



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 2, 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 Stop N Shop requesting a class D liquor licenses.

The locations of the businesses are:

- 8350 Northwoods Drive
- 5700 North 33rd Street
- 7000 'O' Street
- 4801 Randolph

These were all previously known as Fast Break convenience stores, all holding current liquor licenses.

Jason Laessig, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jason Laessig was born in Lyons, Kansas. He attended the University of Nebraska graduating in 1995.

Jason Laessig employment history is as follows:

2007 - Present	Owner, Stop N Shop	Crete, Weeping Water, NE.
1999 - 2006	Training, Pfizer	New York, NY.
1996 - 1999	Manager, Quik Trip	Kansas City, MO.



A nationally accredited law enforcement agency



Mr. Laessing will complete the required training May 14, 2009

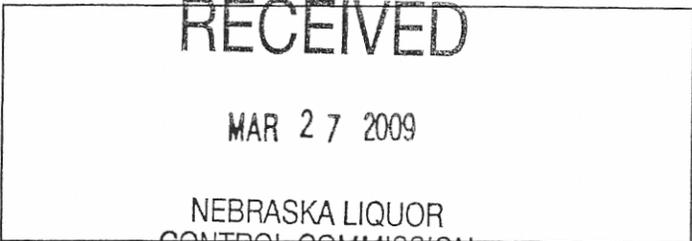
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in black ink, appearing to read "Tom Casady". The signature is fluid and cursive, with the first name "Tom" and last name "Casady" clearly distinguishable.

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/



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

RETAIL LICENSE(S)		<u>Application Fee</u>
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input checked="" 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	<u>Application Fee</u>	<u>Bond Required</u>
<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 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 _____ Phone number: _____

Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) Stop 'N Shop #3

Street Address #1 ~~800 S. 48th St.~~ 4801 Randolph

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68510

Premise Telephone number 402-486-4112

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

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

Name Stop 'N Shop #3

Street Address #1 PO Box 5546

Street Address #2 _____

City Lincoln State NE Zip Code 68505

RECEIVED

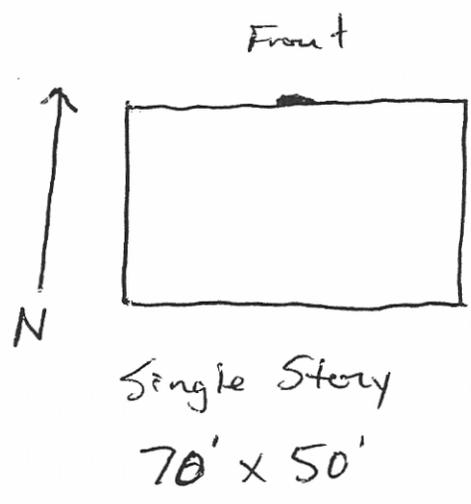
MAR 27 2009

NEBRASKA LIQUOR CONTROL COMMISSION

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



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.

Various traffic violations(speeding) since receiving drivers license. Dates and exact locations unknown.

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

YES NO

If yes, give name of business and license number Fast Break #1 #62037 Fast Break Inc.

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 City Bank & Trust; 2929 Pine Lake Rd.; Lincoln, NE 68516

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. Walk In Coolers, Gas Pumps, Registers, Cooking Equipment, Gas Canopy, Shelving,

Safe, Security Equipment, Tables, Car Wash Equipment, Pop Machines, Coffee Machines, Office Equipment

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.

City Bank & Trust (South Point) 2929 Pine Lake Rd; Lincoln, NE 68516 (Jason Laessig)

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.

