



Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

June 11, 2013

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 Rodizio Grill, 151 North 8<sup>th</sup> Street requesting a class I liquor license.

Scott Morgan has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Scott Morgan was born in Ottumwa, Iowa. He graduated from Dordt College in 1995.

Scott Morgan employment history is as follows:

2008 - Present	CFO, KZCO	Ashland, NE.
2005 - 2008	Manager, KPMG	Lincoln, NE.
2002 - 2008	Controller, Li-Cor	Lincoln, NE.
1998 - 2002	CFO, Trans DVA	Sioux City. IA.

The applicant has been informed about the required training.

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.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) Rodizio Grill 130  
Street Address #1 131 N. 8<sup>th</sup> St., Suite 130 Box 9  
Street Address #2 151 per applicant and FM  
City Lincoln County Lancaster #17 Zip Code 68508  
Premise Telephone number cell 402-570-7512 E-mail MASCIA7@gmail.com

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

Mailing address (where you want to receive mail from the Commission) City

Name Same as above

Street Address #1 \_\_\_\_\_

Street Address #2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED  
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, 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. 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

Length 80 feet

Width 100 feet

Is there a basement? Yes  No

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

~~See next page~~

*All attached diagram*

RECEIVED  
MAY 2013  
REGISTRATION  
CONTROL COMMISSION

**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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

NEB. LIQUOR CONTROL COMMISSION

2. Are you buying the business of a current retail liquor license?

YES  NO

If yes, give name of business and liquor license number \_\_\_\_\_

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

YES  NO

If yes, give name and license number \_\_\_\_\_

4. Are you filing a temporary operating permit to operate during the application process?

YES  NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

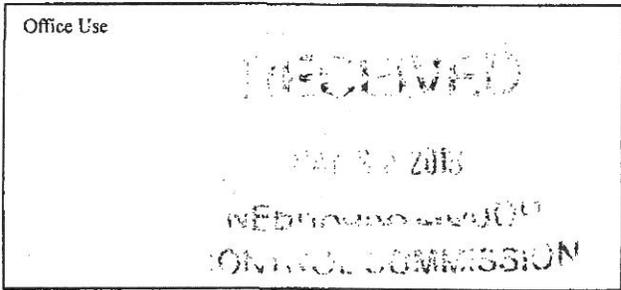
5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES  NO

If yes, list the lender(s) Union Bank and Trust, Lincoln NE

**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](http://www.lcc.ne.gov)



Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Seven Crowns Investment Group LLC

**Premise information**

Premise License Number: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: Rodizio Grill

Premise Street Address: 131 N. 8th St. Ste 130 Box 9

City: Lincoln

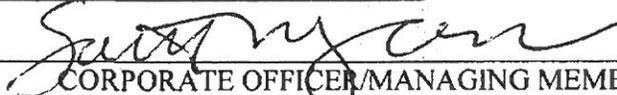
State: NE

Zip Code: 68508

Premise Phone Number: Cell 402-570-7512

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.

[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: Morgan First Name: Scott MI: A

Home Address (include PO Box if applicable): 6805 S. Ridge Dr

City: Lincoln County: Al Lancaster Zip Code: 68512

Home Phone Number: 402-570-7512 Business Phone Number: 402-570-7512

Social Security Number: \_\_\_\_\_ Drivers License Number & State \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Ottumwa IA

*Signed  
prints  
water  
passport*

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: Morgan First Name: Kendra MI: D

Social Security Number: \_\_\_\_\_ Drivers License Number & State \_\_\_\_\_ -Nebr.

Date Of Birth: \_\_\_\_\_ Place Of Birth: Des Moines, IA

*Signed*

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

APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
6805 S. Ridge Dr. Lincoln NE	2011	2013	6805 S. Ridge Dr. Lincoln NE	2011	2013
1400 Garrett Lane #317 Lincoln NE 68512	2010	2011	1400 Garrett Lane #317 Lincoln NE 68512	2010	2011
6431 Cornflower Dr. Lincoln NE 68504	2002	2010	6431 Cornflower Dr. Lincoln NE 68504	2002	2010

NEBRASKA  
CONTROL BOARD

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2013	KZ CO	Keith Ziegenhein	402-944-2764
2005	2009	KPMG	John Aeschph	402-618-1800

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?  YES       NO  
**IF YES, list the name of the premise.**

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?  YES       NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

YES       NO      *Scots prints enclosed*

5. List any alcohol related training and/or experience (when and where).

*Will take Class + training in May + June*

*training required*



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

Office Use

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

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a 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: Scott Morgan

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

Seven Crowns Investment Group LLC

LLC Address: 131 N. 8th St. Ste 130 Box 9

City: LINCOLN State: NE Zip Code: 68508

LLC Phone Number: 402-438-0735 LLC Fax Number 402-438-0735

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Morgan First Name: Scott MI: A.

