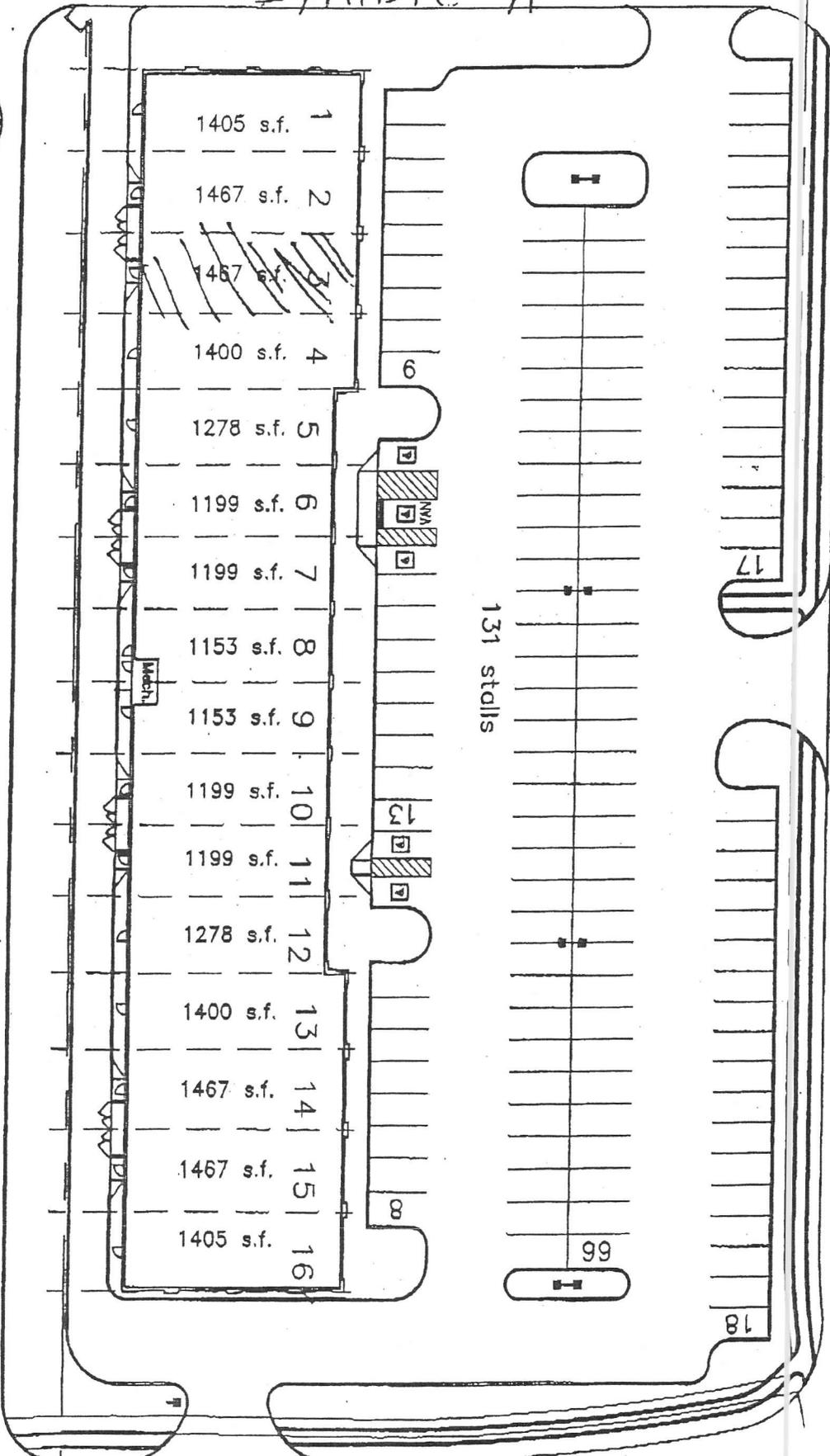
# Exhibit 'A'



1.

