



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 13, 2010

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 Cornhusker Bottle Shop, 2310 North 1st Street requesting a class D liquor license.

This location currently holds a liquor license but has been purchased.

Mark Treinen, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Mark Treinen was born in McCook, Nebraska. He attended Sterling High School graduating in 1981.

Mark was employed at Sterling Distributing as a sales manager for 1994 – 2010.

The required training will be completed on August 12th 2010.

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 days - 8/16/10

RECEIVED

JUL - 1 2010

NEBRASKA LIQUOR
CONTROL AND PUBLIC
SALES COMMISSION

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

RETAIL LICENSE(S)		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input 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 Joshua Barber Phone number: 402-434-5429
Firm Name Barber + Barber, P.C., L.L.O.

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

7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

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

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

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

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

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

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.



Signature

Trade Name (doing business as) Cornhusker Bottle Shop

Street Address #1 2310 N. 1st Street

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68521

Premise Telephone number 402-474-1042

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

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

Name MJBK, Inc.

Street Address #1 5616 Bodie Circle

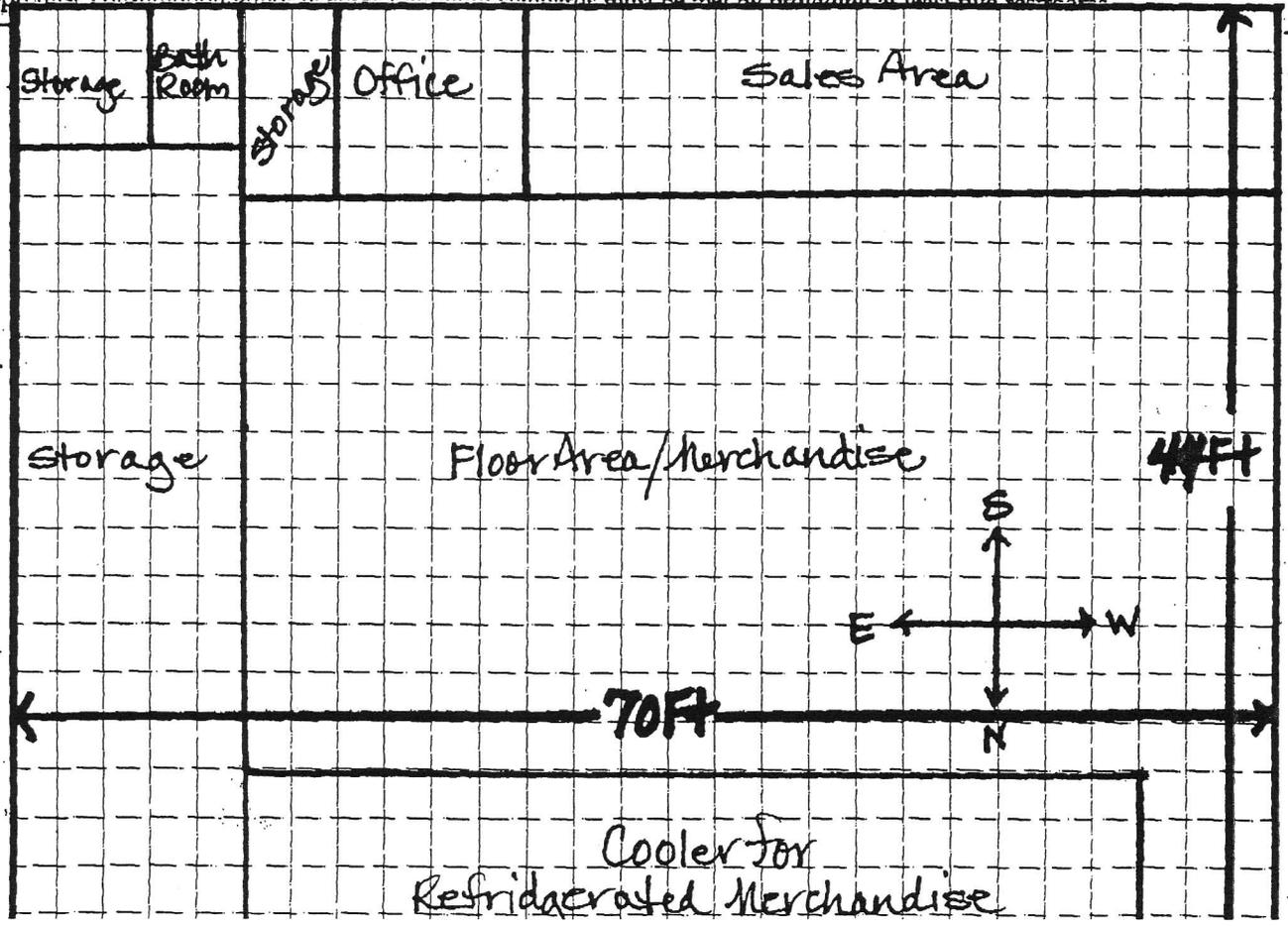
Street Address #2 _____

City Lincoln State NE Zip Code 68516

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

1 FLOOR, NO BASEMENT



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.

DWI - Lincoln - 10/1991
Possession of Gambling Records, Lincoln, 3/1996

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

YES NO

If yes, give name of business and license number Cornhusker Bottle Shop, 54544

