CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov

LINCOLN
The Community of Opportunity

August 14, 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 Toast, 570 Fallbrook Boulevard #105 requesting a class C/K liquor license.

Michael Martin, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Michael Martin was born in Lincoln, Nebraska. He attended Raymond Central High School graduating in 1992.

Mr. Martin served in the United States Armed Forces 1992 – 2000 receiving an honorable discharge.

He was employed at Lazlo's 1996 – 2008 as a Senior Vice President.

The required training will be completed on September 10 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

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 days - 9/25/09

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

RETAIL LICENSE(S)

			Application Fee
☐	A	BEER, ON SALE ONLY	$45.00
☐	B	BEER, OFF SALE ONLY	$45.00
☒	C	BEER, WINE & DISTILLED SPIRTS, ON & OFF SALE	$45.00
☐	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	$45.00
☐	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	$45.00
☒	Class K Catering license (requires catering application form)		$100.00

MISCELLANEOUS

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

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

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

All Class C licenses expire October 31st
All other licenses expire April 30th
Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☐ Corporate License (requires insert form 3a & 3c)
☒ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION
(commission will call this person with any questions we may have on this application)

Name Mike Martin Phone number: 402.416.8086

Firm Name

PREMISE INFORMATION

Trade Name (doing business as) Toast

Street Address #1 570 Fallbrook Blvd

Street Address #2 Suite 105

City Lincoln County Lancaster Zip Code 68521

Premise Telephone number

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

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

Name Toast

Street Address #1 6844 Wildrye Rd

Street Address #2

City Lincoln State NE Zip Code 68521

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

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NEBRASKA LIQUOR
CONTROL COMMISSION

N

Sidewalk
Cafe

TOAST
570 Fillmore Blvd.
Suite 105

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.

Please see attached document in reference to Anthony Your

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

☐ YES ☒ NO

If yes, give name of business and license number_____

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

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

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

☐ YES ☒ NO

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

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

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

☒ YES ☐ NO

If yes, list the lender City Bank and Trust

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

Lincoln Nebraska's Capital City

LINCOLN NEBRASKA MAYOR DON WESELY

ARREST HISTORY LISTING

PAGE: 1 FOR: ANTHONY W YOUNG
Printed 10-10-2001 W\M DOB:

This is a list of all arrests by the LINCOLN POLICE DEPARTMENT for this person, which have a final court disposition OR arrests within the last year for which dispositions are still pending.
If the phrase "*** END OF LISTING ***" is not at the bottom of the last page, then this list is not complete. This list does NOT include any arrests by the Lancaster County Sheriff, or by the Nebraska State Patrol.

CODES FOR CRIMINAL HISTORY
M=Misdemeanor F=Felony O=Other

Arrested 05-22-1993 for (M)DISTURBING THE PEACE Case 93-046013
Disposed 06-29-1993 as (M)DISTURBING THE PEACE Cit# LA351251
FOUND GUILTY Fined $100.00

Arrested 09-27-1992 for (M)MAINTAIN DISORDERLY HOUSE Case 92-096675
Disposed 12-04-1992 as (M)DISTURBING THE PEACE Cit# LA317349
FOUND GUILTY Fined $45.00

Arrested 01-21-1990 for (M)THEFT BY SHOPLIFTING Case 90-005936
Disposed 03-23-1990 as ( )PRE-TRIAL DIVERSION Cit# LA170107

Arrested 08-27-1989 for (M)INJURE PROPERTY BELONGING TO ANOTHER Case 89-079973
Disposed 09-14-1989 as (M)INJURE PROPERTY BELONGING TO ANOTHER Cit# LA162311
DISMISSED

*** END OF LISTING ***

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NEBRASKA LIQUOR CONTROL COMMISSION

Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us
A nationally accredited law enforcement agency

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)

Concordia University - Fallbrook ; Second floor 570 Fallbrook Bl.

* see attached PUD authorizing mixed use retail

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 and Trust - Downtown ; Mike Martin, Anthony Young

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.