## SITE PLAN

SCALE: 1" = 40'-0"



JAMIE LANE

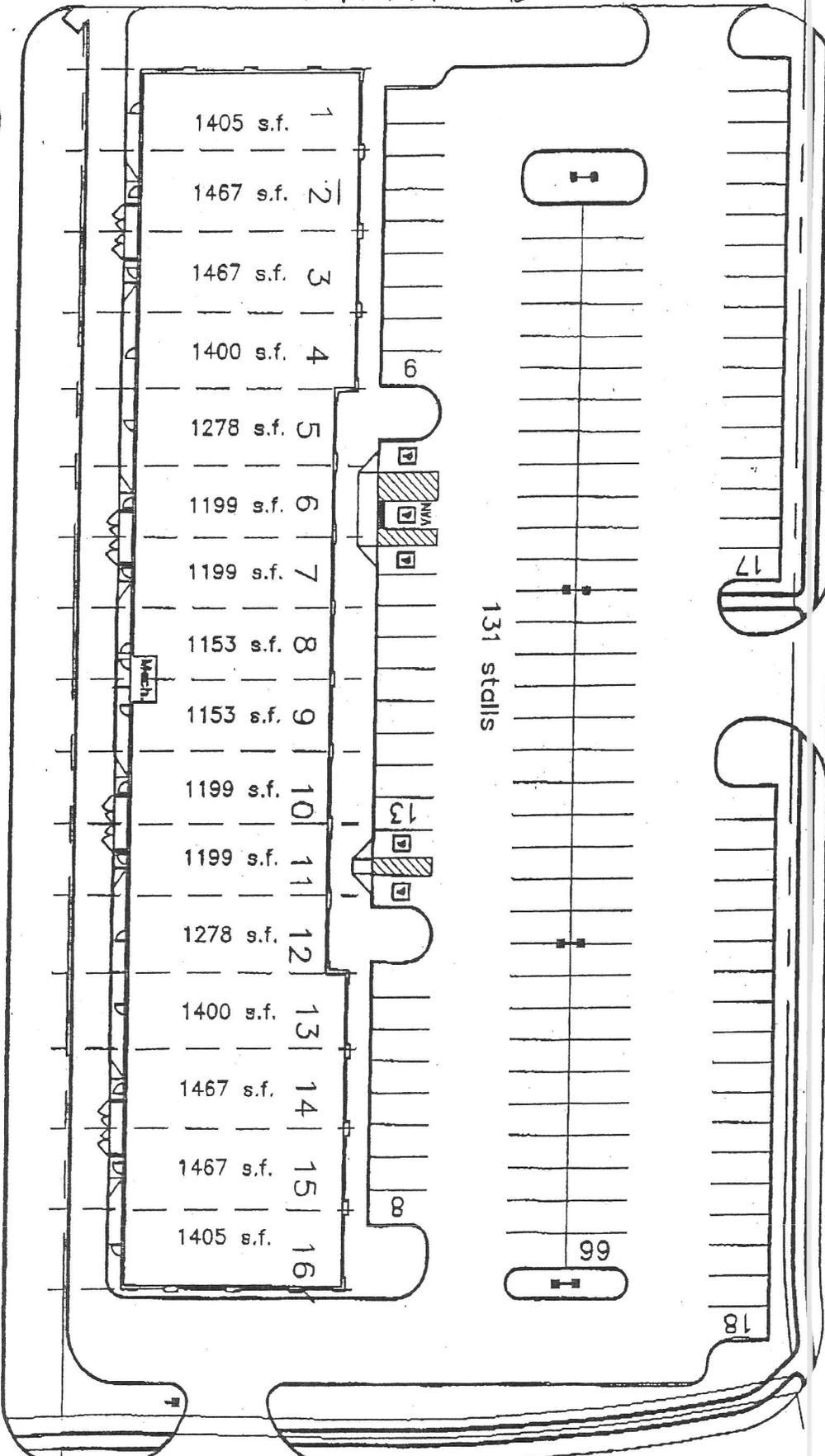
(PRIVATE ROADWAY)

# Exhibit 'B'



## 1. SITE PLAN

SCALE: 1" = 40'-0"



NE Sec of State John A. Gals - CORP AP  
1000827 52 Pgs: 2  
NGUYEN S CORPORATION  
Filed: 04/06/2009 02:33 PM

ARTICLES OF INCORPORATION  
OF  
NGUYEN S CORPORATION

The undersigned, acting as the incorporator of a corporation under the Business Corporation Act, adopts the following Articles of Incorporation for such corporation:

ARTICLE I  
NAME

The name of the corporation is Nguyen S Corporation.

ARTICLE II  
AUTHORIZED SHARES

The total number of shares of capital stock which this corporation shall have authority to issue is 10,000 shares, having a par value of \$0.01 per share, all of which shall be common stock.

