CITY OF LINCOLN NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

March 27, 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 Hub Cafe LLC, DBA Hub Cafe, 250 N 21st Street #3, requesting a class IK-112102 liquor license.

Krista Peeks Dittman, president of the corporation, is requesting that she be approved as the manager of the liquor license.

Ms. Peeks Dittman has not yet completed the required management training. She is scheduled to attend the training on June 11, 2015.

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.nebraska.gov

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CONTROL COMMISSION

Hot List: YES / NO	New/Replacing #	
Class Type 1K	112993	Initial RS

Applicant name Krista Dittman cell: 402.432.8199

Trade name Hub Cafe

Previous trade name

Contact email address hubcafelincoln@gmail.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.

Office use only
PAYMENT TYPE CK 911 - $100
AMOUNT: CK 910 - $400
Rct 168412 Received: MM

1500012563

1. yes Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application.

2. yes Enclose application fee of $400, check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport

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3. yes Enclose the appropriate application forms;
   - Individual License (requires insert form 1)
   - Partnership License (requires insert form 2)
   - Corporate License (requires insert form 3a & 3c)
   - Limited Liability Company (LLC) (requires form 3b & 3c)

4. na If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for.

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

6. no 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).

7. no If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).

8. no Enclose a list of any inventory or property owned by other parties that are on the premises.

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

10. yes 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.

11. yes 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.

Scott P Dithmar

Signature

May 15, 2015

Date

APPLICATION FOR CATERING (K)
TO LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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Include application fee of $100

(Check payable to Liquor Control Commission or pay online through PayPort found on our homepage)

LIQUOR LICENSE # _____ **CLASS TYPE** _____

LICENSEE NAME HUB CAFE, LLC

TRADE NAME HUB CAFE

PREMISE ADDRESS 250 N. 21st St #3

CITY LINCOLN, NE 68503

CONTACT PERSON KRISTA DITMAN

PHONE NUMBER OF CONTACT PERSON 402.432.8199

EMAIL ADDRESS OF CONTACT PERSON hubcafelincoln@gmail.com

- **Copy of this application will be forwarded to your local governing body for recommendation per Neb. Rev. Stat. §53-134(7), after receipt of recommendation there is a 10 day holding period for any citizen protests**
- **Processing may take approx. 45-60 days from receipt of application by the Nebraska Liquor Control Commission**
- **The holder of a catering license may deliver, sell, or dispense alcoholic liquor, including beer, for consumption at premises designed in a special designed license (SDL) issued pursuant to section §53-124.11**
- **SDL must be applied for and received 10 working days prior to the day of each event**
- **A holder of a catering license shall not cater an event unless such licensee receives a SDL**
- **SDL application form 108 may be found at this link: http://www.lcc.nebraska.gov/LicensingForms/108%20SDL%206-2013a.pdf**
- **Only twelve (12) SDLs will be issued at any specific location that could otherwise hold a liquor license Rules and Regulations Chapter 2-013.06**
- **Renewal fee is $100 payable at time of underlying liquor license**

Office use only

PAYMENT TYPE _____
AMOUNT: _____
RECEIVED: _____
RECEIPT# _____

BARCODE LABEL

RECEIVED

MAY 15 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

Krista Dittman
Signature of Licensee

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this

May 15th, 2015 by Krista Dittman
Date name of person acknowledged signing document

Robert Bethel
Notary Public Signature

Affix Seal

GENERAL NOTARY - State of Nebraska
ROBERT BETHEL
My Comm. Exp. March 20, 2019

APPLICATION FOR LIQUOR LICENSE
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.nebraska.gov/

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

RETAIL LICENSE(S) Application Fee $400 (non refundable)

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- [x] A BEER, ON SALE ONLY
- [ ] B BEER, OFF SALE ONLY
- [ ] C BEER, WINE, DISTILLED SPIRTS, ON AND OFF SALE
- [ ] D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- [x] 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

- [x] 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

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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