Mike Martin - Lazlo Inc d.b.a. Lazlo's Brewery and Grill

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) * Needs Training

Name:	Date:	Where:
Mike Martin	10/96 - 9/08	Lazlo's Brewery and Grill
Anthony Young	4/91 - 11/05	Lazlo's Brewery and Grill

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 Sept. 30, 2019
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? 10/01/09
15. What will be the main nature of business? coffee shop, sandwich shop, bar
16. What are the anticipated hours of operation? 0730 - 2300

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

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
please see attached					

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

Applicant: City & State	Year From	Year To	Spouse: City & State	Year From	Year To
Mike Martin 5327 NW 3rd St Lincoln, NE 68521	Aug-04	present	**Donna Martin** 5327 NW 3rd St Lincoln, NE 68521	Aug-04	present
1434 Kara Lane Lincoln, NE 68522	Feb-00	Aug-04	1434 Kara Lane Lincoln, NE 68522	Feb-00	Aug-04
Anthony Young 6844 Wildrye RD Lincoln, NE 68521	Aug-04	Present	**Wendy Young** 6844 Wildrye RD Lincoln, NE 68521	Aug-04	Present
5327 NW 3rd St Lincoln, NE 68521	Jan-99	Aug-04	5327 NW 3rd St Lincoln, NE 68521	Jan-99	Aug-04

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CONTROL COMMISSION

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**

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State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 8/3/09 by

Nancy Kahler

Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
NANCY KAHLER
My Comm. Exp. June 16, 2011

County of

The foregoing instrument was acknowledged before me this _____ by

Notary Public signature

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.

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

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

Office Use

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All LCC members, including spouses, are required to adhere to the following requirements

1) **Must be a citizen of the United States**
2) **Must provide a copy of their certified birth certificate or INS papers**
3) **Must submit their fingerprints (2 cards per person)**
4) **Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)**

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Anthony Young

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

Red Herring Concepts, LLC

LLC Address: 6844 Wildrye Rd

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: 402.416.8086 Fax Number

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

Last Name: Martin First Name: Mike MI: J

Home Address: 5327 NW 3rd St City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 402.416.8086

Signature of Contact Member

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

8/3/09 by
date name of person acknowledged

Nancy Kahler
Notary Public signature

Affix Seal Here
GENERAL NOTARY-State of Nebraska
NANCY KAHLER
My Comm. Exp. June 16, 2011

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

Last Name: Martin First Name: Michael MI: J.

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Last Name: Young First Name: Anthony MI:

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birt

Last Name: First Name: MI:

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Last Name: First Name: MI:

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Last Name: First Name: MI:

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES ☒ NO

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

---

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

Starting Date: January Ending Date: December

Is this a Non Profit Corporation?

☐ YES ☒ NO

If yes, provide the Federal ID #.

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

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NEBRASKA LIQUOR CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE
CATERING LICENSE

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

FEE $100.00

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The $40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER Pending

NAME OF LICENSEE Red Herring Concepts, LLC

TRADE NAME Toast

PREMISE ADDRESS 570 Fallbrook Blvd Suite 105

CITY/STATE/ZIP CODE Lincoln, NE 68521

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

Signature of Licensee

Subscribed in my presence and sworn to before me this 3 day of August 2009

GENERAL NOTARY-State of Nebraska
NANCY KAHLER
My Comm. Exp. June 16, 2011

Nancy Kahler
Notary Public Signature & Seal

Print Form

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**

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Red Herring Concepts, LLC

Premise information

Premise License Number: Not yet available
(if new application leave blank)

Premise Trade Name/DBA: Toast

Premise Street Address: 570 Fallbrook Blvd Suite 105

City: Lincoln Zip Code: 68521

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.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

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

Gender: ☒ MALE ☐ FEMALE

Last Name: Martin First Name: Michael MI: J

Home Address (include PO Box if applicable): 5327 NW 3rd St

City: Lincoln State: NE Zip Code: 68528

Home Phone Number: 402.416.8086 Business Phone Number:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Lincoln, NE

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

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Martin First Name: Donna MI: M

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Orange County, CA

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

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
See attached			See attached		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1996	2008	Lazlo Inc d.b.a. Lazlo's Brewery and Grill	Scott Miller	402.432.8882

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.