Stop 'N Shop Inc. (Weeping Water-#76139) (Crete-#82133)

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:
Jason Laessig	1996-1999	Quik Trip; Kansas City, MO
Jason Laessig	2007-2009	Stop 'N Shop; Crete & Weeping Water, NE

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 April 1st 2014
- Deed
- Purchase Agreement

14. When do you intend to open for business? April 1st 2009

15. What will be the main nature of business? Convenience Store

16. What are the anticipated hours of operation? 5am-11pm

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
Kansas City, MO	1996	2001	Kansas City, MO	1996	2001
Sun Prairie, WI	2001	2003	Sun Prairie, WI	2001	2003
Omaha, NE	2003	2004	Omaha, NE	2003	2004
Aurora, CO	2004	2005	Aurora, CO	2004	2005

Darien, CT

2006 2006

Darien, CT

2006 2006

Lincoln, NE

2006 Present

Lincoln, NE

2006 Present

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

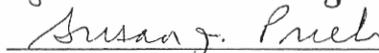
 Signature of Spouse

State of Nebraska
 County of Lancaster

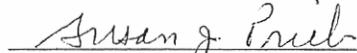
County of Lancaster

The foregoing instrument was acknowledged before me this March 26, 2009, by

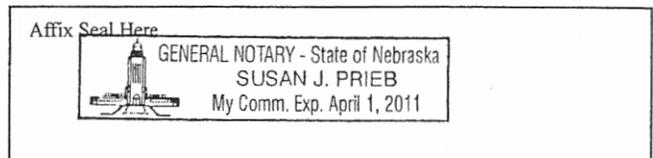
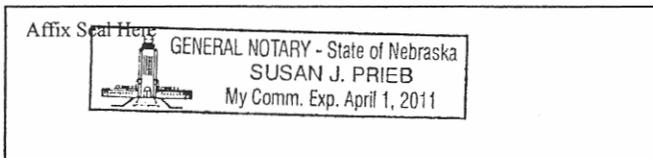
The foregoing instrument was acknowledged before me this March 26, 2009, by

 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 TEMPORARY AGENCY AGREEMENT

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



- This application may be submitted along with a completed application for liquor license
- Must include a copy of the signature card from the financial institution where account has been set up
- Agreement is effective upon processing of the application and the three digit number has been issued to applicant
- Agreement is effective up to 120 days from issuance of ID number

ID# 844

On (date) 3/27/09 seller and buyer entered into a contract for sale of the business known as Fast Break / Fast Break Inc., which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 120 days subsequent to _____, the date of filing the application with NLCC.

Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

Buyer will at all times be the agent of the seller, but buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when buyer is acting as seller's agent; it is specifically understood that seller shall have no liability for the operation of the business during this period of time, and buyer agrees to indemnify and hold seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the seller and seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as seller's license is canceled;

At time of closing, certain funds will be held in escrow pending issuance of the license.

Name of financial institution (Name, address, account number) of where escrow account is being held (SEND

COPY OF SIGNATURE CARD) _____

OVER

All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the buyer shall receive no profits from the operation of the business until the liquor license has been issued to buyer, but shall have the right to direct the investment of profit funds by escrow agent.

This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.

Charles Refol

Signature of seller

Jack Long

Signature of buyer

State of Nebraska

County of Lancaster

The forgoing instrument was acknowledge before me this March 19, 2009
Date

Sharon A. Turner

Notary Public Signature

State of Nebraska

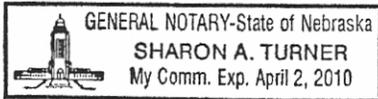
County of Lancaster

The forgoing instrument was acknowledge before me this March 27, 2009
Date

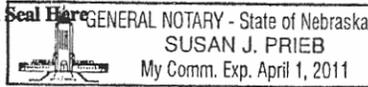
Susan J. Prieb

Notary Public Signature

Affix Seal Here



Affix Seal Here



City Bank & Trust Co.
1135 Main Street
Crete, NE 68333-0288

OWNERSHIP OF ACCOUNT - PERSONAL (Select One and Initial):

- Single-Party Account Trust-Separate Agreement
- Multiple-Party Account
- Other _____

RIGHTS AT DEATH (Select One And Initial):

- Single-Party Account
- Multiple-Party Account With Right of Survivorship
- Multiple-Party Account Without Right of Survivorship
- Single-Party Account With Pay On Death
- Multiple-Party Account With Right of Survivorship and Pay On Death

PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:

Jason - Est. Cust.