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?

See Attached

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 SBA, Union Bank

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

YES NO

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

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

YES NO

If yes, list such items and the owner.

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

YES NO

If yes, explain.

No silent partners

8. Are your 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.

Union Bank, MARK Tremer, Tom Kennedy Tremer

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.

N/A

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)

*Need Training

Name:	Date:	Where:
N/A		

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- Lease: expiration date April 30th 2017
- Deed
- Purchase Agreement

14. When do you intend to open for business? July 1st (with Agency Agreement)

15. What will be the main nature of business? Alcohol + Tobacco

16. What are the anticipated hours of operation? Mon - Thurs 7-12 AM, Fri-Sat 7-1 AM, Sun 10-10 PM

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.

APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
5616 Bodie Cir Lincoln, NE	1997	Now	5616 Bodie Cir Lincoln, NE	1993	Now

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.

Mark Treinen
Signature of Applicant Mark Treinen

Joni Kennedy Treinen
Signature of Spouse Joni Treinen

Joni Kennedy Treinen
Signature of Applicant

Mark Treinen
Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Laurel

County of Laurel

The foregoing instrument was acknowledged before me this

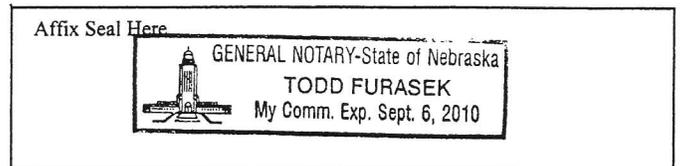
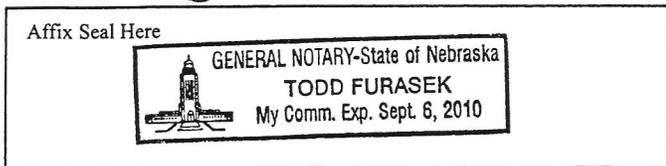
6/30/10 by [Signature]

The foregoing instrument was acknowledged before me this

6/30/10 by [Signature]

Notary Public signature

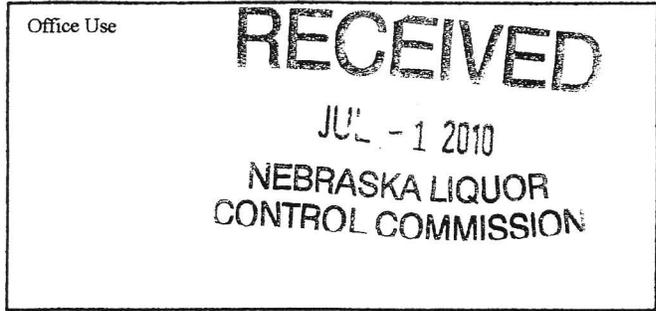
Notary Public signature



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

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

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



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: Mark Treinen

Name of Corporation that will hold license as listed on the Articles
MJBK, Inc.

