

May 13, 2014

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 North Star Express, 5700 North 33<sup>rd</sup> Street requesting a class D liquor license.

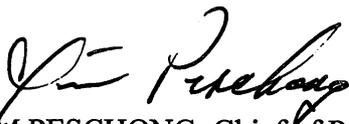
This location currently has a class D liquor license but is under new ownership

Ahmad Sultani has requested that he be approved as the owner/manager of the liquor license.

An investigation on Mr. Sultani found no areas of concern.

The required training has not been completed.

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



**PREMISE INFORMATION**

Trade Name (doing business as) North Star Express

Street Address #1 5700 N 33rd Street

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

City LINCOLN County Lancaster Zip Code 68504

Premise Telephone number 402 853 6192

Business e-mail address Ali.sultan123@yahoo.com

Is this location inside the city/village corporate limits:  YES

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

Name North Star Express

Street Address #1 5700 N 33rd st

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

City LINCOLN State NE Zip Code 68504

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**NEBRASKA LIQUOR CONTROL COMMISSION**

**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.

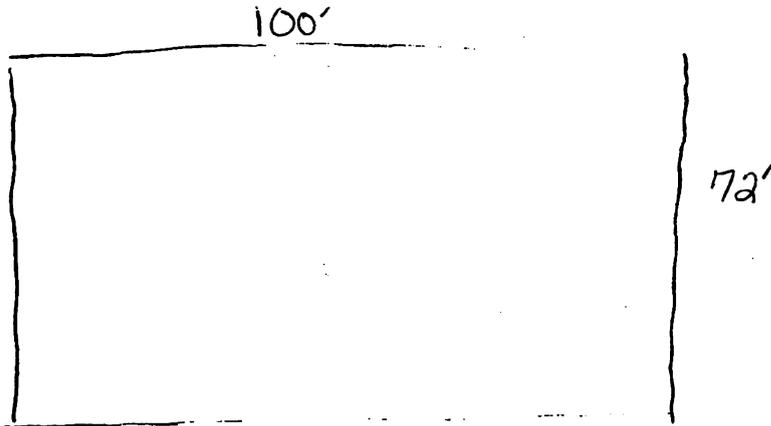
**\*\*For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length 100 x width 72 in feet

Is there a basement to be licensed? Yes \_\_\_ No x If yes, length \_\_\_ x width \_\_\_ in feet

Is there an outdoor area? Yes \_\_\_ No x If yes, length \_\_\_ x width \_\_\_ in feet

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



**APPLICANT INFORMATION**

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

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. Include traffic violations. 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. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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

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**NEBRASKA LIQUOR**

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	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 101025

- 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 - *See lease for property*

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

YES  NO

If yes, give name and license number 101025

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

YES  NO

If yes:

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

192.168.99.112 2014-05-08 12:47:49.75



# LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

**RUN DATE: 05-08-2014**

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "\*\*\*\*END OF LISTING\*\*\*\*" does not appear at the bottom of this report, then this list is not complete.

FOR: AHMAD HOMAYOUN SULTANI , Male, DOB:  
Date of listing: 05-08-2014

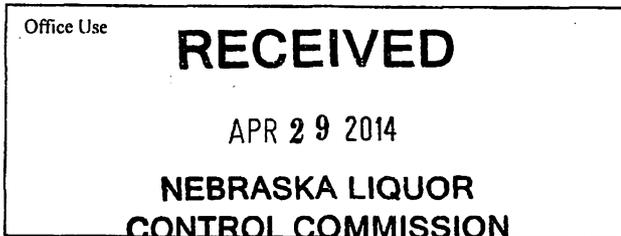
CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

<b>Cited on</b> 12-04-2001	for (M)DEPOSIT LITTER ON PRIVATE PROPERTY	Case	
<b>Disposed</b> 05-30-2002	as (M)DEPOSIT LITTER ON PRIVATE PROPERTY	Cit#	Chg# 2
<b>FOUND GUILTY Fined \$75.00</b>			

\*\*\* END OF LISTING \*\*\*

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



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

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders 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 Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Ahmad Sultani

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

Sultani Brothers inc.

Corporation Address: 1400 O Street

City: Lincoln

State: NE

Zip Code: 68508

Corporation Phone Number: 402 853-6192

Fax Number \_\_\_\_\_

Total Number of Corporation Shares Issued: 100 70

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

Last Name: Ahmad H Sultani

First Name: Ahmad

MI: H

Home Address: 1586 Prairie lane

City: Lincoln

State: NE

Zip Code: 68521

Home Phone Number: 402-617-0048

[Signature]  
Signature of President/CEO

**ACKNOWLEDGEMENT**

State of Nebraska

County of Lancaster

April 29, 2014

Date

Michelle Porter

The foregoing instrument was acknowledged before me this

by Ahmad Sultani

name of person acknowledge

Affix Seal



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

Last Name: sultani First Name: Abmal MI: Honiayoun

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

Title: President Number of Shares 1

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

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

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Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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: \_\_\_\_\_

**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)

Office Use

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**MUST BE:**

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC: Sultani Brothers inc.

**Premise information**

Liquor License Number: Pending Class Type: —  
(if new application leave blank)

Premise Trade Name/DBA: North Star Express

Premise Street Address: 5700 N 33rd street

City: Lincoln County: NE Zip Code: 68504

Premise Phone Number: 402 - 488 - 0442

Email address: Ali sultani 123 @ yahoo, com

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)

Applicant

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

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

Last Name: Sultani First Name: Ahmad MI: H

Home Address (include PO Box if applicable): 1586 Prairie lane

City: Lincoln County: NE Lancaster Zip Code: 68521

Home Phone Number: 402 617-0048 Business Phone Number: 402 476-7147

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: Kabul Afghanistan

Email address: ali sultani123@yahoo.com

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

YES  NO

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**NEBRASKA LIQUOR CONTROL COMMISSION**

Spouse's information: filed affidavit

Spouses Last Name: Sultani First Name: Asifa MI: \_\_\_\_\_

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: KABUL Afghanistan

**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
<u>1586 Prairie Ln Lincoln NE</u>	<u>1-1-2007</u>	<u>1-2014</u>			
<u>17 Richmond ave Lake Hiawatha Nj 07034</u>	<u>1-1-2003</u>	<u>1-1-2007</u>			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
-	-	Self Employed	last 10 years	

**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. **RECEIVED** If more than one party, please list charges by each individual's name.

YES       NO

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If yes, please explain below or attach a separate page.

**NEBRASKA LIQUOR CONTROL COMMISSION**

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(s):**

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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

