



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

July 23, 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 Fat Toad, 1409 'O' Street requesting a class C liquor license.

This location was previously known as Dillinger's which held a class C liquor license

Joshua Root, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Joshua Root was born in Lincoln, Nebraska. He attended Waverly High School graduating in 1995.

Mr. Root has been employed at this establishment since 2000.

The required training has been completed.

Stockholder information has been included for your review.

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

THOMAS K. CASADY, Chief of Police



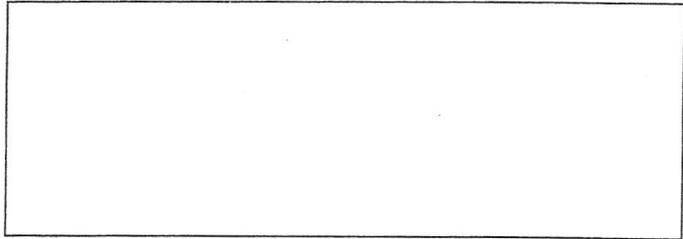
A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

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

45 day = 8/31/09



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 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

		<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*
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00	100 to 150 barrel*
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00	150 to 200 barrel*
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00	200 to 300 barrel*
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00	300 to 400 barrel*
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00	400 to 500 barrel*
<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 Michael Kelley Phone number: 402-397-1898
 Firm Name Kelley & Jerram, PC, 7134 Pacific Street, Omaha, NE 68106

PREMISE INFORMATION

Trade Name (doing business as) The Fat Toad

Street Address #1 1409 "O" Street

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68508

Premise Telephone number 402-430-3311

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

city

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

Name Cherries, Inc.

Street Address #1 3421 Woods Avenue

Street Address #2 _____

City Lincoln State NE Zip Code 68510

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

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

See Attached

*Two story building approx
25 x 142 including basement
area*

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.

Josh Root - DUI (5/01), Lancaster County, NE - fine paid

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

YES NO

If yes, give name of business and license number Dillingers - C70893

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

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

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

YES NO

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

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

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

YES NO

If yes, list the lender _____

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

YES NO

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

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

YES NO

If yes, list such items and the owner. _____

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

YES NO

If yes, explain. _____

No silent partners

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

YES NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

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

YES NO

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

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Pinnacle Bank, Lincoln, Nebraska; E. Jean Strope and Joshua Root

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:
Josh Root	2000-09	Worked at Dillinger's in Lincoln, 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 Oct 31, 2012
- Deed
- Purchase Agreement

14. When do you intend to open for business? As soon as license is granted

15. What will be the main nature of business? Tavern

16. What are the anticipated hours of operation? 3:00 pm to 1:00 am; Mon - Sun

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
E. Jean Strope - Lincoln, NE	1941	2009	N/A		
Josh Root - Lincoln, NE	2002	2009	Jamie Root - Lincoln, NE	1979	2009
Josh Root - Eagle, NE	1981	2002			

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.

✓ E. Jean Grope
Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

✓ [Signature] Josh
Signature of Applicant

✓ Jamie Root Jamie
Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

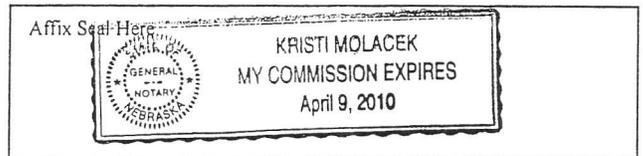
County of Lancaster

The foregoing instrument was acknowledged before me this 29th June 2009 by

The foregoing instrument was acknowledged before me this 29th June 2009 by

Kristi Molacek E. Jean Grope
Dusti Molacek Joshua J Root
Notary Public signature

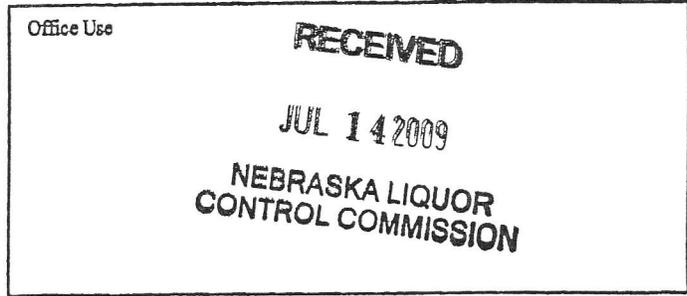
Kristi Molacek Jamie Root
Dusti Molacek
Notary Public signature



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# _____

On (date) 7/8/09 seller and buyer entered into a contract for sale of the business known as Dillingers, 1409 "D" St, Lincoln, NE, 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 7/9/09, 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.