Corporation Address: 5616 Bodie Circle

City: Lincoln State: NE Zip Code: 68516

Corporation Phone Number: 402-499-1458 Fax Number: _____

Total Number of Corporation Shares Issued: 1,000

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

Last Name: Treinen First Name: Mark MI: A

Home Address: 5616 Bodie Circle City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-423-4285

Mark Treinen
Signature of president

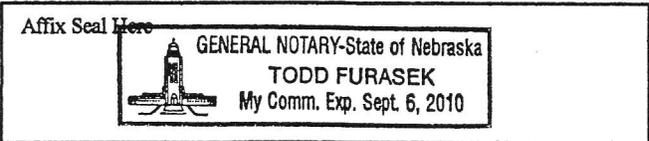
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

6/30/10
date
[Signature]

by Mark Treinen
name of person acknowledged

Notary Public signature



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

Last Name: Treinen First Name: Mark MI: A Signed
Social Security Number: _____ Date of Birth: _____ — Prints
Title: President / Treasurer Number of Shares 500
Spouse Full Name (indicate N/A if single): Joni Kennedy Treinen Signed
Spouse Social Security Number: _____ Date of Birth: _____ — Prints

Last Name: Kennedy Treinen First Name: Joni MI: L
Social Security Number: _____ Date of Birth: _____
Title: Vice President / Secretary Number of Shares 500
Spouse Full Name (indicate N/A if single): Mark Treinen
Spouse Social Security Number: _____ Date of Birth: _____

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

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

Is the applying Corporation controlled by another Corporation?

YES

NO

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

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

Starting Date: January Ending Date: December

Is this a Non-Profit Corporation?

YES

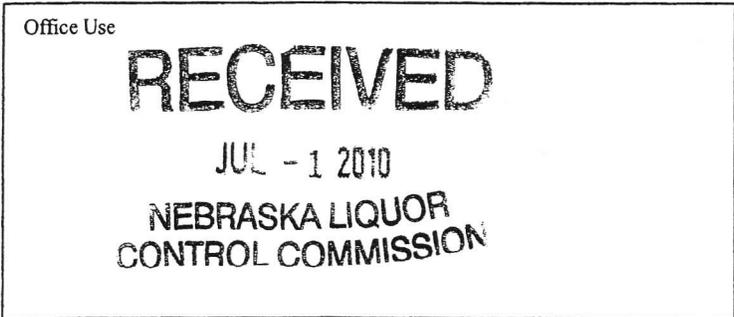
NO

If yes, provide the Federal ID #.

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

**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) June 30th, 2010 seller and buyer entered into a contract for sale of the business known as Cornhusker Bottle Shop, 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 July 1st, 2010, 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.

Muel Bigha
Signature of seller

Mark Trimmer
Signature of buyer

State of Nebraska
County of Lancaster

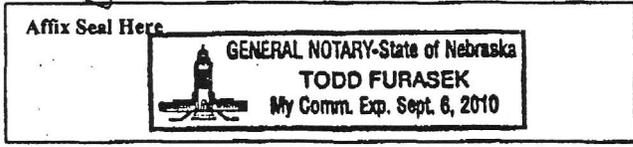
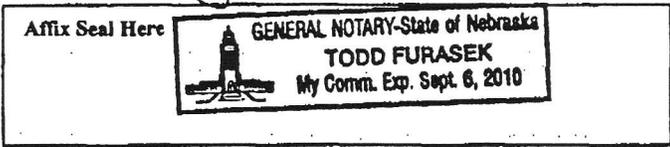
State of Nebraska
County of Lancaster

The forgoing instrument was acknowledge before me this 6/30/10
Date

The forgoing instrument was acknowledge before me this 6/30/10
Date

[Signature]
Notary Public Signature

[Signature]
Notary Public Signature



UNION BANK & TRUST COMPANY
PO Box 82535
Lincoln, NE 68501

ACCOUNT NUMBER _____ PORTFOLIO NUMBER _____

ACCOUNT OWNER(S) NAME & ADDRESS
MJBK INC
KONG LIQUOR, INC
TEMPORARY OPERATING ACCOUNT
RECEIVED
JUL -1 2010
2310 N 1ST ST
LINCOLN, NE 68521
NEBRASKA LIQUOR CONTROL COMMISSION