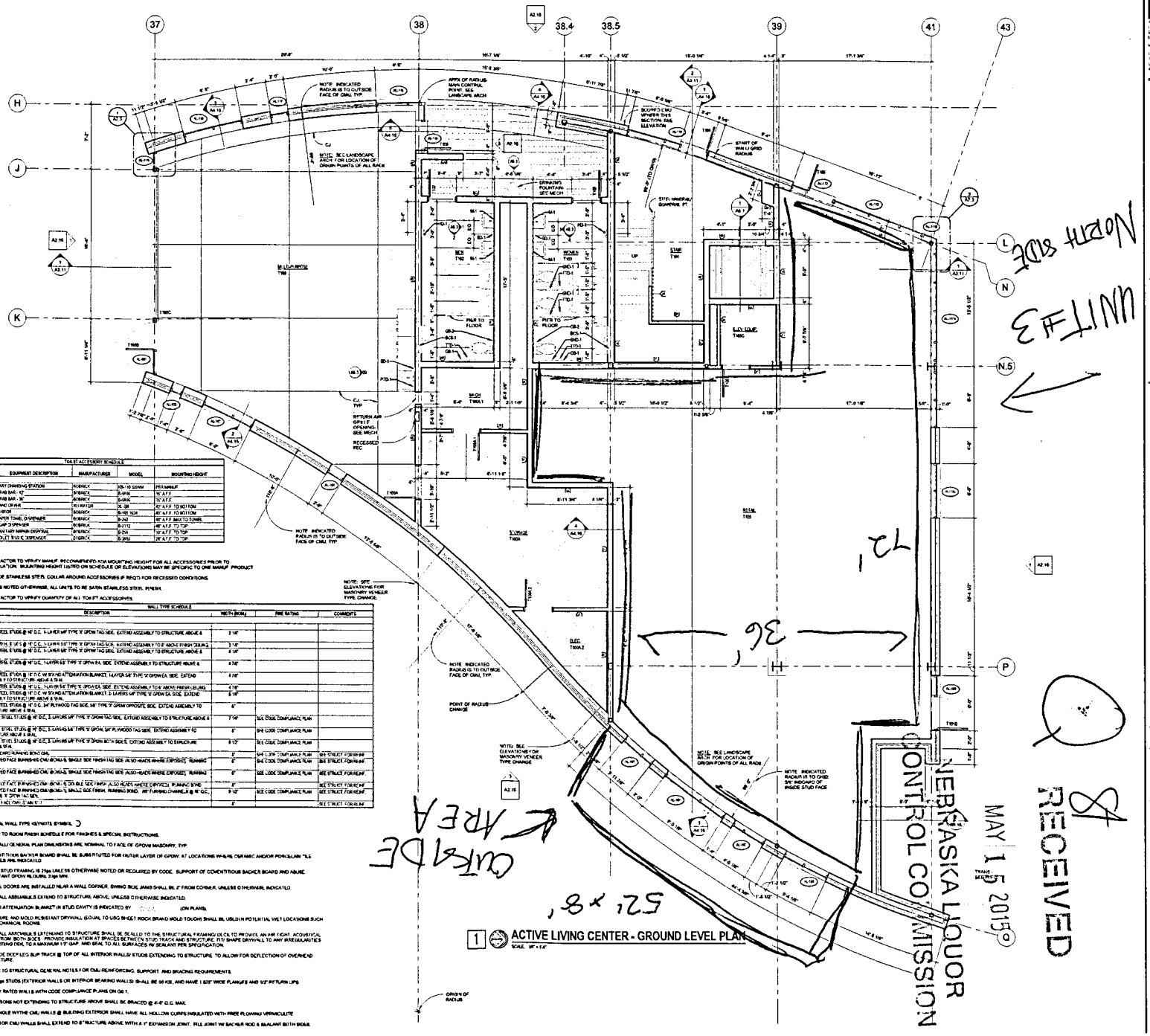
CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- [ ] Individual License (requires insert form 1)
- [ ] Partnership License (requires insert form 2)
- [ ] Corporate License (requires insert form 3a & 3c)
- [x] Limited Liability Company (LLC) (requires form 3b & 3c)

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_____ Phone number:_____

Firm Name_____



1 ACTIVE LIVING CENTER - GROUND LEVEL PLAN
SCALE: 1/8" = 1'-0"

TOILET ACCESSORY SCHEDULE				
EQUIPMENT NOTE TAG	EQUIPMENT DESCRIPTION	MANUFACTURER	MODEL	MOUNTING HEIGHT
BCS-1	BABY CHANGING STATION	BOBRICK	KB-18 SSWM	PER MANUF.
GB-1	GRAB BAR - 12"	BOBRICK	B-6806	36" A.F.F.
GB-2	GRAB BAR - 36"	BOBRICK	B-6806	36" A.F.F.
HD-1	HAND DRYER	BLAIR DYER	16-38	42" A.F.F. TO BOTTOM
M-1	MIRROR	BOBRICK	B-165 1836	40" A.F.F. TO BOTTOM
PTD-1	PAPER TOWEL DISPENSER	BOBRICK	B-262	48" A.F.F. MAX TO TOWEL
SD-1	SOAP DISPENSER	BOBRICK	B-2112	48" A.F.F. TO TOP
SHD-1	SANITARY NAPKIN DISPOSAL	BOBRICK	B-254	36" A.F.F. TO TOP
TTD-1	TOILET TISSUE DISPENSER	BOBRICK	B-2840	24" A.F.F. TO TOP