Part 1

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- SOLE PROPRIETORSHIP PARTNERSHIP
- CORPORATION: FOR PROFIT NOT FOR PROFIT
- LIMITED LIABILITY COMPANY

BUSINESS: _____
 COUNTY & STATE OF ORGANIZATION: _____
 AUTHORIZATION DATED: _____

DATE OPENED 03/26/09 BY KS

INITIAL DEPOSIT \$ 200.00

- CASH CHECK

HOME TELEPHONE # _____

BUSINESS PHONE # (402) 613-7960

DRIVER'S LICENSE # _____

E-MAIL _____

EMPLOYER _____

MOTHER'S MAIDEN NAME _____

Name and address of someone who will always know your location: _____

BACKUP WITHHOLDING CERTIFICATIONS

TIN: _____
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

[Signature] (Date) _____

ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS
STOP 'N SHOP, INC.
5440 VALLEY ROAD
LINCOLN, NE 68510

PO Box 5546
 Lincoln 68505

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 NEBRASKA LIQUOR CONTROL COMMISSION

- NEW EXISTING
- TYPE OF ACCOUNT**
- CHECKING SAVINGS
 - MONEY MARKET CERTIFICATE OF DEPOSIT
 - NOW
- Account Name: Basic Business Checking
- This is a Temporary account agreement.

Number of signatures required for withdrawal 1

FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

- Deposit Account Funds Availability Truth in Savings
- Electronic Fund Transfers Privacy Substitute Checks
-

(1): [X] [Signature]
 JASON K LAESSIG

I.D. # _____ D.O.B. _____

(2): [X] [Signature]
 Charles R Salem

I.D. # _____ D.O.B. _____

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

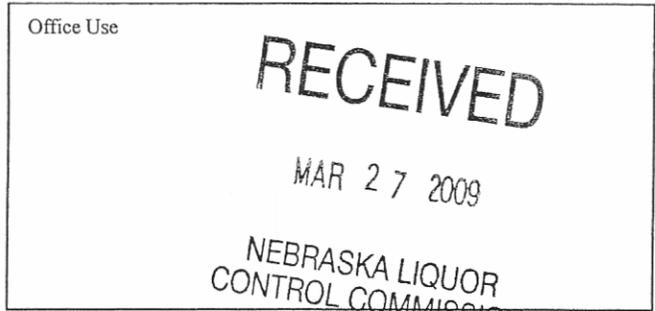
I.D. # _____ D.O.B. _____

AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:

- (Select One and Initial):
- Agency Designation Survives Disability or Incapacity of Parties
 - Agency Designation Terminates on Disability or Incapacity of Parties

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



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: Craig Hoffman

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

Stop 'N Shop Inc.

Corporation Address: 5440 Valley Rd.

City: Lincoln State: NE Zip Code: 68510

Corporation Phone Number: 402-613-7960 Fax Number 402-261-8457

Total Number of Corporation Shares Issued: 100

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

Last Name: Laessig First Name: Jason MI: K

Home Address: 5440 Valley Rd. City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-261-8457


Signature of president

State of Nebraska
County of Lancaster

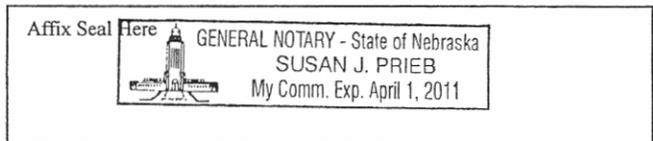
The foregoing instrument was acknowledged before me this

March 26, 2009
date

by Jason K. Laessig
name of person acknowledged

Susan J. Prieb

Notary Public signature



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Laessig First Name: Jason MI: MI
Social Security Number: _____ Date of Birth: _____
Title: CEO/President Number of Shares 100
Spouse Full Name (indicate N/A if single): Michelle Leigh Laessig
Spouse Social Security Number: _____ Date of Birth: _____

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MAR 27 2009

NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Title: _____ Number of Shares _____
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: _____
Title: _____ Number of Shares _____
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: _____
Title: _____ Number of Shares _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

YES

NO

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

Indicate the Corporation'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 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.

**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 spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit 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/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Stop 'N Shop Inc.

Premise information

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA:

Stop 'N Shop #3

Premise Street Address:

800 South 48th Street 4801 Randolph

City:

Lincoln

Zip Code:

68510

Premise Phone Number:

402-486-4112

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: Laessig First Name: Jason MI: K

Home Address (include PO Box if applicable): 5440 Valley Rd.