OWNERSHIP OF ACCOUNT - PERSONAL (Select One and Initial):
 Single-Party Account _____ Trust-Separate Agreement _____
 Multiple-Party Account _____
 Other _____

RIGHTS AT DEATH (Select One and Initial):
 Single-Party Account _____
 Multiple-Party Account With Right of Survivorship _____
 Multiple-Party Account Without Right of Survivorship _____
 Single-Party Account With Pay On Death _____
 Multiple-Party Account With Right of Survivorship and Pay On Death _____

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

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

Number of signatures required for withdrawal 1
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[]

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE
 SOLE PROPRIETORSHIP PARTNERSHIP
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 LIMITED LIABILITY COMPANY
BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: _____
AUTHORIZATION DATED: _____

SIGNATURE(S) - The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes 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 agreement(s) and/or disclosure(s):

Terms & Conditions Truth in Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features Schedule of Fees & Charges

DATE OPENED 08/30/2010 BY 668/ E.REA
INITIAL DEPOSIT \$ 0.00
 CASH CHECK _____
HOME TELEPHONE # 4991458
BUSINESS PHONE # (402) 416-3125
DRIVER'S LICENSE # NOL DOCS ON FILE
E-MAIL _____@YAHOO.COM
EMPLOYER _____
MOTHER'S MAIDEN NAME _____
Name and address of someone who will always know your location: _____

(1): [*Mark A. Treinen*]

MARK A TREINEN
I.D. # _____ D.O.B. _____

(2): [*Joni Kennedy Treinen*]

JONI KENNEDY TREINEN
I.D. # _____ D.O.B. _____

(3): [*Micheal Budzinski*]

MICHEAL BUDZINSKI
I.D. # _____ D.O.B. _____

(4): []

I.D. # _____ D.O.B. _____
AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:

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. citizen or other U.S. person (as defined in the instructions).
Mark A. Treinen 08/30/2010
MJBK INC (Date)

(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

RECEIVED

JUL - 1 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

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

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: MJBK, Inc.

Premise information

Premise License Number: Pending
(if new application leave blank)

Premise Trade Name/DBA: Cornhusker Bottle Shop

Premise Street Address: 2310 N. 1st Street

City: Lincoln State: NE Zip Code: 68521

Premise Phone Number: 402-474-1042

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.

Mark Trainor

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Treinen First Name: Mark MI: A.

Home Address (include PO Box if applicable): 5616 Bodie Circle

City: Lincoln State: NE Zip Code: 68516

Home Phone Number: 402-423-4285 Business Phone Number: 402-474-1042

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

Date Of Birth: _____ Place Of Birth: McCook, 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: Kennedy Treinen First Name: Joni MI: L

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

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

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

APPLICANT

SPOUSE

CITY & STATE	YEAR		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
<u>Lincoln, NE</u>	<u>1986</u>	<u>NOW</u>	<u>Lincoln, NE</u>	<u>1984</u>	<u>NOW</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>1994</u>	<u>2010</u>	<u>Sterling Dist. Company</u>	<u>Tony Windingstad</u>	<u>402-339-2300</u>
<u>1987</u>	<u>1994</u>	<u>Nst Drive In</u>	<u>GAIL STEWART</u>	<u>402-477-6077</u>

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

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

YES NO If yes, please explain below or attach a separate page.

10-1991 DWT LANCASTER County - Lincoln
3-1996 Possession of Gambling records, Lancaster County - Lincoln

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. List the training and/or experience (when and where)

Date:	Where:
N/A	

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.

