

January 5, 2015

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 KUQ & ZI, LLC, DBA Florio's Italian Restaurant & Grill, 7300 S 13th Street, requesting a class C-111054 liquor license.

The president of KUQ & ZI, LLC, Florim Ramadani, has requested that he be approved as the manager of the liquor license.

The applicant has not yet completed the required management training.

Mr. Ramadani has previous experience managing a liquor license.

No areas of concern were found.

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



**APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL**

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

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NEBRASKA LIQUOR CONTROL COMMISSION	
QA	New
Class Type I	111054
	Initial jm

Applicant name Florim Ramadani, owner of KUQ & ZI, LLC

Trade name Florio's Italian Restaurant & Grill

Previous trade name Florio's Italian Steakhouse and Lounge

Contact email address Florim_Zana@hotmail.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Each item must be checked and included with application or marked N/A (not applicable)

N/A 1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office. See fingerprint brochure ON FILE

X 2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.

Office use only	
PAYMENT TYPE <u>GK 3099</u>	 1400027050
AMOUNT: <u>400</u>	
RECEIPT # <u>NA</u>	
Received: <u>jbm</u>	

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X 3) Enclose the appropriate application forms:
Individual license (requires insert form 1- form number 104)
Partnership license (requires insert form 2- form number 105)
Corporate license (requires insert form 3a & 3c- form number 101 and 103)
Limited liability company (LLC) (requires form 3b & 3c- form number 102 and 103)

X 4. If building is being leased send a copy of signed lease. Lease must be in the name of the individual, corporation or limited liability company making application. Lease term must run through the license year being applied for (see page 3).

N/A 5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

N/A 6. If buying the business of a current liquor license holder:
a) Provide a copy of the purchase agreement from the seller (must read applicants name).
b) Provide a copy of alcohol inventory being purchased (must include brand names and container size)
c) Enclose a list of the assets being purchased (furniture, fixtures and equipment).

N/A 7. If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).

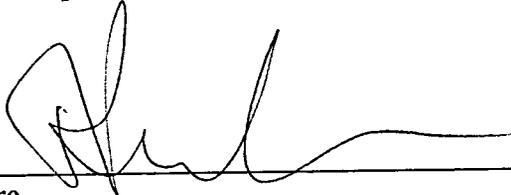
N/A 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

X 9. For citizenship enclose copy of U.S. birth certificate; U.S. passport or naturalization paper
For residency enclose proof of registered voter in Nebraska
See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>

X 10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode stamp.

X 11. Submit a copy of your business plan.

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 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.



Signature

December 12, 2014

Date

premise #

corp #

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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

RETAIL LICENSE(S) Submit \$400 Non Refundable Application Fee

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

LICENSE YEAR

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING
(CHECK ONLY ONE)**

- Individual License (requires insert form 1- form number 104)
- Partnership License (requires insert form 2- form number 105)
- Corporate License (requires insert form 3a & 3c- form number 101 and 103)
- Limited Liability Company (LLC) (requires form 3b & 3c- form number 102 and 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application**

Name Daniel C. Pauley Phone number: 402-463-1383
Firm Name Dunmire, Fisher & Hastings

PREMISE INFORMATION

Trade Name (doing business as) Florio's Italian Bistro & Grill

Street Address #1 7300 South 13th Street

Street Address #2 _____

City Lincoln

County Lancaster

#2

Zip Code 68512

Premise Telephone number _____

Business e-mail address _____

Is this location inside the city/village corporate limits:

YES

NO

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

Name Daniel C. Pauley

Street Address #1 P.O. Box 1044

Street Address #2 _____

City Hastings

State NE

Zip Code 68902

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.

