

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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 17, 2012

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 Bottoms Up, 815 'O' Street requesting a class I liquor license.

Tamra Wardyn, owner has requested that she be approved as the manager of the liquor license.

Ms. Wardyn was denied a liquor license by Council on 6-25-2012. She was approved by the Liquor Control Commission after denial by the Council.

She currently holds a class I liquor license for Guesthouse Inn at 5250 Cornhusker.

A tavern violation was written on this business on 8-24-2012 for selling alcohol before receiving the approved liquor license.

Ms. Wardyn completed the required training on 8-19-2012.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency





Russ

10-22-12

FILED

STATE OF NEBRASKA

Dave Heineman
Governor

CITY CLERK'S OFFICE

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe
Executive Director

2012 SEP 14 PM 2 19

301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814 or (402) 471-2374
TRS USER 800 833-7352 (TTY)
web address: <http://www.lcc.ne.gov/>

CITY OF LINCOLN

September 12, 2012

City Clerk
555 S 10th Street
Lincoln NE 68508-3993

RE: Bottoms Up *LAMI Enterprises LLC* *815 O ST.*
Dear Local Governing Body: *CLASS I*

B2.

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE APROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS. A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

(12)

Michelle Porter

NEBRASKA LIQUOR CONTROL COMMISSION
Michelle Porter
Licensing Division

8-19-12 RHC

Enclosures
Janice M. Wiebusch
Commissioner

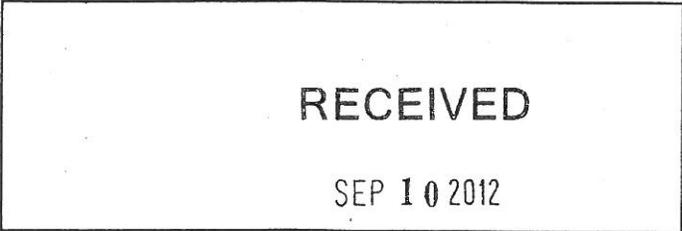
Robert Batt
Chairman

William F. Austin
Commissioner

**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.ne.gov/

10/29 = 45 days



NEBRASKA LIQUOR
CONTROL COMMISSION

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

RETAIL LICENSE(S)

Application Fee \$400 (non refundable)

- 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

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

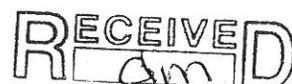
- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (LLC) (requires form 3b & 3c)

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 _____



PREMISE INFORMATION

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Trade Name (doing business as) Bottoms Up
 Street Address #1 815 "O" Street
 Street Address #2 Haymarket
 City Lincoln NE County Lancaster Zip Code 68508
 Premise Telephone number 308-530-3229

SEP 10 2012

NEBRASKA LIQUOR CONTROL COMMISSION

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

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

Name TAMRA WARDYN
 Street Address #1 5250 Cornhusker Hiway
 Street Address #2 _____
 City Lincoln NE State NE Zip Code 68504

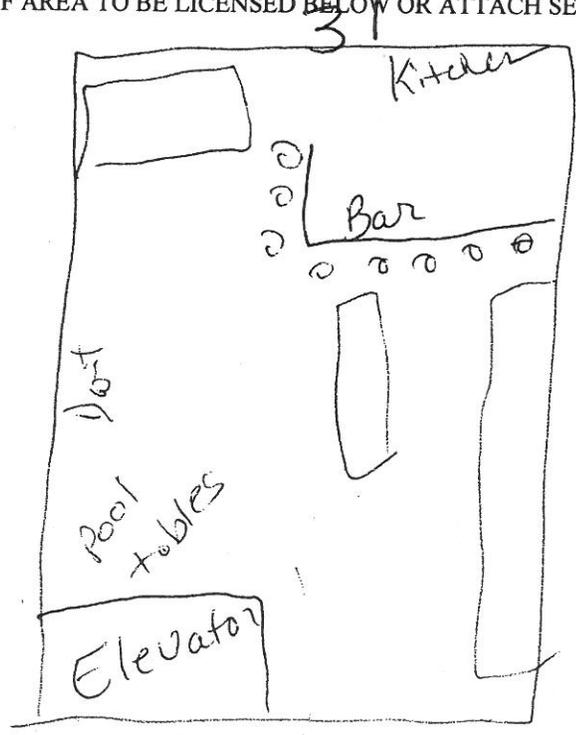
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