Mark Trimmer
Signature of Manager Applicant

Janet Kennedy Trimmer
Signature of Spouse

State of Nebraska

County of Lancaster

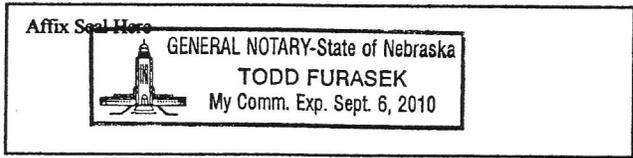
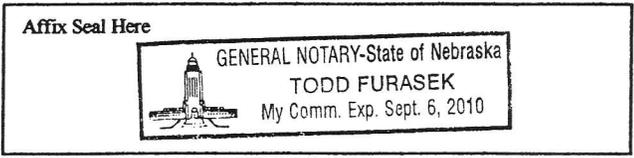
County of Lancaster

The foregoing instrument was acknowledged before me this 6/30/10 by

The foregoing instrument was acknowledged before me this 6/30/10 by

Mark Trimmer
[Signature]
Notary Public signature

Janet Kennedy Trimmer
[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
FEB 11 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 BIRTH NO. 126 62

PHS-726 (VS)
 REV. 12-54
 FEDERAL SECURITY AGENCY
 PUBLIC HEALTH SERVICE

1. PLACE OF BIRTH a. COUNTY Red Willow		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Red Willow	
b. CITY (If outside corporate limits, write RURAL) OR TOWN McCook, Nebraska		c. CITY (If outside corporate limits, write RURAL) OR TOWN McCook, Nebraska	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Catherine's Hospital		d. STREET ADDRESS 1008 West L. St. Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) Mark b. (Middle) Alan c. (Last) Treinen			
4. SEX Male	5a. THIS BIRTH Single <input type="checkbox"/> Twin <input checked="" type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year)
FATHER OF CHILD T-656			
7. FULL NAME a. (First) Mathias b. (Middle) James c. (Last) Treinen			8. COLOR OR RACE White
9. AGE (At time of this birth) 35 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Sidney, Nebraska	11a. USUAL OCCUPATION Manager - Stickney Store	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Dorothy b. (Middle) Catherine c. (Last) Koester			13. COLOR OR RACE White
14. AGE (At time of this birth) 32 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Sidney, Nebraska	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 56 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Mathias Treinen—Mother			
18a. SIGNATURE <i>John J. Jones</i>		18b. ATTENDANT AT BIRTH M. D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS McCook, Nebraska		19. MOTHER'S MAILING ADDRESS Mrs. Mathias Treinen 1008 West L. St. McCook, Nebraska	
20. DATE RECD BY LOCAL REG. January 3, 1963	21. REGISTRAR'S SIGNATURE <i>Arde Olson</i>		

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
APR 3 1989
 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 BIRTH NO. 126.....

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PHE-796(VS)
 REV. 12-54
 FEDERAL SECURITY AGENCY
 PUBLIC HEALTH SERVICE

1. PLACE OF BIRTH a. COUNTY Hooker		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Hooker	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Mullen, Nebraska		c. CITY (If outside corporate limits, write RURAL) OR TOWN Mullen	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pioneer Memorial Hospital		d. STREET ADDRESS Inside City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. CHILD'S NAME (Type or print)			
a. (First) Joni		b. (Middle) Leigh	c. (Last) Kennedy
4. SEX F	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year)
FATHER OF CHILD K-530			
7. FULL NAME a. (First) Cleve b. (Middle) Oreland c. (Last) Kennedy			8. COLOR OR RACE white
9. AGE (At time of this birth) 32 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Merna, Nebraska	11a. USUAL OCCUPATION Teacher	11b. KIND OF BUSINESS OR INDUSTRY Education
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Donna b. (Middle) Mae c. (Last) King			13. COLOR OR RACE white
14. AGE (At time of this birth) 30 Yrs.	15. BIRTHPLACE (City, town, or county) (State or foreign country) Miller, Nebraska	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? -1- b. How many OTHER children were born alive but are now dead? none c. How many children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Cleve Kennedy - mother-			
I hereby certify that this child was born alive on the date stated above at 6:05 p.m.		18a. SIGNATURE <i>Joe Saults, M.D.</i>	18. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
		18b. ADDRESS Mullen, Nebraska	19. MOTHER'S MAILING ADDRESS Mullen, Nebraska
20. DATE RECD BY LOCAL REG. 12-3-89	21. REGISTRAR'S SIGNATURE <i>Walter Middleton</i>		