City: Lincoln State: NE Zip Code: 68510

Home Phone Number: 402-261-8457 Business Phone Number: 402-613-7960

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: Lyons, KS

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: Laessig First Name: Michelle MI: L

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: Columbus, NE

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

APPLICANT		SPOUSE	
CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
Kansas City, MO	1996 2001	Kansas City, MO	1996 2001
Sun Prairie, WI	2001 2003	Sun Prairie, WI	2001 2003
Omaha, NE	2003 2004	Omaha, NE	2003 2004
Aurora, CO	2004 2005	Aurora, CO	2004 2005

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2/1999 3/2006	Pfizer, Inc.	Michelle Gile	303-333-7997
4/2007 Current	Stop' N Shop, Inc.	Self Employed	402-613-7960

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.

Various traffic violations (speeding) since receiving drivers license. Dates and locations unknown.

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

*Stop 'N Shop Inc
76139 & #82133*

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

On File

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

Date:	Where:
2007-2009	Stop 'N Shop inc. (Crete & Weeping Water)

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.

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

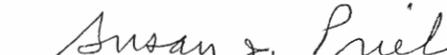
County of Lancaster

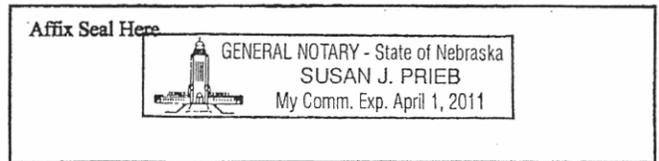
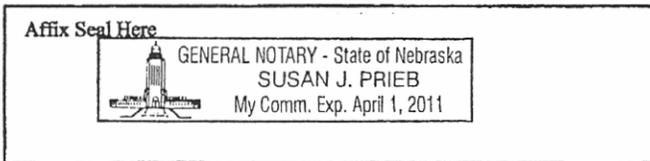
County of Lancaster

The foregoing instrument was acknowledged before me this March 26, 2009 by Jason K. Laessig

The foregoing instrument was acknowledged before me this March 26, 2009 by Michelle L. Laessig


Notary Public signature


Notary Public signature

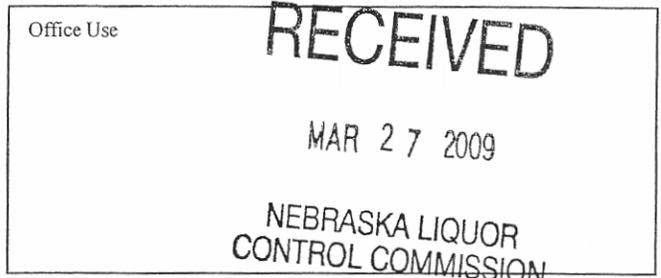


In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

**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



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.

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

Michelle L. Laessig
Printed name of spouse asking for waiver

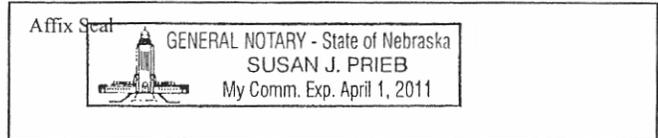
State of Nebraska

County of Lancaster

March 26, 2009
date

The foregoing instrument was acknowledged before me this
by Michelle L. Laessig
name of person acknowledged

Susan J. Prieb
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.

Jason K. Laessig
Signature of individual involved with application
(Spouse of individual listed above)

Jason K. Laessig
Printed name of applying individual

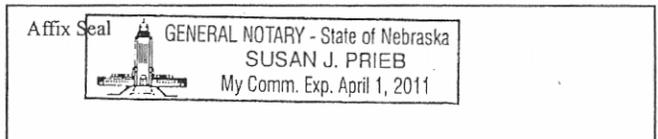
State of Nebraska

County of Lancaster

March 26, 2009
date

The foregoing instrument was acknowledged before me this
by Jason K. Laessig
name of person acknowledged

Susan J. Prieb
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.