NOTES:

1. CONTRACTOR TO VERIFY MANUF. RECOMMENDED ADA MOUNTING HEIGHT FOR ALL ACCESSORIES PRIOR TO INSTALLATION. MOUNTING HEIGHT LISTED ON SCHEDULE OR ELEVATIONS MAY BE SPECIFIC TO ONE MANUF. PRODUCT
2. PROVIDE STAINLESS STEEL COLLAR AROUND ACCESSORIES IF REQ'D FOR RECESSED CONDITIONS.
3. UNLESS NOTED OTHERWISE, ALL UNITS TO BE SATIN STAINLESS STEEL FINISH.
4. CONTRACTOR TO VERIFY QUANTITY OF ALL TOILET ACCESSORIES.

WALL TYPE SCHEDULE				
TYPE	DESCRIPTION	WIDTH (NOM.)	FIRE RATING	COMMENTS
1A	1 5/8" STEEL STUDS @ 16" O.C., 2 LAYER 5/8" TYPE 'X' GYPW TAG SIDE, EXTEND ASSEMBLY TO STRUCTURE ABOVE & SEAL	3 1/8"		
1A	1 5/8" STEEL STUDS @ 16" O.C., 2 LAYER 5/8" TYPE 'X' GYPW TAG SIDE, EXTEND ASSEMBLY TO 8' ABOVE FINISH CEILING	3 1/8"		
3A	1 5/8" STEEL STUDS @ 16" O.C., 2 LAYER 5/8" TYPE 'X' GYPW TAG SIDE, EXTEND ASSEMBLY TO STRUCTURE ABOVE & SEAL	4 1/8"		
3B	1 5/8" STEEL STUDS @ 16" O.C., 1 LAYER 5/8" TYPE 'X' GYPW B.A. SIDE, EXTEND ASSEMBLY TO STRUCTURE ABOVE & SEAL	4 7/8"		
3C	1 5/8" STEEL STUDS @ 16" O.C. W/ 1/2" SOUND ATTENUATION BLANKET, 1 LAYER 5/8" TYPE 'X' GYPW EA. SIDE, EXTEND ASSEMBLY TO STRUCTURE ABOVE & SEAL	4 7/8"		
3D	1 5/8" STEEL STUDS @ 16" O.C., 1 LAYER 5/8" TYPE 'X' GYPW EA. SIDE, EXTEND ASSEMBLY TO 8' ABOVE FINISH CEILING	4 7/8"		
3E	1 5/8" STEEL STUDS @ 16" O.C. W/ SOUND ATTENUATION BLANKET, 2 LAYERS 5/8" TYPE 'X' GYPW EA. SIDE, EXTEND ASSEMBLY TO STRUCTURE ABOVE & SEAL	5 1/8"		
3F	1 5/8" STEEL STUDS @ 16" O.C. 3/4" PLYWOOD TAG SIDE, 5/8" TYPE 'X' GYPW OPPOSITE SIDE, EXTEND ASSEMBLY TO STRUCTURE ABOVE & SEAL	6"		
3A	6x16ga STEEL STUDS @ 16" O.C., 2 LAYERS 5/8" TYPE 'X' GYPW TAG SIDE, EXTEND ASSEMBLY TO STRUCTURE ABOVE & SEAL	7 1/8"	SEE CODE COMPLIANCE PLAN	
3B	6x16ga STEEL STUDS @ 16" O.C., 2 LAYERS 5/8" TYPE 'X' GYPW, 3/4" PLYWOOD TAG SIDE, EXTEND ASSEMBLY TO STRUCTURE ABOVE & SEAL	8"	SEE CODE COMPLIANCE PLAN	
3C	6x16ga STEEL STUDS @ 16" O.C., 2 LAYERS 5/8" TYPE 'X' GYPW BOTH SIDES, EXTEND ASSEMBLY TO STRUCTURE ABOVE & SEAL	8 1/2"	SEE CODE COMPLIANCE PLAN	
4A	8" STANDARD RUNNING BOND CMU	8"	SEE CODE COMPLIANCE PLAN	SEE STRUCT FOR REINF.
4B	8" SCORED FACE BURNISHED CMU (BOND) & SINGLE SIDE FINISH TAG SIDE (ALSO HEADS WHERE EXPOSED), RUNNING BOND	8"	SEE CODE COMPLIANCE PLAN	SEE STRUCT FOR REINF.
4C	8" SCORED FACE BURNISHED CMU (BOND) & SINGLE SIDE FINISH TAG SIDE (ALSO HEADS WHERE EXPOSED), RUNNING BOND	8"	SEE CODE COMPLIANCE PLAN	SEE STRUCT FOR REINF.
4D	8" SCORED FACE BURNISHED CMU (BOND) & DOUBLE SIDE FINISH (ALSO HEADS WHERE EXPOSED), RUNNING BOND	8"		SEE STRUCT FOR REINF.
4E	8" & SCORED FACE BURNISHED CMU (BOND) & SINGLE SIDE FINISH, RUNNING BOND, ART FURRING CHANNEL @ 16" O.C., 5/8" TYPE 'X' GYPW TAG SIDE	9 1/2"	SEE CODE COMPLIANCE PLAN	SEE STRUCT FOR REINF.
4F	8" SHU 11 AC CMU, 2 SAN 6"	8"		SEE STRUCT FOR REINF.