OK



Signature of seller

Signature of buyer

State of Nebraska

State of Nebraska

County of Lancaster

County of _____

The forgoing instrument was acknowledge before me this 7-15-9
Date

The forgoing instrument was acknowledge before me this _____
Date

Notary Public Signature

Notary Public Signature

Affix Seal Here
see attached

Affix Seal Here

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of SAN LUIS OBISPO

On 7-15-09 before me, RAELENE TODD
Date Here Insert Name and Title of the Officer

personally appeared ERIC SCHWARTZ
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal Above

Signature [Handwritten Signature]
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: APPLICATION FOR TEMPORARY AGENCY AGREEMENT

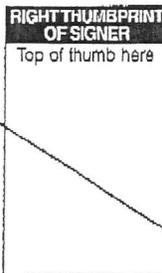
Document Date: 7-15-09 Number of Pages: 2

Signer(s) Other Than Named Above: —

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

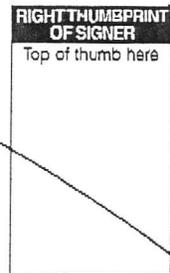
- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

PINNACLE BANK PARKWAY
 8939 SOUTH ST
 LINCOLN NE 68508-8221

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 Beneficiary Name One or More:

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 07/09/2009 BY EDGARDO O. GARCIA
 INITIAL DEPOSIT \$ 0.00
 CASH CHECK _____
 HOME TELEPHONE # (402) 925-8467
 BUSINESS PHONE # _____
 DRIVER'S LICENSE # _____
 E-MAIL NA
 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).
 X [Signature] 7/9/09
 MARTIS INC (Date)

ACCOUNT NUMBER _____ PORTFOLIO NUMBER _____

ACCOUNT OWNER(S) NAME & ADDRESS
 MARTIS INC
 DBA DILLINGERS
 DBA CHERRIES INC
 1408 O ST
 LINCOLN, NE 68508-3808

NEW EXISTING
TYPE OF ACCOUNT
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW _____
 Account Name: PinnCheck Business Basic
 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 Substantive Checks

(1): [X] [Signature]
 MICHAEL FIGUEROA
 I.D. # _____ D.O.B. _____

(2): [X] [Signature]
 E JEAN STROPE
 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 _____

**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

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

BC's enclosed

Corporation/Limited Liability Corporation (LLC) information

✓ Name of Corporation/LLC:

Premise information

Premise License Number:
(if new application leave blank)

✓ Premise Trade Name/DBA:

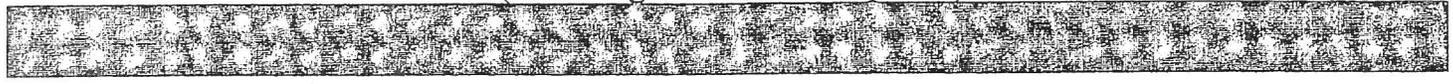
Premise Street Address:

City: Zip Code:

✗ Premise Phone Number:

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.

E. Jean Stroppe
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



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

Gender: MALE FEMALE

Last Name: First Name: MI:

Home Address (include PO Box if applicable):

City: State: Zip Code:

Home Phone Number: Business Phone Number:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth:

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

YES NO

Spouse's information

Spouses Last Name: First Name: MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth:

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

APPLICANT		SPOUSE	
CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
Lincoln, NE	2002 2009	Lincoln, NE	1979 2009
Eagle, NE	1981 2002		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000 2009	Dillinger's	Mike Figueroa	402-314-5609
2003 2009	Self-Employed		

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.

Josh Root - DUI (5/01), Lancaster County, NE - Fine paid

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

YES

NO

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

YES

NO

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

YES

NO

prints enclosed

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:
2000-2009	Dillinger's - Lincoln, NE (security, bartender and manager)

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.