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

Length _____ feet
 Width _____ feet

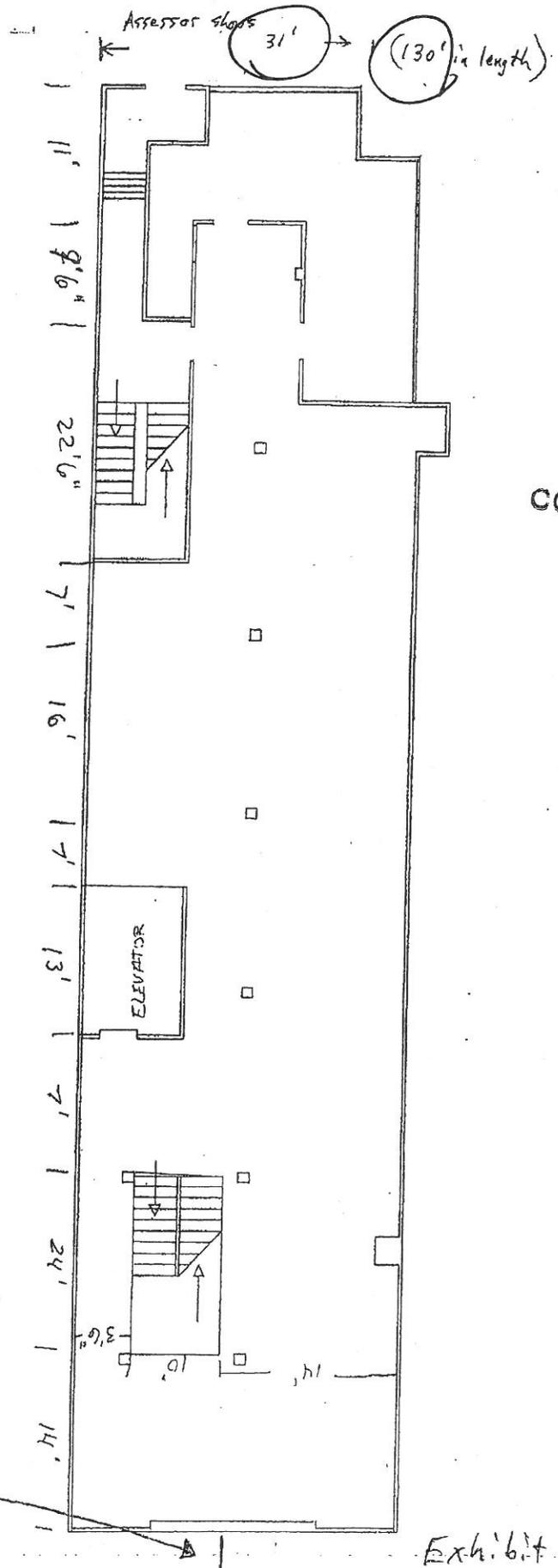
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



130
 or
 120 people

entire basement approx
 130' x 31'

153
135
288



N
8 1/2" STREET
LOWER LEVEL
(NOT TO SCALE)

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NEBRASKA LIQUOR
CONTROL COMMISSION

Existing
Signage

Exhibit A

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

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

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
TAMARA WARDYN	2002	N. Platte, NE	Theft By Unlawful Taking	Fine + Rest.
"	2010	Omaha, NE	DUI	Non-chargeable

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

YES NO

If yes, give name of business and liquor license number _____

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

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

YES NO

If yes, give name and license number _____

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

YES NO

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

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

YES NO

If yes, list the lender(s) _____

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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SEP 10 2012
NEBRASKA LIQUOR
CONTROL COMMISSION

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.

WestGate Bank - Tamra Wardyn

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.

098642 LAMI Ent, LLC 5250 Cornhusker Hiway
Lincoln NE 68504

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

training RECEIVED Cert
SEP 10 2012 Attached

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Tamra Wardyn	8/9/12	Respt Hosp Mgmt Training, Lincoln NE

NEBRASKA LIQUOR CONTROL COMMISSION

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 _____
- Deed
- Purchase Agreement

14. When do you intend to open for business? Sept or Oct (ASAP)

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

16. What are the anticipated hours of operation? M-Sat 4pm-2am (Closed on Sunday)

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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln NE	12	12			
No. Platte, NE	11	12			
Wahoo, NE	05	11			
No. Platte, NE	1976	05			

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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses, full (birth) names only, no initials.