NOTES:

1. TYPICAL WALL TYPE KEYNOTE SYMBOL
2. REFER TO ROOM FINISH SCHEDULE FOR FINISHES & SPECIAL INSTRUCTIONS.
3. ALL WALL GENERAL PLAN DIMENSIONS ARE NOMINAL TO FACE OF GYPSUM MASONRY, TYP.
4. CEMENTITIOUS BACKER BOARD SHALL BE SUBSTITUTED FOR OUTER LAYER OF GYPSUM AT LOCATIONS WHERE CERAMIC AND/OR PORCELAIN TILE FINISHES ARE INDICATED.
5. STEEL STUD FRAMING 16 25ga UNLESS OTHERWISE NOTED OR REQUIRED BY CODE. SUPPORT OF CEMENTITIOUS BACKER BOARD AND ABUTS SUBSTANT GYPSUM REQUIRES 20ga MIN.
6. WHERE DOORS ARE INSTALLED NEAR A WALL CORNER, SWING SIDE JAMB SHALL BE 2" FROM CORNER, UNLESS OTHERWISE INDICATED.
7. ALL WALL ASSEMBLIES EXTEND TO STRUCTURE ABOVE, UNLESS OTHERWISE INDICATED.
8. SOUND ATTENUATION BLANKET IN STUD CAVITY IS INDICATED BY (ON PLANS).
9. MOISTURE AND MOLD RESISTANT DRYWALL (EQUAL TO USG SHEET ROCK BRAND MOLD TOUGH) SHALL BE USED IN POTENTIAL WET LOCATIONS SUCH AS MECHANICAL ROOMS.
10. ALL WALL ASSEMBLIES EXTENDING TO STRUCTURE SHALL BE SEALED TO THE STRUCTURAL FRAMING DECK TO PROVIDE AN AIR TIGHT, ACOUSTICAL SEAL FROM BOTH SIDES. PROVIDE INSULATION AT SPACES BETWEEN STUD TRACK AND STRUCTURE. FITS SHAPE DRYWALL TO ANY IRREGULARITIES (INCLUDING DECK, TO A MAXIMUM 1/2" GAP, AND SEAL TO ALL SURFACES W/ SEALANT PER SPECIFICATION.
11. PROVIDE DEEP LEG SLIP TRACK @ TOP OF ALL INTERIOR WALLS/ STUDS EXTENDING TO STRUCTURE, TO ALLOW FOR DEFLECTION OF OVERHEAD STRUCTURE.
12. REFER TO STRUCTURAL GENERAL NOTES FOR CMU REINFORCING, SUPPORT AND BRACING REQUIREMENTS.
13. ALL 16ga STUDS (EXTERIOR WALLS OR INTERIOR BEARING WALLS) SHALL BE 50 KSI, AND HAVE 1.625" WIDE FLANGES AND 1/2" RETURN LIPS
14. VERIFY RATED WALLS WITH CODE COMPLIANCE PLANS ON G0.1.
15. PARTITIONS NOT EXTENDING TO STRUCTURE ABOVE SHALL BE BRACED @ 4'-0" O.C. MAX.
16. ALL SINGLE WYTHE CMU WALLS @ BUILDING EXTERIOR SHALL HAVE ALL HOLLOW CORES INSULATED WITH FREE FLOWING VERMICULITE
17. EXTERIOR CMU WALLS SHALL EXTEND TO STRUCTURE ABOVE WITH A 1" EXPANSION JOINT. FILL JOINT W/ BACKER ROD & SEALANT BOTH SIDES.