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

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

Date:	Where:
10/96 - 8/08	Lazlo's Brewery and Grill, Lincoln/Omaha

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

The foregoing instrument was acknowledged before me this 8/3/09 by

Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
NANCY KAHLER
My Comm. Exp. June 16, 2011

County of Lancaster

The foregoing instrument was acknowledged before me this 8/3/09 by

Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
NANCY KAHLER
My Comm. Exp. June 16, 2011

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

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

RECEIVED
AUG 17 2009
NEBRASKA LIQUOR CONTROL COMMISSION

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 214439896
Surname / Nom / Apellidos: MARTIN
Given names / Prénoms / Nombres: MICHAEL JAMES
Nationality / Nationalité / Nacionalidad: UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
Sex / Sexe / Sexo: M
Place of birth / Lieu de naissance / Lugar de nacimiento: NEBRASKA, U.S.A.
Date of issue / Date de délivrance / Fecha de expedición: 28 Jul 2005
Authority / Autorité / Autoridad: United States Department of State
Date of expiration / Date d' expiration / Fecha de caducidad: 27 Jul 2015
Amendments / Modifications / Enmiendas: See Page 24

P<USAMARTIN<<MICHAEL<JAMES<<<<<<<<<<<<<<<<<<<<
2144398966US OM1507274<<<<<<<<<<<<<<<04

We The People

Of the United States,
in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

Donna Marie Martin

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

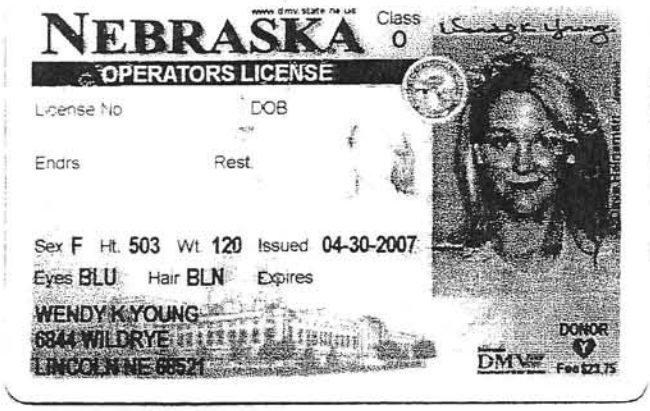
USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 436240929
Surname / Nom / Apellidos: MARTIN
Given Names / Prénoms / Nombres: DONNA MARIE
Nationality / Nationalité / Nacionalidad: UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
Place of birth / Lieu de naissance / Lugar de nacimiento: CALIFORNIA, U.S.A.
Sex / Sexe / Sexo: F
Date of issue / Date de délivrance / Fecha de expedición: 21 Dec 2007
Authority / Autorité / Autoridad: United States Department of State
Date of expiration / Date d'expiration / Fecha de caducidad: 20 Dec 2017
Endorsements / Mentions Spéciales / Anotaciones: SEE PAGE 27

USA

P<USAMARTIN<<DONNA<MARIE<<<<<<<<<<<<<<<<<<<<
4362409297US 8F1712209225668071<698408



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
SEP 2 1998
LINCOLN, NEBRASKA

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

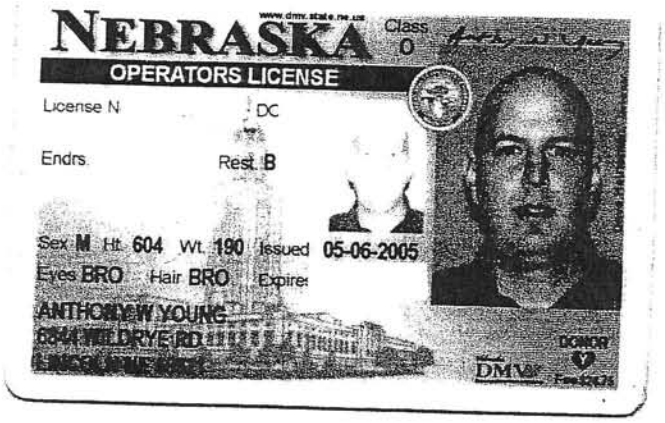
STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH 126-H-200 BIRTH NUMBER