80 F

MAR 23 1973

(Do Not Write In This Box)

115-73 006076

KANSAS STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF LIVE BIRTH

CHILD—NAME		FIRST	MIDDLE	LAST	DATE OF BIRTH (MO., DAY, YEAR)	BIRTH NUMBER	HOUR
1.		Jason	Keith	Laessig	3-16-73	115-73 006076	6:04 P
SEX	2.	THIS BIRTH—SINGLE, TWIN, TRIPLE, ETC. (SPECIFY)		3.	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)	4.	5.
Male	1a.	Single	INSIDE CITY LIMITS (SPECIFY YES, OR NO)	Yes	HOSPITAL—NAME	IF NOT IN HOSPITAL, GIVE STREET AND NUMBER	COUNTY OF BIRTH
Lyons	1b.	Lyons	Yes	Hospital Dist. No. 1 of Rice County			Rice
MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
6a.		Debra	Ann	Huffman	22	Kansas	
RESIDENCE—STATE	7a.	COUNTY	CITY, TOWN, OR LOCATION	7c.	INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d.	7e.
Kansas	Rice	Rice	Chase	Yes	Yes	24	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
FATHER—NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
8a.		Harold	Kay	Laessig	24	Kansas	
PARENT'S VERIFICATION: I hereby certify that the information in items 1 thru 9 and 12 thru 17 is correct to the best of my knowledge.							
9a. SIGNATURE: <i>[Signature]</i> DATE SIGNED: 02/23/73							
MOTHER'S MAILING ADDRESS: Chase, Kansas 67524 (Street or P.O. No., City or Town, State, Zip No.)							
9c. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.							
10a. SIGNATURE	10b. DATE SIGNED (MONTH, DAY, YEAR)	10c. MAILING ADDRESS	10d. ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY)				
<i>[Signature]</i>	3-16-73	510 E. Ave. S. Lyons, Kansas	M.D.				
11a. CERTIFIER—NAME (TYPE OR PRINT)	11b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
J. T. Grimes, M.D.	3 16 1973						
11c. REGISTRAR—SIGNATURE	11d. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
<i>[Signature]</i>	3 16 1973						

RECEIVED
MAR 27 2009
NEBRASKA LIQUOR CONTROL COMMISSION

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

02/09/2005

LINCOLN, NEBRASKA

STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

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

196- 73 14840

196- 2160

BIRTH NUMBER

1. CHILD - NAME **Michelle Leigh Elcher** FIRST MIDDLE LAST DATE OF BIRTH (MONTH, DAY, YEAR) **196- 02-09** HOUR **9:01 A.M.**

2. SEX **Female** THIS BIRTH - SINGLE, TWIN, TRIPLE, ETC. (SPECIFY) **Single** (IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)) **Elcher** COUNTY OF BIRTH **Platte**

3. PARENTS - CITY, TOWN, OR LOCATION OF BIRTH **Columbus** (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) **St. Mary's Hospital**

4. MOTHER - MAIDEN NAME **Gloria Ann Kastens** AGE (AT TIME OF THIS BIRTH) **23** STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **Nebraska**

5. FATHER - NAME **Steven Merle Elcher** AGE (AT TIME OF THIS BIRTH) **23** STREET AND NUMBER **Carrlage, House #5 Estates**

6. RESIDENCE - STATE **Nebraska** CITY, TOWN, OR LOCATION, ZIP CODE **Columbus 68601** STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **Nebraska**

7. INFORMANT - NAME OR SIGNATURE **Mrs. Steven (Gloria) Elcher** RELATION TO CHILD **Mother**

8. CERTIFY THAT THE ABOVE NAMES, DATES, AND SIGNATURES ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AT THE PLACE AND TIME AND ON THE DATE **August 7, 1973** ATTENDANT - A.D., D.O., OTHER **M.D.**

9. SIGNATURE OF REGISTRAR **Dr. R.C. Anderson** DATE RECEIVED BY LOCAL REGISTRAR **9 11 1973**

10. REGISTERAR - SIGNATURE **Dr. R.C. Anderson** ADDRESS **1359-26th Ave. Columbus, Nebraska 68601**

RECEIVED
MAR 27 2009
NEBRASKA LIQUOR CONTROL COMMISSION