The Clark Enersen Partners

antelope valley

JAVA NO: 10-120

REV.	REVISION DESCRIPTION
1	Revised June 22, 2010 As per Addendum No. 1

Antelope Valley Union Plaza Park & Assurity ROW Streetscape

21st. ST. 'N' to 'R' Street
Lincoln, NE

TCEP No.:669-004-08

January 12, 2011

Active Living Center - Ground Level Plan, & Schedules

A1.15

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. 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. Include traffic violations. 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

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Krista Peeks Dittman	10-19-2012	Lincoln	speeding	guilty

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 (TOP) 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, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) Cornhusker Bank

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)

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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 premises 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)

UNL 1400 R St (WNW) Newman Center 320 N. 16th St. (WNW)

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.

Cornhusker Bank. a) Krista Peeks Dittman or Doug Dittman

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.

none

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:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
KRISTA KP DITTMAN	03/2013	RBST- NE

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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

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.**

- [x] Lease: expiration date May 15th 2020
- [ ] Deed
- [x] Purchase Agreement

14. When do you intend to open for business? August 2015

15. What will be the main nature of business? Food

16. What are the anticipated hours of operation? 7 am -10pm

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

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
17015 NW 70th St.	1999	present	17015 NW 70th St.	1990	present

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 http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

Signature of Applicant	**Signature of Spouse**
Krista Peeks Dittman	Doug Dittman
Print Name	**Print Name**
Signature of Applicant	**Signature of Spouse**
Print Name	**Print Name**

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ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

May 15th, 2015 (date) by Krista and Doug Dittman (name of person(S) acknowledged (individual(s) signing))

Robert Bethel
Notary Public signature

GENERAL NOTARY - State of Nebraska
ROBERT BETHEL
My Comm. Exp. March 20, 2019

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.

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

Office Use

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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. See Form 147 for further information, this form MUST be included with your application.**
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 (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Krista Peeks Dittman

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

Hub Cafe, LLC 01020794-18

LLC Address: 17015 NW 70th St.

City: Raymond State: NE Zip Code: 68428

LLC Phone Number: 402.432.8199 LLC Fax Number none

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

Last Name: Peeks Dittman First Name: Krista MI: K

Home Address: 17015 NW 70th St. City: Raymond

State: NE Zip Code: 68428 Home Phone Number: 402.783.2124

Krista P Dittman

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster **The foregoing instrument was acknowledged before me this**

May 15th, 2015 **by** Krista Dittman

Date **name of person acknowledge**

Robert Bethel

Affix Seal

GENERAL NOTARY - State of Nebraska
ROBERT BETHEL
My Comm. Exp. March 20, 2019

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

Last Name: Peeks Dittman First Name: Krista MI: K

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership ~~100~~ 50

Last Name: Dittman First Name: Douglas MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Krista K. Peeks Dittman

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50

RECEIVED JAN 15 2015 NEBRASKA LIQUOR CONTROL COMMISSION

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 _____

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 #._____

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CONTROL COMMISSION

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

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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. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Hub Cafe, LLC

Premise information

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

Premise Trade Name/DBA: Hub Cafe

Premise Street Address: 250 N. 21st St. #3

City: Lincoln County: Lancaster Zip Code: 68428

Premise Phone Number: 402-474-2453

Email address: hubcafelincoln@gmail.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

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

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Peeks Dittman First Name: Krista MI: K

Home Address (include PO Box if applicable): 17015 NW 70th St.

City: Raymond County: Lancaster Zip Code: 68428

Home Phone Number: 402.783.2124 Business Phone Number: 402.474.2453 402. 432.819 [illegible]

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Kearney, NE

Email address: hubcafelincoln@gmail.com

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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: Dittman First Name: Douglas MI: S

Social Security Number. Drivers License Number & State:

Date Of Birth: Place Of Birth: Lincoln, NE

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
Raymond, NE	1999	present	Raymond, NE	1990	present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2002	present	self		
1999	2002	Doane College	Peter Reinkordt	402-797-3855

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.

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☐ 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
Krista Peeks Dittman	10-19-2012	Lincoln	speeding	guilty

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):

   _____

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: RB-0004671 Name on Certificate: KRISTA KP DITTMAN

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
KRISTA PEERS DITTMAN	03/2013	RBST - NE
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*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

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Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

5. Have you enclosed Form 147 regarding fingerprints?

☒ 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.

Signature of Manager Applicant

Signature of Spouse

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NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this

May 15th, 2015 by Krista and Doug Dittman
date name of person acknowledged

Robert Bethel
Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
ROBERT BETHEL
My Comm. Exp. March 20, 2019

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