CHILD—NAME 1. Wendy Kay Heiss (FIRST / MIDDLE / LAST)		DATE OF BIRTH (MONTH, DAY, YEAR) 2a.	HOUR 2b. 9:03 P.M.
SEX 3. Female	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b.	COUNTY OF BIRTH 5a. Lincoln
CITY, TOWN, OR LOCATION OF BIRTH 5b. North Platte	INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. North Platte Memorial Hospital	
MOTHER—MAIDEN NAME 6a. Jo Ann Miklich (FIRST / MIDDLE / LAST)		AGE (AT TIME OF THIS BIRTH) 6b. 35	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Montana
RESIDENCE—STATE 7a. Nebraska	COUNTY 7b. Lincoln	CITY, TOWN, OR LOCATION 7c. North Platte	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. Yes / STREET AND NUMBER 7e. 104 North Maple
FATHER—NAME 8a. Darrell Wayne Heiss (FIRST / MIDDLE / LAST)		AGE (AT TIME OF THIS BIRTH) 8b. 39	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Nebraska
INFORMANT—NAME OR SIGNATURE 9a. Mrs. Darrell Wayne Heiss			RELATION TO CHILD 9b. Mother
I CERTIFY THAT THE ABOVE-NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. 10a. SIGNATURE Robert F. Getty		DATE SIGNED (MONTH, DAY, YEAR) 10b. April 29, 1970	ATTENDANT—M.D., D.O., OTHER (SPECIFY) 10c. MD
CERTIFIER—NAME (TYPE OR PRINT) 10d. Robert F. Getty M.D.		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10e. 501 South Jeffers North Platte, Nebr. 6910	
REGISTRAR—SIGNATURE 11a. Phyllis J. Evans			DATE RECEIVED BY LOCAL REGISTRAR (MONTH DAY YEAR) 11b. May 4 1970

RECEIVED
AUG 10 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

RECEIVED
AUG 10 2009
NEBRASKA LIQUOR
CONTROL COMMISSION



Amended 2/23/71

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 20 1968
Bureau of Vital Statistics

State File No. 1362
Local Reg. No. 222
Reg. Dist. No. 360

1. PLACE OF BIRTH

a. COUNTY: CANYON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: CALDWELL

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: CALDWELL MEMORIAL HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: IDAHO

b. COUNTY: CANYON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: CALDWELL RURAL

d. STREET ADDRESS (If rural, give location): RT. #4 BOX 20

3. CHILD'S NAME (Type or print)

a. (First): ANTHONY

b. (Middle): WILLIAM

c. (Last): YOUNG

4. SEX: MALE

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year)

FATHER OF CHILD

7. FULL NAME

a. (First): JOSEPH

b. (Middle): RICHARD

c. (Last): YOUNG JR.

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): MARYLAND

10. USUAL OCCUPATION: TEACHER

11. KIND OF BUSINESS OR INDUSTRY: ACADEMY

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): VIRGINIA

b. (Middle): ANN

c. (Last): LOOP

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): WASHINGTON

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Virginia A. Young Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Gerald C. Bauman M.D.

18. ATTENDANT AT BIRTH: M.D. ✓ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Caldwell Idaho

20. DATE SIGNED: 2/1/68

21. DATE REC'D BY LOCAL REG.: March 8, 1968

22. REGISTRAR'S SIGNATURE: Mrs. Martina Walmsley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

STATE OF NEBRASKA

COPY

United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

the attached is a true and correct copy of the Articles of Organization of

RED HERRING CONCEPTS, LLC

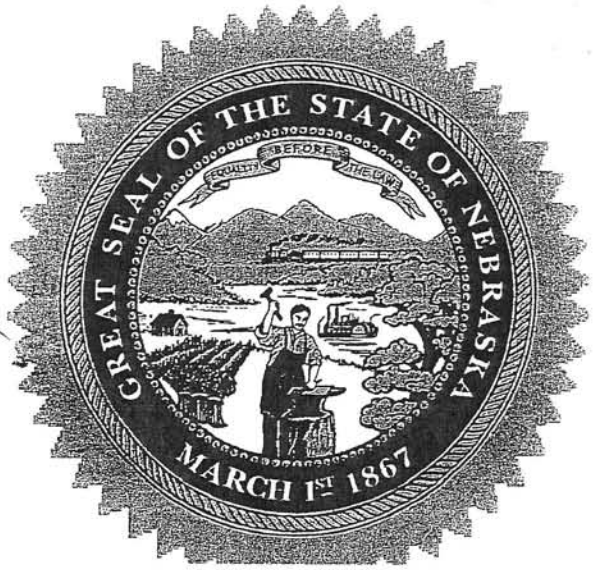
with its registered office located in LINCOLN, Nebraska, as filed in this office on April 20, 2009.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on April 20, 2009.

John A. Gale

SECRETARY OF STATE



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.