[Handwritten signature]

Signature of Manager Applicant

Josh

[Handwritten signature]

Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this 29th June 2009 by

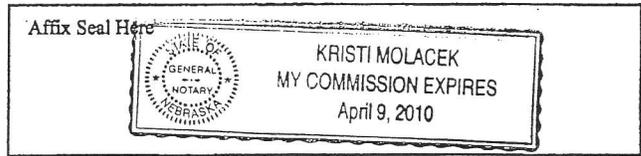
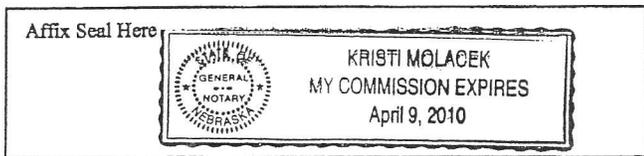
The foregoing instrument was acknowledged before me this 29th June 2009 by

[Handwritten signature]

Notary Public signature

[Handwritten 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

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
MAR 8 2001
 LINCOLN, NEBRASKA

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

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

128 — 77

1. CHILD—NAME FIRST MIDDLE LAST Joshua James Root			2a. DATE OF BIRTH (MONTH, DAY, YEAR)		2b. HOUR 7:05 P.M.
3. SEX Male	4a. THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single	4b. IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		5a. COUNTY OF BIRTH Lancaster	
5b. CITY, TOWN, OR LOCATION OF BIRTH Lincoln		5c. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	5d. HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Lincoln General Hospital		
6a. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Sandra Gaye Phillips			6b. AGE (AT TIME OF THIS BIRTH) 29	6c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Kansas 17	
7a. RESIDENCE—STATE Nebraska	7b. COUNTY Lancaster	7c. CITY, TOWN, OR LOCATION, zip code Lincoln 68506	7d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7e. STREET AND NUMBER 3440 Normal Blvd.	
8a. FATHER—NAME FIRST MIDDLE LAST Stanley Howard Root			8b. AGE (AT TIME OF THIS BIRTH) 27	8c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska	
9a. INFORMANT—NAME OR SIGNATURE Mrs. Sandra Root <i>Sandra Root</i>			9b. RELATION TO CHILD Mother		
10a. SIGNATURE CERTIFIER—NAME <i>Russell L. Gorthey</i> (TYPE OF PRINT)			10b. DATE SIGNED (MONTH, DAY, YEAR)	10c. ATTENDANT—M.D., D.O., OTHER (SPECIFY) M.D.	
10d. REGISTRAR—SIGNATURE <i>Russell L. Gorthey M.D.</i>			10e. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Lincoln, Nebraska		
11a. REGISTRAR—SIGNATURE <i>Russell L. Gorthey M.D.</i>			11b. DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR AUG 26 1977		

NEBRASKA LIQUOR
 CONTROL COMMISSION

JUL 14 2009

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OK

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

DATE OF ISSUANCE

MAR 25 1994
LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

126— 79

CHILD—NAME 1. Jamie Jean Waite				SEX 2. Female	DATE OF BIRTH (Month, Day, Year) 3a.	HOUR 3b. 9:01P M
HOSPITAL—NAME (If not in hospital, give street and number) 4a. Bryan Memorial Hospital		INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Lincoln,		COUNTY OF BIRTH 4d. Lancaster	
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) <i>[Signature]</i>				DATE SIGNED (Month, Day, Year) 5b. 12/24/79	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
CERTIFIER—NAME AND TITLE (Type or print) 6a. S. G. Swanson M. D.				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 1701 "K" Street Lincoln, Nebraska 68505		
REGISTRAR—SIGNATURE 7a. <i>[Signature]</i>				DATE RECEIVED BY REGISTRAR 7b. DEC 31 1979		
MOTHER—Maiden Name 8a. Cheryl Ann Waite				AGE (At time of this birth) 8b. 25	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Lincoln, Nebraska	
RESIDENCE—STATE 9a. Nebraska	COUNTY 9b. Lancaster	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Lincoln, 68504		INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. 3745 St. Paul Street	
MOTHER'S MAILING ADDRESS—Enter if not same as residence						
FATHER—NAME 10. FIRST MIDDLE LAST				AGE (At time of this birth) 11b.	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c.	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other Informant) 12a. Cheryl Ann Waite				RELATION TO CHILD 12b. Mother		

NEBRASKA LIQUOR
CONTROL COMMISSION

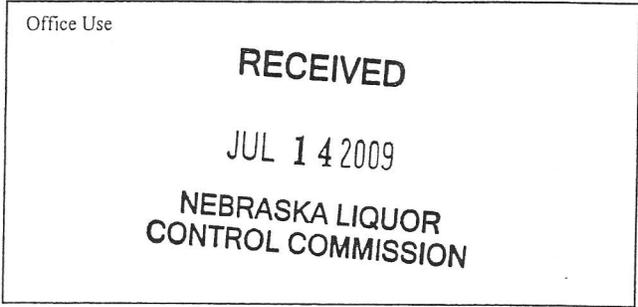
JUL 14 2009

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[Handwritten mark]

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: E. Jean Strope

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

Cherries, Inc.

