CITY OF LINCOLN NEBRASKA

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

September 21, 2015

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation is being made regarding the application of D&S Operations, LLC, DBA Cigarz Lounge, 800 Q Street, Suite 102, requesting a class C-114760 liquor license.

Susan Robeson is requesting that she be approved as the manager of the liquor license. Ms. Robeson has not yet completed the required management training. She is scheduled to attend the training on October 5, 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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Hot List: YES / NO	New/Replacing #	
Class Type C	License Number 114760	Initial JBM BH

Applicant name D&S Operations LLC

Trade name Cigarz Lounge

Previous trade name

Contact email address s22robeson@windstream.net

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 Nebraska Liquor Control Commission.

receipt enclosed

Office use only
PAYMENT TYPE Payport
AMOUNT: $ 400
Received: MM

1500020638

by jbm

Susan Robeson
Randy Robeson

1. _____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. _____Enclose application fee of $400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport. Payport

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3. _____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. _____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 (LLC) making application. Lease term must run through the license year being applied for.

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

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)

7. _____If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).

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

9. _____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. _____Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

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.

X Susan M Robeson
Signature

9-4-15
Date

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RETAIL

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

RETAIL LICENSE(S) Application Fee $400 (nonrefundable)

_____	A	BEER, ON SALE ONLY
_____	B	BEER, OFF SALE ONLY
X	C	BEER, WINE, DISTILLED SPIRTS, 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

_____ 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

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_____

PREMISES INFORMATION

Trade Name (doing business as) Cigarz Lounge

Street Address #1 800 Q Street Suite.....102

Street Address #2

City Lincoln County Lancaster #2 Zip Code 68508

Premises Telephone number 402-416-2450

Business e-mail address s22robeson@windstream.net

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

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

Name Susie Robeson

Street Address #1 p.o. Box 245

Street Address #2

City Brainard State NE Zip Code 68626

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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length _____ x width _____ in feet 55' x 45' L

Is there a basement? 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

See attached

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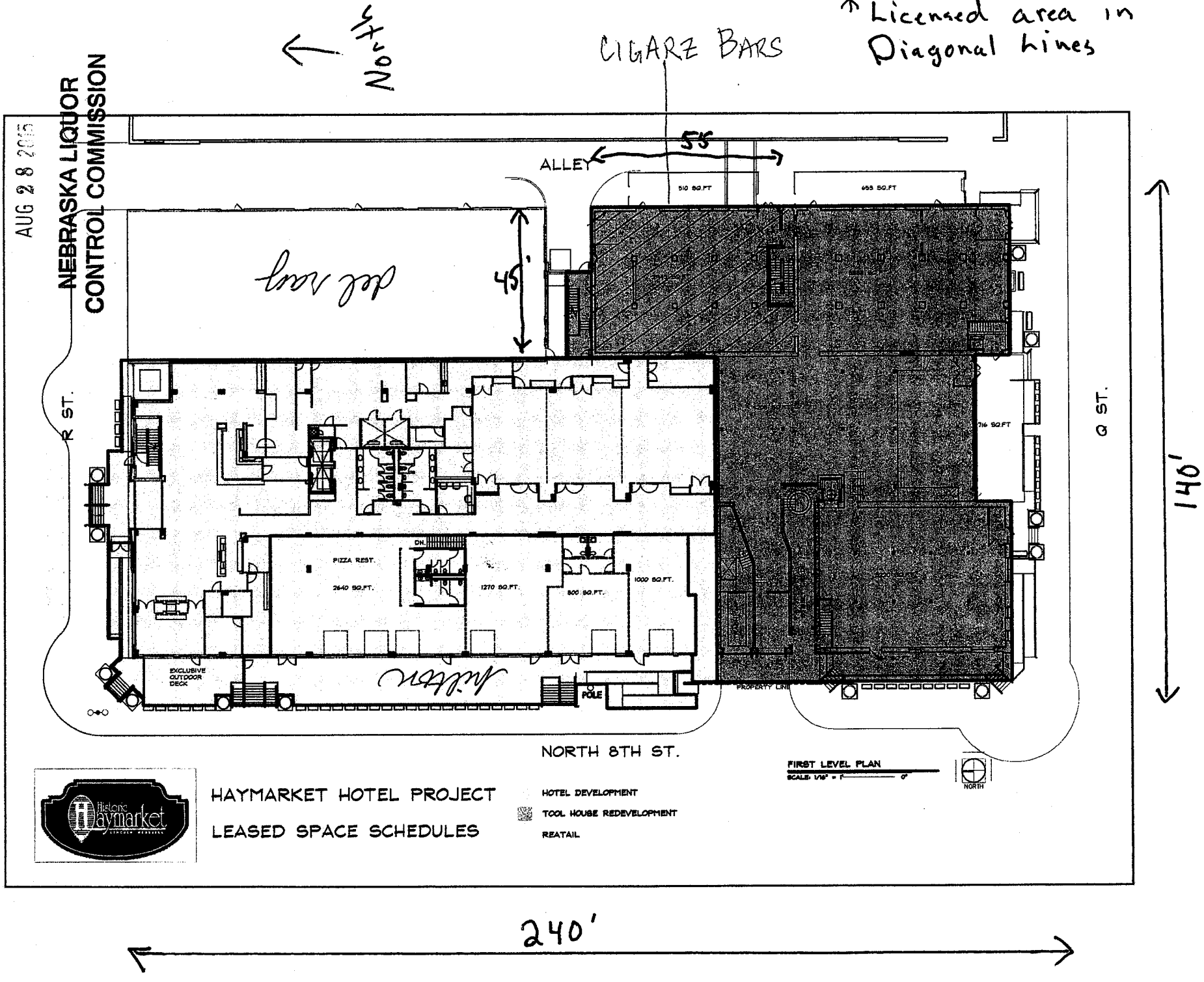
EXHIBIT A