ARTICLE III  
RESTRICTION ON TRANSFER OF SHARES

The Bylaws or an agreement signed by the corporation or all shareholders of the corporation may contain provisions restricting the transfer of stock of the corporation. No shareholder shall sell, assign, transfer, dispose of, or encumber any shares of stock in violation of any condition stated in the Bylaws or any such agreement.

ARTICLE IV  
AMENDMENT

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation in the manner now and hereafter permitted by law, and all rights conferred upon shareholders herein are granted subject to this reservation.

ARTICLE V  
REGISTERED AGENT

The street address of the corporation's initial registered office is: 411 South 13<sup>th</sup> Street, Suite 200, Lincoln, Lancaster County, Nebraska 68508 and the name of the initial registered agent at such address is: David J. Routh.

ARTICLE VI  
INDEMNIFICATION

The corporation shall indemnify its directors and officers, to the fullest extent permitted by law, for liability to any person for any action taken, or any failure to take any action, as a director or officer.

RECEIVED  
FEB 10 2009  
NEBRASKA LIQUOR  
CONTROL COMMISSION

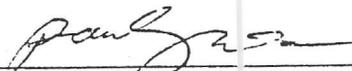
ARTICLE VII  
PERSONAL LIABILITY OF DIRECTORS

A director of the corporation shall not be personally liable to the corporation or its shareholders for monetary damages for any action taken, or any failure to take action as a director except for liability (i) for the amount of a financial benefit received by a director to which he or she is not entitled; (ii) for intentional infliction of harm on the corporation or its shareholders; (iii) for a violation of Neb. Rev. Stat. § 21-2096; and (iv) for an intentional violation of criminal law.

ARTICLE VIII  
INCORPORATOR

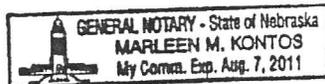
The name and street address of the incorporator is as follows: Paulina Nguyen, 2540 Southview Circle, Lincoln, Nebraska 68508.

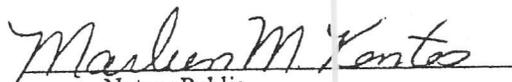
DATED this 6<sup>th</sup> day of June, 2008.

  
\_\_\_\_\_  
Paulina Nguyen, Incorporator

STATE OF NEBRASKA        )  
  ) ss.  
LANCASTER COUNTY        )

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of June, 2008 by Paulina Nguyen.



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

Ho Chi Minh City  
District: Phu Nhuan  
Precint:

Year: 1976  
Number 226

**BIRTH CERTIFICATE  
(COPY)**

**Name:** TUYET-MAI THI NGUYEN  
(First name) (Middle) (Last name)  
**Sex (male or female):** Female

**Date of Birth:**  
(DOB in Words):  
**Place of Birth:** "Tay Nhi" Maternity hospital.

**Father's name, age & nationality:** Le Nguyen, 43 years old, Vietnam  
**Father's occupation & residence:** Motorized cyclo driver,  
108/15 Nguyen Huynh Duc Street, Phu Nhuan

**Mother's Name, Age & Nationality:** Vung Thi Nguyen, 37 years old, Vietnam  
**Mother's occupation & residence:** House keeper,  
108/15 Nguyen Huynh Duc Street, Phu Nhuan

Registered at Phu Nhuan on 02/03/1976

NOTE: \_\_\_\_\_

Copied  
Ho Chi Minh City, on 02/03/1976  
Judicial Registrar  
6 Quang (Signed & stamped)

**Certification of translator's competence**

I, Dau Nguyen, hereby certify that the above is an accurate translation of the original "Ban Sao Giay Khai Sinh" in Vietnamese, using a common form, and that I am competent in both English and Vietnamese to render such translation.

Date 10/10/2008

Signature of translator

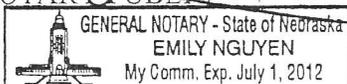


Dau Nguyen

State of Nebraska, County of Lancaster

Subscribed and sworn to before me on this 10th day of October 2008

  
NOTARY PUBLIC





No. 23638838

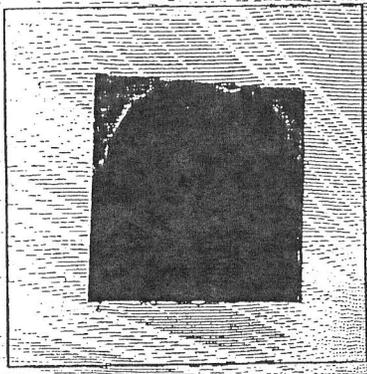
DEPARTMENT OF JUSTICE

DEPARTMENT OF JUSTICE

*I.N.S.* Registration No. A42 361 224

Personal description of holder, as of date of issuance of this certificate: Date of birth \_\_\_\_\_ sex Female;  
complexion Medium; color of eyes Brown; color of hair Black; height 5 feet 5 inches;  
weight 140 pounds; visible distinctive marks None  
Marital status Married; Country of former nationality Vietnam