Corporation Address: 3421 Woods Avenue

City: Lincoln

State: NE

Zip Code: 68510

Corporation Phone Number: 402-477-2579

Fax Number N/A

Total Number of Corporation Shares Issued: 10000

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

Last Name: Strope

First Name: Ella

MI: Jean

Home Address: 3421 Woods Avenue

City: Lincoln

State: NE

Zip Code: 68510

Home Phone Number: 402477-2579

Signature of president: E. Jean Strope

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

29th June 2009

date

by Kristi Molacek

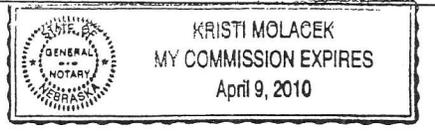
E Jean Strope

name of person acknowledged

Notary Public signature: Kristi Molacek

Notary Public signature

Affix Seal Here



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

Last Name: Strope First Name: Ella MI: Jean

Social Security Number _____ Date of Birth _____

✓ Title: President Number of Shares 6000

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

Spouse Social Security Number: _____ Date of Birth: _____

prints signed

Last Name: Root First Name: Joshua MI: J

Social Security Number _____ Date of Birth _____

✓ Title: Shareholder Number of Shares 4000

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

Spouse Social Security Number: _____ Date of Birth: _____

prints signed

prints signed

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: _____

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JUL 14 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

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: 1/1/09

Ending Date: 12/31/09

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.

REVISED 5/2007

ARTICLES OF INCORPORATION
OF
CHERRIES, INC.

The undersigned, E. Jean Strobe, Incorporator, for the purpose of forming a lawful corporation under the laws of the State of Nebraska, hereby adopts these Articles of Incorporation.

ARTICLE I.

The name of the corporation shall be Cherries, Inc.

ARTICLE II.

The principal place of transacting the business of the Corporation shall be in Omaha, Douglas County, Nebraska, and such other counties and states as determined by the stockholders and the Board of Directors as being in the best interests of the Corporation. The initial registered office of the Corporation shall be 3421 Woods Avenue, Lincoln, Nebraska, 68510, and the Registered Agent at that address shall be E. Jean Strobe.

ARTICLE III.

The nature of the business and purpose for which this corporation is formed shall be the operation of a tavern.

ARTICLE IV.

The name and place of residence of the incorporator is E. Jean Strobe, 3421 Woods Avenue, Lincoln, NE 68510.

ARTICLE V.

The corporation shall have perpetual existence and shall commence doing business at the time of the filing of its Articles of Incorporation with the Secretary of the State of Nebraska.

ARTICLE VI.

The affairs of the corporation shall be conducted by a Board of Directors of not less than three, except that when the shares of the corporation are owned of record by either one or two stockholders, then the number of directors may be less than three, but not less than the number of shareholders, and by the statutory officers, to wit: President, Vice President, Secretary and Treasurer, and by such other officers as may be provided by the By-Laws. The Board of Directors shall have the power to make, alter or amend the By-Laws of the corporation. The Articles of Incorporation may be amended at any regular or special meeting of the Board of Directors.

ARTICLE VII.

The private property of the stockholders of this corporation shall not be subject to the payment of the corporate debts.

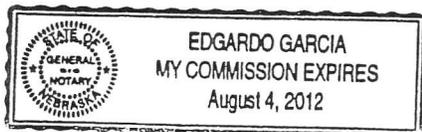
ARTICLE VIII.

The corporation shall be authorized to issue common stock only, and shall be authorized to issue 10,000 shares of common stock with a par value of \$1.00 per share.

E. Jean Strobe
Incorporator

STATE OF NEBRASKA)
)ss:
COUNTY OF DOUGLAS)

ON THIS 23 day of June, 2009, before me, a Notary Public, in and for said County, personally appeared the above-named, E. Jean Strobe, known to me to be the identical person who executed the foregoing Articles of Incorporation as Incorporator, and acknowledged to me that his execution of such instrument was his voluntary act and deed.