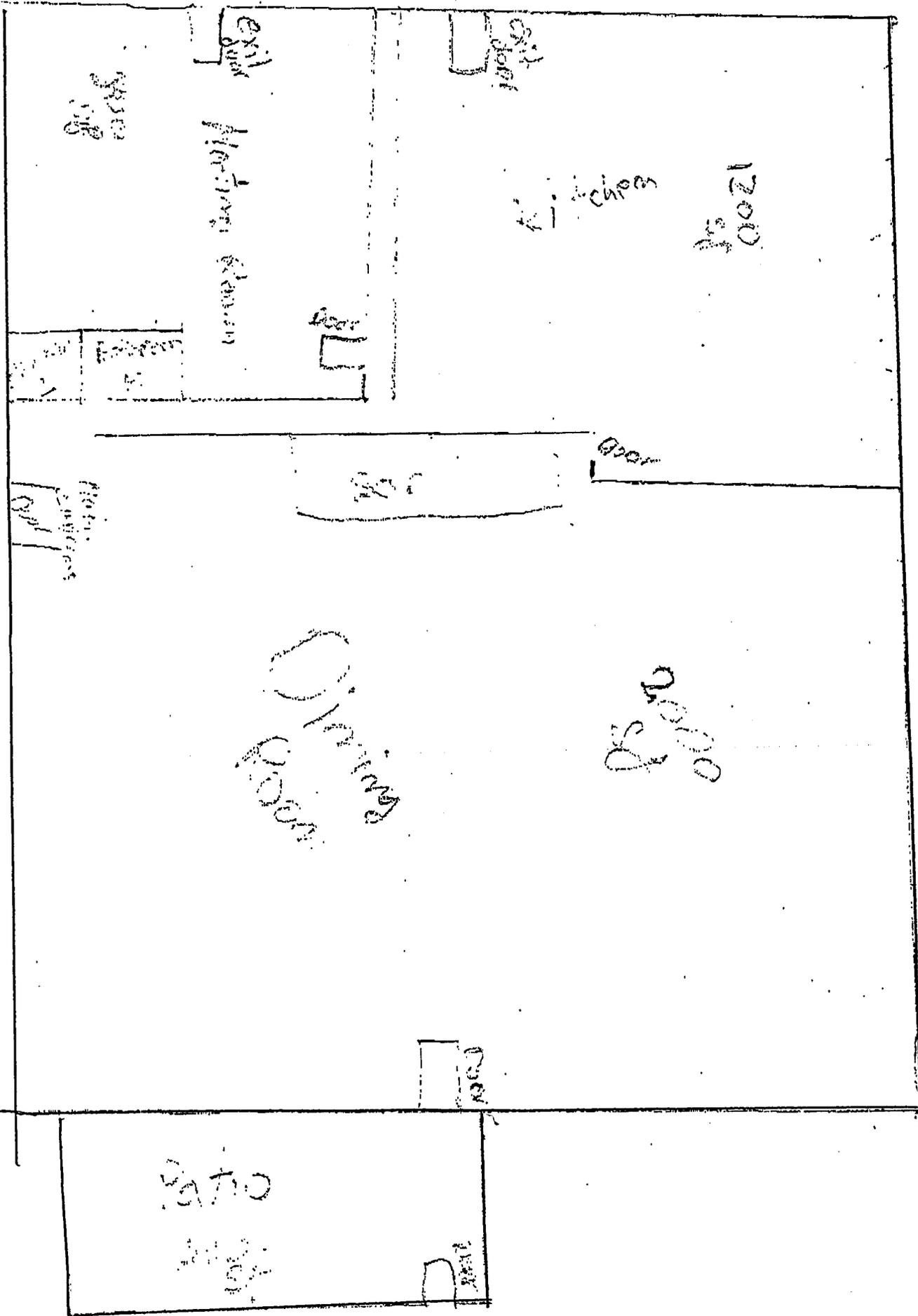
**For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 92 x width 44 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.

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
Florim Ramadani	12/2011	NE	Speeding	
Florim Ramadani	10/2009	KS	Speeding	
Florim Ramadani	02/2007	NJ	Speeding	
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NEBRASKA 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 (TOP) (form 125)
- b) TOP will only be accepted at a location that currently holds a valid liquor license.

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

YES NO

If yes, list the lender(s) _____

6. 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)

No silent partners

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

YES NO

If yes, list such item(s) and the owner. _____

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. §53-177)(1)

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
a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Wells Fargo Bank/Florim Ramadani

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.

12. List the alcohol related 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) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

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NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Florim Ramadani	06/2012	Nebraska Liquor Control Commission

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Florim Ramadani/Manager	2011-present	Napoli's - Hastings, NE
Florim Ramadani/Manager	2011-present	Napoli's - Grand Island, NE

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 October 1, 2019
- Deed
- Purchase Agreement

14. When do you intend to open for business? December 20, 2014
15. What will be the main nature of business? Full service Italian restaurant
16. What are the anticipated hours of operation? 10:00 a.m. to midnight

17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, including spouses.

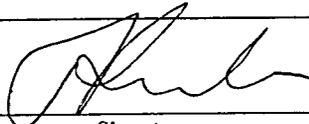
RESIDENCES FOR THE PAST 10 YEARS; APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, NE	2013	present	Lincoln, NE	2013	present
Grand Island, NE	2011	2013	Grand Island, NE	2011	2013
Hays, KS	2010	2011	Hays, KS	2010	2011
Salina, KS	2008	2010	Salina, KS	2008	2010
Bud Lake, NJ	2000	2008	Bud Lake, NJ	2000	2008

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background 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). See guideline for required signatures

 _____ Signature Florim Ramadani _____ Print Name	_____ Signature _____ Print Name
_____ Signature of Spouse _____ Print Name	_____ Signature of Spouse _____ Print Name

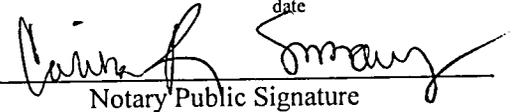
ACKNOWLEDGEMENT

State of Nebraska
 County of Lincolnton

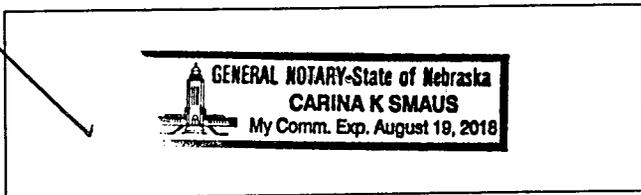
 12-12-14 by Florim Ramadani

 date name of person(s) acknowledged (individual(s) signing)