Home Address: 6805 S. Ridge Dr. City: LINCOLN

State: NE Zip Code: 68512 Home Phone Number: 402-438-0735

Scott Morgan  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska  
County of \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_  
by \_\_\_\_\_  
Date \_\_\_\_\_ name of person acknowledge

Affix Seal

*Notary on next page*

**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  
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Office Use

APR 17 2013

NEBRASKA LIQUOR CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a 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: Mary Vander Nock

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

Seven Crowns Investment Group, LLC

LLC Address: 131 N. 8th St Ste 130 Box 9

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 402-570-7512 LLC Fax Number: 402-438-0735

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Morgan First Name: Scott MI: A

Home Address: 6805 S. Ridge Dr City: Lincoln

State: NE Zip Code: 68512 Home Phone Number: 402-570-7512

[Signature]  
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Cass

The foregoing instrument was acknowledged before me this

4-17-2013  
Date

by Scott Morgan  
name of person acknowledge

[Signature]

Affix Seal

GENERAL NOTARY - State of Nebraska  
Coni Perrigo-Worley  
My Comm. Exp. Feb. 28, 2017

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

Last Name: Morgan First Name: Scott MI: A  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Spouse Full Name (indicate N/A if single): Kendra Morgan  
 Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Percentage of member ownership 19%

Last Name: Adams First Name: Michael MI: A.  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Spouse Full Name (indicate N/A if single): Valerie Adams  
 Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Percentage of member ownership 13%

Last Name: Hung First Name: Benjamin MI: J.  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Spouse Full Name (indicate N/A if single): Sarah Hung  
 Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Percentage of member ownership 25%

Last Name: Michaela Investments LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
 Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Percentage of member ownership 4%

①  
 see attached  
 LLC form

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

Last Name: Chiu First Name: Joseph MI: K.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 18%

Last Name: Razdan First Name: Rahul MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 2%

Last Name: Svoboda First Name: Timothy MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 2%

Last Name: Clare First Name: David MI: J.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 2%

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

Last Name: Vander Woude First Name: Eric MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 2%

Last Name: Brickner II First Name: James MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 2%

Last Name: Merwick First Name: Joel MI: R

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 2%

Last Name: Burhop First Name: Julie MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 2%

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

Last Name: Norris First Name: Michael MI: R.  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Spouse Full Name (indicate N/A if single): Mary Norris  
 Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Percentage of member ownership 100

Last Name: Fritz First Name: Kyle MI: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Spouse Full Name (indicate N/A if single): N/A  
 Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Percentage of member ownership 20

Last Name: Big Wave Investment LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Spouse Full Name (indicate N/A if single): N/A  
 Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Percentage of member ownership ~~20~~ 100

2  
 See attached  
 LLC form

Last Name: \_\_\_\_\_ First Name: Kelley MI: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Spouse Full Name (indicate N/A if single): Beth Rawlings  
 Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Percentage of member ownership 100

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

Last Name: Petersen First Name: Paul MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 2%

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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: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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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: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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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: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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

Office Use

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](http://www.lcc.ne.gov)

\*4% owner  
of Seven Crowns Investment group LLC \*

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

①

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

Name of Registered Agent: Scott Morgan

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

Minada Investment group LLC

LLC Address: P.O. Box 23214

City: Lincoln State: NE Zip Code: 68542

LLC Phone Number: 402-438-0735 LLC Fax Number 402-438-0735

Name of Managing/Contact Member  
Name and information of contact member must be listed on following page:

Last Name: ~~Scott~~ Morgan First Name: Scott MI: A

Home Address: 6805 S. Rodge Dr. City: Lincoln

State: NE Zip Code: 68512 Home Phone Number: 402-438-0735

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

by \_\_\_\_\_  
name of person acknowledge

Date

Affix Seal

Affix Seal

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

Last Name: Morgan First Name: Scott MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Kendra D. Morgan

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 33% 25%  
Sam

①

Last Name: Adams First Name: Michael MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 7%

Last Name: Hung First Name: Benjamin MI: J.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 43%

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: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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

Office Use

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
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PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

\* 170 owner  
of Seven Crowns Investment Group LLC \*

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2

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

Name of Registered Agent: Richard Thompson

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

Big Wave Investment LLC

LLC Address: 6430 Winding Ridge Dr.

City: Lincoln State: NE Zip Code: 68512

LLC Phone Number: 402-525-4201 LLC Fax Number

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Richard First Name: Thompson MI: \_\_\_\_\_

Home Address: 6430 Winding Ridge Dr City: Lincoln

State: NE Zip Code: 68512 Home Phone Number: 402-525-4201

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska  
County of \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_  
by \_\_\_\_\_  
Date \_\_\_\_\_ name of person acknowledge

Affix Seal

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

Last Name: Thompson First Name: Richard MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 100%

(2)

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: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_