[Signature]

STATE OF NEBRASKA ♦ SECRETARY OF STATE'S OFFICE
1445 "K" STREET • STATE CAPITOL SUITE 1301 • LINCOLN, NE • 68509
BUSINESS SERVICES DIVISION

CORPORATIONS

P.O. BOX 94608
(402) 471-4079
FAX: 471-3666

UNIFORM COMMERCIAL CODE

P.O. BOX 95104
(402) 471-4080
FAX: 471-4429

NOTARY

P.O. BOX 95104
(402) 471-2558
FAX: 471-4429

JOHN A. GALE
Secretary of State

www.sos.state.ne.us

JUDY JOBMAN
Deputy Secretary of State

KELLEY & JERRAM, P.C., L.L.O.
ATTN: GINGER GUILFOYLE
7134 PACIFIC STREET
OMAHA, NE 68106

June 23, 2009

ACKNOWLEDGEMENT OF FILING

The document(s) listed below were filed with the Nebraska Secretary of State's Office, Corporation Division. A label has been affixed to each filing signifying the filing stamp for the Nebraska Secretary of State's Office, Corporation Division. This filing label indicates the date and time of the filing and also references a document number that can be used to reference this filing in the future.

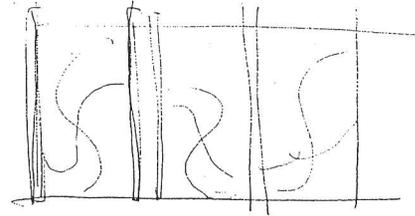
Please remember it is your responsibility to notify the Secretary of State's office of any change(s) in the information you filed.

ACKNOWLEDGEMENT OF FILING FEES RECEIVED

Action/Service	Company/Entity Name	Fee Received
Articles Perpetual	CHERRIES, INC.	60.00
Per Page Charge	CHERRIES, INC.	10.00
	Total Fees Received	\$70.00

Gina Streich
Filing Officer

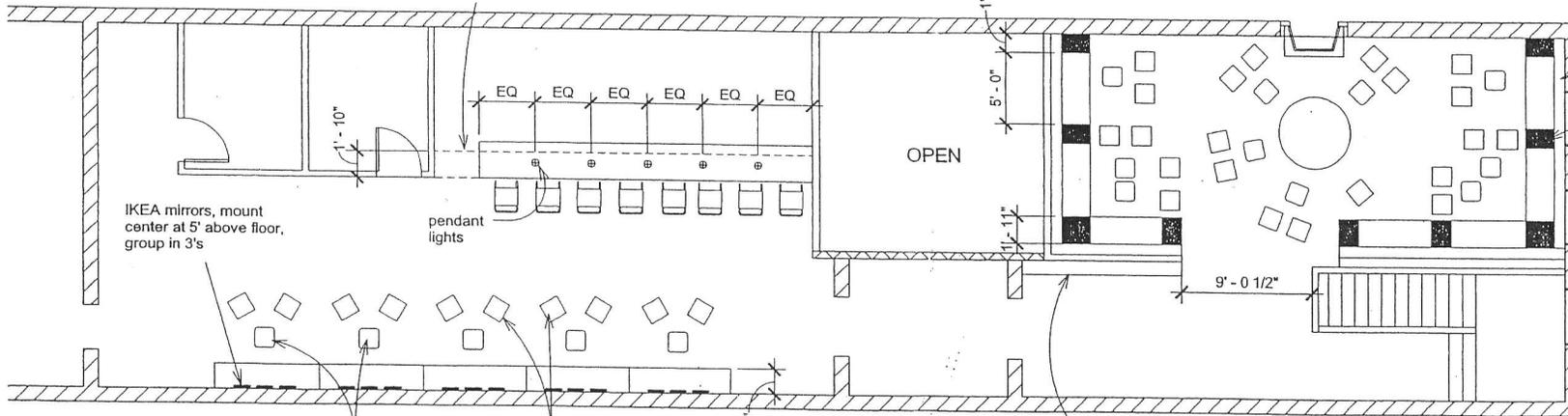
Z →



142

8" thick drywall paint red

Bulkhead above align front with bar face



Low back on banquette seating, 10" high, this wall only.

