



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

November 30, 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 U-Stop, 6600 North 84th Street requesting a class D liquor license.

This location was currently holds a liquor license. The reason for the new request is the business has been annexed into the City of Lincoln.

Mr. Amin will be the manager of this liquor license. He completed the required training on November 12th 2009.

Stockholder information has been included for your review.

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

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency

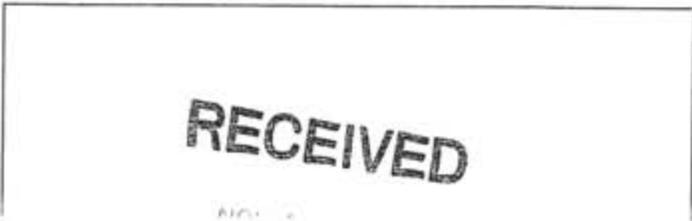


APPLICATION FOR LIQUOR LICENSE

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

FILED

NOV 25



CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES

CHECK DESIRED CLASS(S)

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

NEBRASKA LIQUOR
CONTROL COMMISSION

45 days = 1/8/2010

RETAIL LICENSE(S)

		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input 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

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

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

All Class C licenses expire October 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 Teresa LaFave Phone number: 402-435-3509

Firm Name Whitehead Oil Company

PREMISE INFORMATION

Trade Name (doing business as) U-Stop #4

Street Address #1 6600 N. 84th St.

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68507

Premise Telephone number 402-466-5593

Is this location inside the city/village corporate limits:

YES
city

NO **RECEIVED**

NOV 20 2009

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

Name Whitehead Inc.

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 2537 Randolph St.

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

no basement

*one story building
approx 29 x 71*



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.

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

YES NO

If yes, give name of business and license number

Replacing 32400

- 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.

US Bank Milton E. Whitehead/Alan A. Makovicka

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.

See Attached

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:
MD Amin	11/12/09	Responsible Hospitality Class

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 _____
- Deed
- Purchase Agreement

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

15. What will be the main nature of business? Retail Convenience store with fuel

16. What are the anticipated hours of operation? 24 hours

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
Lincoln, NE	1992	2009	Lincoln, NE	1992	2009

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-time employees, if applicable.

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NOV 20 2009
NEBRASKA LIQUOR CONTROL COMMISSION

✓ *M.E. Whitehead*
Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska
County of Lancaster

County of _____

The foregoing instrument was acknowledged before me this Nov. 19, 2009 by

The foregoing instrument was acknowledged before me this _____ by

M.E. WHITEHEAD

Linda Hubka

Notary Public signature

Notary Public signature

Affix Seal Here


Affix Seal Here

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

MANAGER APPLICATION INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571

Website: www.lcc.ne.gov

Office Use

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NOV 20 2009

COA - ...

INS paperwork

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:

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

Tom E. H. [Signature]

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Amin First Name: MD MI: M

Home Address (include PO Box if applicable): 12362 U St.

City: Lincoln State: NE Zip Code: 68503

Home Phone Number: 402-617-7266 Business Phone Number: 402-488-5593

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

Date Of Birth: _____ Place Of Birth: Bangladesh
a

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

YES NO

spousal

Spouse's information

Spouses Last Name: Amin First Name: Nahrin MI: J

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

Date Of Birth: _____ Place Of Birth: Bangladesh

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
<i>C</i> Nye, NY	1999	2003	<i>C</i> Nye, NY	1998	2003
Grand Island, NE	2003	2004	Grand Island, NE	2003	2004
Lincoln, NE	2004	Present	Lincoln, NE	2004	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005	2007	Whitehead Inc.	Brian Makovicka	402-435-3509
2008	Present	Whitehead Oil Company	Doug Larkins	402-435-3509

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

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:
11/12/09	Responsibility Hospitality Class

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 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.

Md. Mahmud Amin

Signature of Manager Applicant

Nahve Dina

Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this November 19, 2009 by

The foregoing instrument was acknowledged before me this November 19, 2009 by

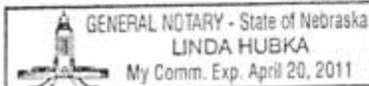
Linda Hubka

Notary Public signature

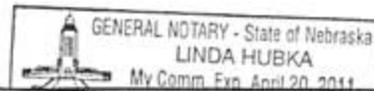
Linda Hubka

Notary Public signature

Affix Seal Here



Affix Seal Here



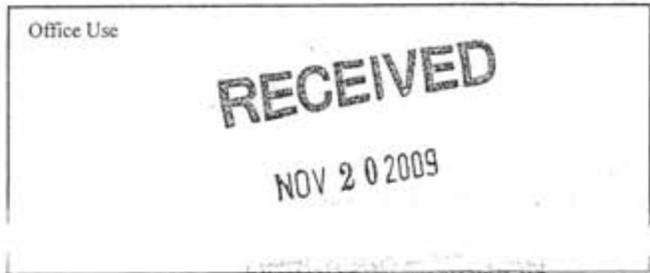
In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

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

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.

Nahrin Amin
Signature of spouse asking for waiver
(Spouse of individual listed below)

NAHRIN J AMIN
Printed name of spouse asking for waiver

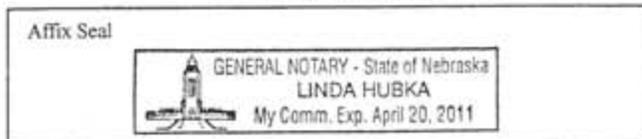
State of Nebraska

County of Lancaster

November 19, 2009
date

The foregoing instrument was acknowledged before me this
by NAHRIN J. AMIN
name of person acknowledged

Linda Hubka
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.