OK



 Notary Public Signature



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

X

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

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

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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: Daniel C. Pauley

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

KUQ & ZI, LLC

010192975

LLC Address: #5 Gateway Mall

City: Lincoln State: NE Zip Code: 68505

LLC Phone Number: 402 580 8016 LLC Fax Number

Name of Managing/Contact Member

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

Last Name: Ramadani First Name: Florim MI: _____

Home Address: 5011 Starling Drive City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-817-9903

[Handwritten Signature]

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Concaster
12-12-14

The foregoing instrument was acknowledged before me this
by Florim Ramadani
name of person acknowledge

Date
Carina K Smaus

Affix Seal
GENERAL NOTARY-State of Nebraska
CARINA K SMAUS
My Comm. Exp. August 19, 2018

X

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

*Pls print
signed
with reg*

Last Name: Ramadani First Name: Florim MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spousal

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

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 _____

[Faint illegible text]

Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: January Ending Date: December

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

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.

**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

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: KUQ & ZI, LLC 210192975

Premise information

Liquor License Number: _____ Class Type 1
(if new application leave blank)

Premise Trade Name/DBA: Florio's Italian Restaurant & Grill

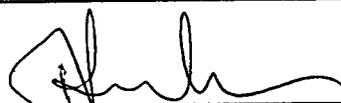
Premise Street Address: 7300 South 13th Street

City: Lincoln County: Lancaster Zip Code: 68512

Premise Phone Number: _____

Email address: _____

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



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

voter reg, passport, signed

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

Last Name: Ramadani First Name: Florim MI: _____

Home Address (include PO Box if applicable): 5011 Starling Drive

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402-817-9903 Business Phone Number: _____

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

Date Of Birth: _____ Place Of Birth: Vlora, Albania

Email address: _____

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NEBRASKA LIQUOR CONTROL COMMISSION

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

YES

NO

spousal

Spouse information

Spouses Last Name: Mehmeti First Name: Syzane MI: _____

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

Date Of Birth: _____ Place Of Birth: Sweden

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
Lincoln, NE	2013	present	Lincoln, NE	2013	present
Grand Island, NE	2011	2013	Grand Island, NE	2011	2013
Hays, KS	2010	2011	Hays, KS	2010	2011
Salina, KS	2008	2010	Salina, KS	2008	2010
Bud Lake, NJ	2000	2008	Bud Lake, NJ	2000	2008

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	Present	Napoli, LLC	Genti Memaj	973-632-7727
2010	2011	Napoli's Italian Restaurant, Salina, KS	Self (owner)	No current number

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
Florim Ramadani	12/2011	NE	speeding	
Florim Ramadani	10/2009	KS	speeding	
Florim Ramadani	02/2007	NJ	speeding	

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):

Napoli - Hastings, NE/Grand Island, NE/Hays, KS/Salina, KS

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. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: 6/12/12 Name on Certificate: Florim Ramadani

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Florim Ramadani	06/2012	Nebraska Liquor Control Commission approved training course

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Florim Ramadani, Manager	2011-present	Napoli's - Hastings and Grand Island

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CONTROL COMMISSION

5. 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

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. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

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.

[Handwritten Signature]

Signature of Manager Applicant

[Handwritten Signature]

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Tancaster
12-12-14

date

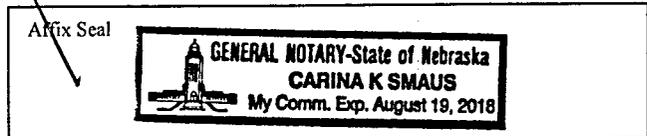
The foregoing instrument was acknowledged before me this
by Florim Ramadani and Syzane Mehmeti

name of person acknowledged

[Handwritten Initials]

[Handwritten Signature]
Notary Public signature

Affix Seal



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

X

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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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.

Syzane Mehmeti
Signature of spouse asking for waiver
(Spouse of individual listed below)

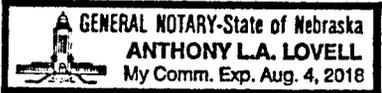
Syzane Mehmeti
Printed name of spouse asking for waiver

State of NEBRASKA

County of Lancaster
12-9-14
date

The foregoing instrument was acknowledged before me this
Syzane Mehmeti
by _____
name of person acknowledged

Anthony L. Lovell
Notary Public signature

Affix Seal


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.

Florim Ramadani
Signature of individual involved with application
(Spouse of individual listed above)

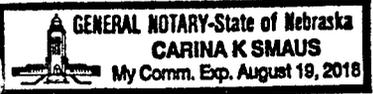
Florim Ramadani
Printed name of applying individual

State of NEBRASKA

County of Lancaster
12-12-14
date

The foregoing instrument was acknowledged before me this
Florim Ramadani
by _____
name of person acknowledged

Carina K. Smaus
Notary Public signature

Affix Seal


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.