Built-in tables, tops flush with cushion seat

25

IKEA mirrors, mount center at 5' above floor, group in 3's

pendant lights

Toto Lamp table-dwr.com

custom, upholstered cube stools 16" x 16" x 18"

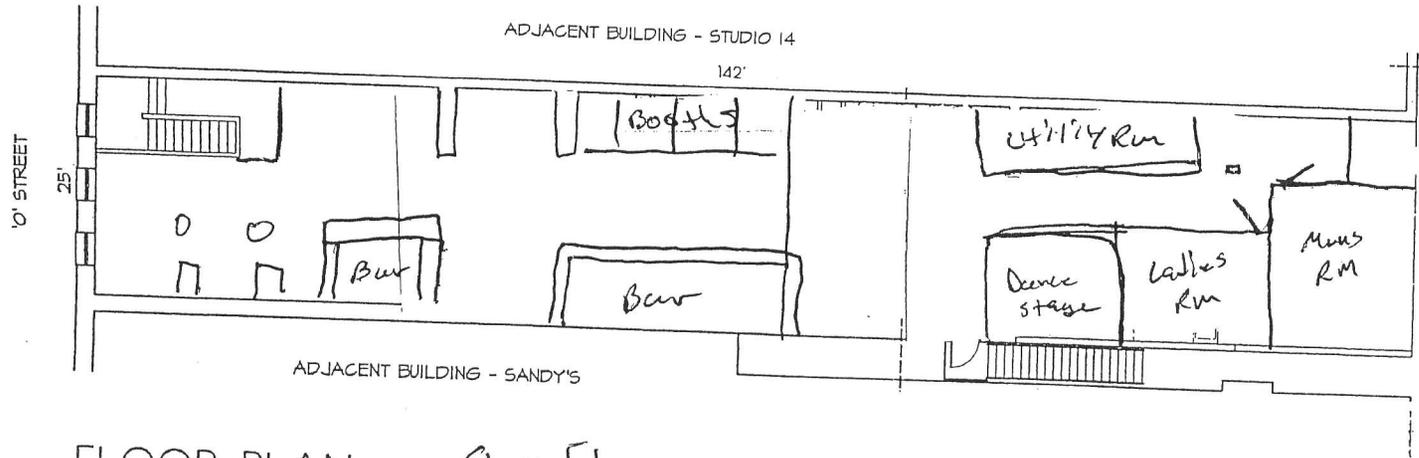
1'-0" deep drink ledge (same material as built in tables), 36" High, 1'-0" below top of wall

Floor Plan - 2nd Floor



PUBLIC AREAS -

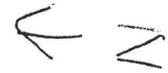
SCALE: 1/8" = 1'



FLOOR PLAN - First floor

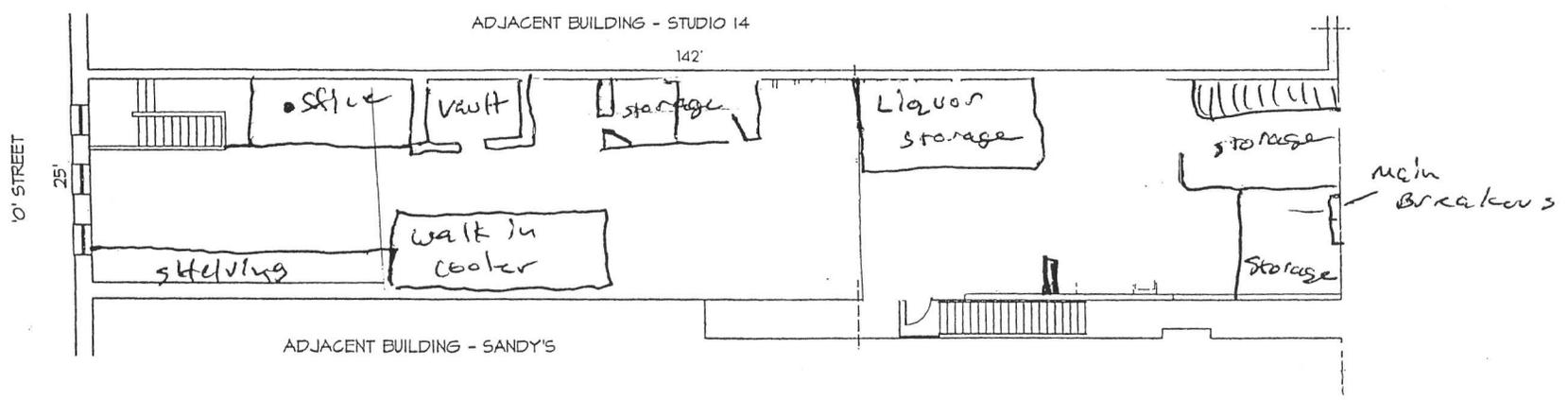
SCALE: 1/8" = 1'

1409 'O' Street, Lincoln, Nebraska



PUBLIC AREAS -

SCALE: 1/8" = 1' 0"



FLOOR PLAN - Basement

SCALE: 1/8" = 1' 0"

1409 'O' Street, Lincoln, Nebraska