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.

X 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
Randy Robeson	???	???	Various Speeding	Unsure of when they have been or where
Sandy McCorkindale	June	2003	DUI	Guilty
Sandy McCorkindale	May	2006	DUI	Guilty
Dave Warneke-See Attached.				

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

_____YES X 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 X NO

If yes, give name and license number_____

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

_____YES X 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.

Crim Hist

#1

Applicant	Date of Conviction	Where Convicted	Description	Disposition
Dave Warneke	Pending	Lincoln	Solicitation	Pending
Dave Warneke	12/17/2014	Lincoln	DUI 1st off. Non-agravated	Guilty
Dave Warneke	3/1/2010?	Lincoln	Theft	Dropped/diversion
Dave Warneke	7/1/2009	Plattsmouth	Reckless Driving	Guilty
Dave Warneke	2008	Seward	Speeding	Guilty
Dave Warneke	2007	Wayne	Speeding	Guilty
Dave Warneke	1983	Seward	Speeding	Guilty
Dave Warneke	1981	Norfolk	MIP	Guilty

Traffic Violations are as best as I can remember.

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

_____YES X 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?

X YES _____NO

ok all listed on application

If yes, explain. (all involved persons must be disclosed on application)

Share holders Scott Greiman, Sandy McCorkindale, Randy Robeson, Dave Warneke

No silent partners

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

_____YES X 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 X 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 X 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 David Warneke and Sandy Mccorkindale

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.

ABC Texaco, dba Benjamin Express, Norfolk Nebraska by David Warneke. (Sold); ABC Texaco, dba Riverside Express, Norfolk Nebraska by David Warneke (Sold) Sandbar LLC, By David Warneke and Sandy McCorkindale at Raymond NE (Sold) JSD Inc, Huskerville Pub and Pizza, Lincoln by Dave Warneke

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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.

Training Required

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Susan Robeson		Will be taking alcohol managers course during application process
David Warneke	3/2013	Alcohol Managers 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
Susan Robeson	4/2010-Present	Branched Oak Sandbar and Huskerville Pub and Pizza

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 2025 9-30-2025

_____ Deed

_____ Purchase Agreement

14. When do you intend to open for business? November 1

15. What will be the main nature of business? Cigar and Lounge

16. What are the anticipated hours of operation? Noon to 2:00

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	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
Susan Robeson	2005	Present	Randy Robeson	1997	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

Susan M Robeson
Signature of Applicant

Randy L Robeson
Signature of Spouse

Susan Robeson
Print Name

Randy Robeson
Print Name

Signature of Applicant

Signature of Spouse

Print Name

Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of BUTLER

The foregoing instrument was acknowledged before me this

SEPTEMBER 14, 2015 (date) by SUSAN M ROBESON (name of person(s) acknowledged (individual(s) signing))

RANDY ROBESON

Irene M. Kozisek
Notary Public signature

GENERAL NOTARY - State of Nebraska
IRENE M. KOZISEK
My Comm. Exp. July 18, 2018

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CONTROL COMMISSION

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.