MD. MAHMUDUL AMIN
Signature of individual involved with application
(Spouse of individual listed above)

MD. MAHMUDUL AMIN
Printed name of applying individual

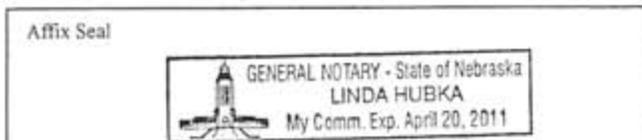
State of Nebraska

County of Lancaster

November 19, 2009
date

The foregoing instrument was acknowledged before me this
by MD MAHMUDUL AMIN
name of person acknowledged

Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

THE UNITED STATES OF AMERICA

No. 28462119



UNITED STATES OF NEBRASKA

NATURALIZATION

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NOV 20 2008
NEBRASKA LIQUOR CONTROL COMMISSION

Personal description of holder as of date of naturalization:

CIS Registration No. A046862255

Date of birth:---

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

Sex: MALE

Md. Mahmudul Amin.

Height: 5 feet 3 inches

(Complete and true signature of holder)

Marital status: MARRIED

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

Country of former nationality:

at: OMAHA, NEBRASKA

BANGLADESH

The Secretary having found that:

MD MAHMUDUL AMIN



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

US DISTRICT COURT STATE OF NEBRASKA

at: OMAHA, NEBRASKA

on: JUNE 17, 2005

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

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

Francis J. Guerin
Director, U.S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY

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NOV 20 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH
OFFICE OF THE UPZILA STATISTICAL OFFICER
MATLAB, CHANDPUR,
BANGLADESH

TRUE COPY OF ENTRY FROM UPAZILA BIRTH REGISTER

Serial No: 07

Date:-

Registration Number	Date of Birth	Place of Birth	Sex	Name, Parent's Name and address	Remarks
01		VILL :- KRISHNAPUR P.O. :- GAZRABAZAR UNION:-11, WEST FATEPUR U.Z. :- MATLAB DISTRICT:- CHANDPUR, BANGLADESH	MALE	NAME :- MD. MAHMUDUL AMIN FATHER'S NAME:- MD. REZAUL KARIM MOTHER'S NAME :- BEGUM FATEMA KARIM VILL :- KRISHNAPUR P.O. :- GAZRABAZAR UNION :- 11, WEST FATEPUR U.Z. :- MATLAB (NORTH) DISTRICT:- CHANDPUR, BANGLADESH	CERTIFIED THAT THIS IS REPORT OF AN EXTRACTED FROM THE ANA BIRTH REGISTER IN PAGE NO 83

Mossam



MD. RUMU
31/1/06
MD. RUMU
Upazila Statistician
Matlab Uttar Chandpur

NEBRASKA Class 0
OPERATORS LICENSE

License No. DOB
Endrs Rest B

Sex M Ht. 504 Wt. 135 Issued 09-22-2008
Eyes BRO Hair BLK Expires -2013

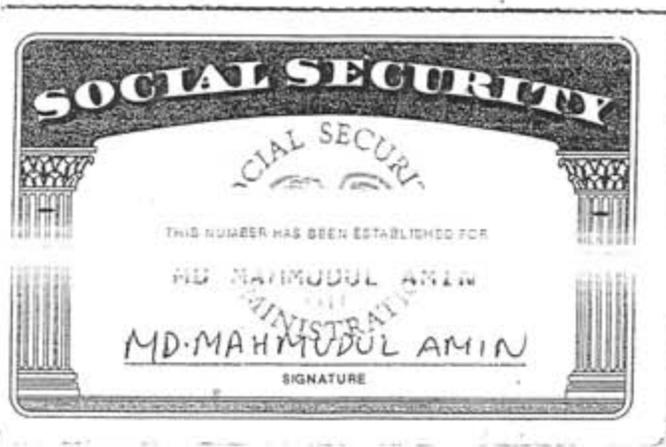
2352 U ST
LINCOLN NE 68503

DMV

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NOV 20 2009

NEBRASKA LIQUOR
DIVISION



RECEIVED

NOV 20 2009

NEBRASKA DEPARTMENT OF REVENUE

**APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046

PHONE: (402) 471-2774
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

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

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

Name of Registered Agent: Milton E. Whitehead

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

Whitehead Inc.

Corporation Address: 2537 Randolph St.

City: Lincoln

State: NE

Zip Code: 68510

Corporation Phone Number: 402-435-3509

Fax Number 402-435-5881

Total Number of Corporation Shares Issued: 240

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

Last Name: Whitehead

First Name: Milton

MI: E

Home Address: 1901 S. Pershing Rd

City: Lincoln

State: NE

Zip Code: 68502

Home Phone Number: 402-474-4700

Milton E. Whitehead

Signature of president

State of Nebraska

County of Lincoln

The foregoing instrument was acknowledged before me this

November 19, 2009

date

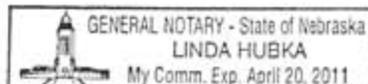
by M. E. WHITEHEAD

name of person acknowledged

Linda Hubka

Notary Public signature

Affix Seal Here



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

Signed

Last Name: Whitehead First Name: Milton MI: E

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 240

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

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: _____

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

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

Starting Date: January 1 Ending Date: December 31

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.