*Paulina Thi Nguyen*  
(Complete and true signature of holder)



Be it known that PAULINA THI NGUYEN  
residing at 4700 North 20th Street, Lincoln, Nebraska 68521  
having applied to the Commissioner of Immigration and Naturalization for a Certificate  
of Naturalization and having proved to the satisfaction of that Commissioner that (s) he  
"was naturalized by the United States District Court for the District  
of Nebraska, Lincoln, Nebraska, on July 3, 1997";

Now therefore, in pursuance of the authority conferred upon Section 3481, b  
of the Immigration and Nationality Act, this Certificate of Naturalization is  
issued this Twenty-third day of May  
Ninety-Eight

and the seal of the Department of Justice is hereunto set.

IT IS PUNISHABLE BY U. S. LAW TO COPY  
PRINT OR PHOTOGRAPH THIS CERTIFICATE  
WITHOUT LAWFUL AUTHORITY.

*Maris Meisner*

COMMISSIONER OF IMMIGRATION AND NATURALIZATION

542920



Republic of Vietnam  
Saigon Capitol  
District: 4  
Precinct: \_\_\_\_\_  
Number: 3916

**RECEIVED**  
FEB 10 2009  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**BIRTH CERTIFICATE  
(COPY)**

Of

**Name:** HAI VAN DAO  
(First name) (Middle) (Last name)  
**Sex (male or female) :** Male

**Date of Birth:**  
(DOB in Words):

**Place of Birth:** "Ton That Thuyet" Maternity hospital, Saigon

**Father's name:** Quang Van Dao  
**Mother's Name:** Thanh Thi Mai  
**Legal wife or illegal wife?** Legal wife  
**Declarer's Name:** Phuc Thi Tran

Copied from the Original

Saigon, on 02/04/1975  
Signed for Judicial Registrar  
Senior Clerk of the Office of Administration & Military service  
Chuong Ngoc Nguyen (Signed)

**Certification of translator's competence**

I, Dau Nguyen, hereby certify that the above is an accurate translation of the original "Trich Luc Bo Khai Sanh" in Vietnamese, using a common form, and that I am competent in both English and Vietnamese to render such translation.

Date 10/10/2008

Signature of translator



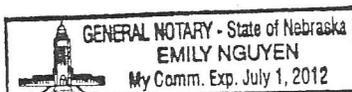
Dau Nguyen

State of Nebraska, County of Lancaster

Subscribed and sworn to before me on this

10th day of October 2008

  
\_\_\_\_\_  
NOTARY PUBLIC





No. 23639418



DECLARATION OF

NATURALIZATION

Personal description of holder  
as of date of naturalization:

INS Registration No. A71 003 269

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

Date of birth:

Sex: Male

HAI VAN DAO

(Complete and true signature of holder)

Height: 5 feet 5 inches

Marital status: Married

Be it known that, pursuant to an application filed with the Attorney General

Country of former nationality:

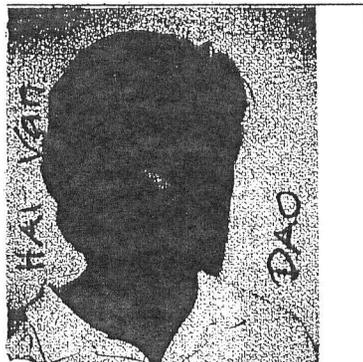
Vietnam

at: Omaha, Nebraska

The Attorney General having found that:

HAI VAN DAO

then residing in the United States, intends to reside in the United States when so  
required by the Naturalization Laws of the United States, and had in all other  
respects complied with the applicable provisions of such naturalization laws and was  
entitled to be admitted to citizenship, such person having taken the oath of allegiance  
in a ceremony conducted by the United States District Court for the  
District of Nebraska



at: Omaha, Nebraska

on: September 16, 1997

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,  
PRINT OR PHOTOGRAPH THIS CERTIFICATE,  
WITHOUT LAWFUL AUTHORITY.

Marie Meissner  
Commissioner of Immigration and Naturalization

RECEIVED  
FEB 10 2009  
NEBRASKA  
IMMIGRATION