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.nebraska.gov

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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: D&S Enterprises LLC

Premise information

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

Premise Trade Name/DBA: Cigarz Lounge

Premise Street Address: 800 Q Street Suite 101

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: _____

Email address: s22robeson@windstream.net

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

Susan M Robeson

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

BC, 147, signature, voter reg

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

Last Name: Robeson First Name: Susan MI: M

Home Address (include PO Box if applicable): 208 West Jefferson P.O. Box 245

City: Brainard County: Butler Zip Code: 68626

Home Phone Number: 402-416-2450 Business Phone Number:

Social Security Number. Drivers License Number & State:

Date Of Birth: Place Of Birth: Orange County, CA

Email address: s22robeson@windstream.net

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

☑ YES ☐ NO BC, 147, signature, voter reg

Spouse's information

Spouses Last Name: Robeson First Name: Randy MI: Z

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Kansas City, Mo

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
Brainard	2005	Present	Brainard	1997	Present

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	2012	Branched Oak Sandbar part time	Sandy McCorkindale	402-750-8045
2013	2014	Huskerville Pub and Pizza part time	Sandy McCorkindale	402-750-8045

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
Randy Robeson			Various Speeding that can be remembered	

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: _____ Name on Certificate: _____

training required

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Susan M Robeson		Will be taking a course during the application period

*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:
Susan Robeson	2010-2012	Branched Oak Lake Sandbar part time
Susan Robeson	2013-Present	Huskerville Pub and Pizza part time

5. Have you enclosed Form 147 regarding fingerprints?

☑ YES ☐ NO

147 enclosed

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CONTROL COMMISSION

SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

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

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Class:_____	License #:_____

Applicant Name: D&S Enterprises
(Corporation, LLC, Partnership or Individual)

Trade Name: Cigarz Lounge
(Doing Business As)

(402) 416 - 2450 — Phone Number
s2robeson@windstream.net — Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
  Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
  Fingerprint cards should be submitted with the application.
- Fee payment of **$28.75 per person** must be made directly to the NSP;
  You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
  or checks made payable to NSP should be mailed directly to the following address:

  The Nebraska State Patrol – CID Division
  3800 NW 12th Street
  Lincoln, NE 68521

- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
  Include a list of names covered by your payment to insure proper application of payment.
- This completed form MUST be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

Please complete information on the following pages for EACH person fingerprinted.

1. Name: Susan M. Robeson Title: Manager

How was payment made to NSP? ☐NSP PAYPORT ■CHECK SENT TO NSP

2. Name: Randy Z Robeson Title: Spouse

How was payment made to NSP? ☐NSP PAYPORT ■CHECK SENT TO NSP

3. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

4. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

5. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

6. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

7. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

8. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

I hereby certify that fees of $28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Susan M Robeson Title: Manager

Signature: X Susan M Robeson Date: 9-4-15

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

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
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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: David Warneke

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

D&S Operations

LLC Address: 1906 Gunnison

City: Lincoln State: Nebraska Zip Code: 68521

LLC Phone Number: 402-450-5952 LLC Fax Number

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

Last Name: Robeson First Name: Susan MI: M

Home Address: P.O. Box 245 City: Brainard

State: Ne Zip Code: 68626 Home Phone Number: 402-416-2450

Susan M Robeson

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

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

SEPTEMBER 14, 2015 **by** SUSAN M ROBESON

Date **name of person acknowledge**

Irene M. Kozisek

Affix Seal

GENERAL NOTARY - State of Nebraska
IRENE M. KOZISEK
My Comm. Exp. July 18, 2018

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

Last Name: Robeson First Name: Susan MI: M

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 12.5%

prints BC voter reg signed

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 _____

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SEP 9 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

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

Last Name: Mccorkindale First Name: Sandra MI: R

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 25%

no prints required

Last Name: Warneke First Name: David MI: R

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 25%

no prints required

Last Name: Greiman First Name: Scott MI: A

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 25%

no prints required

Last Name: Robeson First Name: Randy MI: Z

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 12.5%

prints BC voter reg signed

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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AUG 28 2015

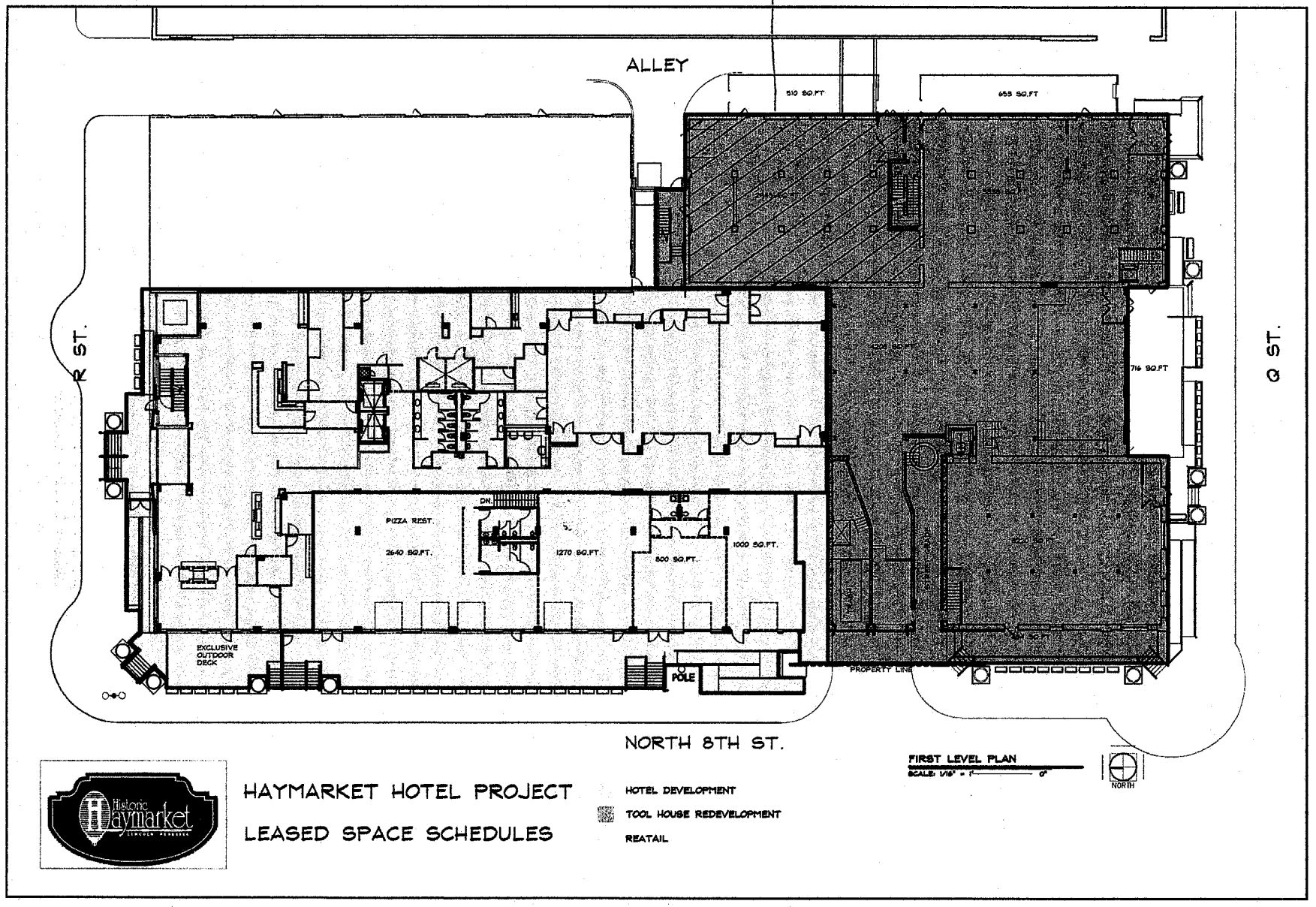
NEBRASKA LIQUOR
CONTROL COMMISSION

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.

#13

CIGARZ BARS

EXHIBIT A



FIRST LEVEL PLAN
SCALE: 1/16" = 1'-0"

NORTH

historic haymarket LINCOLN NEBRASKA

HAYMARKET HOTEL PROJECT

LEASED SPACE SCHEDULES

HOTEL DEVELOPMENT

TOOL HOUSE REDEVELOPMENT

REATAIL