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NEBRASKA LIQUOR CONTROL COMMISSION

[Handwritten Signature]

 Signature of Applicant

 Signature of Spouse

 Signature of Spouse

 Signature of Spouse

 Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
 County of LANCASTER

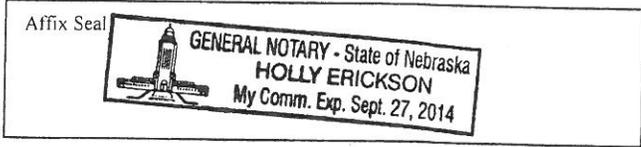
The foregoing instrument was acknowledged before me this

10th day of September, 2012
 date

by TAMRA L. WARDYN
 name of person acknowledged

[Handwritten Signature]

 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.

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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NEBRASKA LIQUOR
CONTROL COMMISSION

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

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

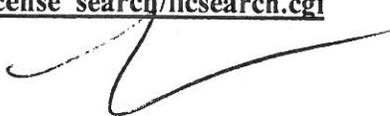
Corporation/LLC information

Name of Corporation/LLC: LAMI Ent. LLC

Premise information

Premise License Number: _____
(if new application leave blank)
Premise Trade Name/DBA: Bottoms Up
Premise Street Address: 815 "O" Street
City: Lincoln State: NE Zip Code: _____
Premise Phone Number: 308-530-3229

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


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

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Manager's information must be completed below PLEASE PRINT CLEARLY

SEP 10 2012

Gender: MALE FEMALE

NEBRASKA LIQUOR CONTROL COMMISSION MI: L

Last Name: Wardyn First Name: Tamra

Home Address (include PO Box if applicable): 2425 Cornhusker Hiway

City: Lincoln NE County: Lancaster Zip Code: 68504

Home Phone Number: 308-930-3229 Business Phone Number: _____

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

Date Of Birth: _____ Place Of Birth: Wayne NE

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: _____ First Name: _____ MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

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	12	12			
No. Platte, NE	11	12			
Wahoo NE	05	11			

North Platte NE 1976/05

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
7/11	5/12	Dowhower Const	Cleda Dowhower	308-532-9388
9/04	9/10	Liberty House	Jeff Busch	402-443-5505
9/10	5/11	Saunders House		402-443-3333

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, 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.

NEBRASKA LIQUOR
CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Tamra	2007	N. Platte	theft by unlawful taking	Rest + fine
Tamra	2010	Omaha, NE	DUI	Nonchargeable

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.

Guesthouse Inn - Lami Ent LLC

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

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

YES NO (Done previously in 5/2012)

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

manager training / Lincoln, NE 8/9/12

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PERSONAL OATH AND CONSENT OF INVESTIGATION

SEP 10 2012

NEBRASKA LIQUOR CONTROL COMMISSION

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 of Manager Applicant]

Signature of Manager Applicant

[Handwritten signature of Spouse]

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this

10th day of September, 2012

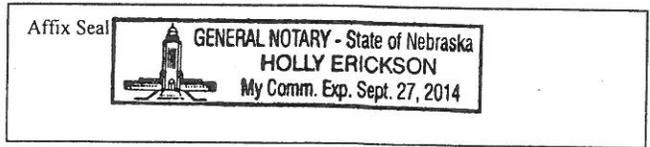
date

by TAMRA L. WARDYN

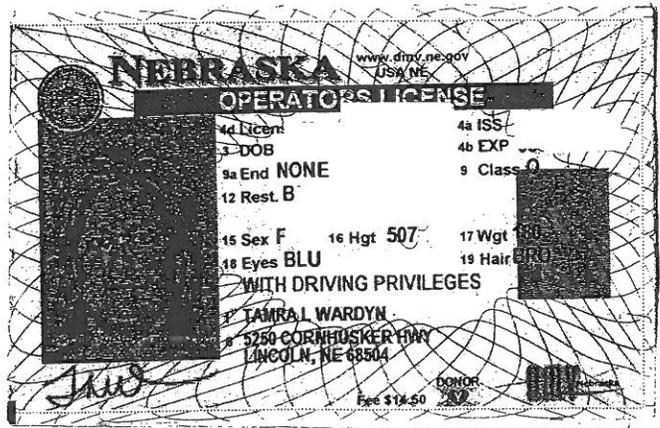
name of person acknowledged

[Handwritten signature of Holly Erickson]

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.



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NEBRASKA LIQUOR
CONTROL COMMISSION

Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126

1. PLACE OF BIRTH a. COUNTY <u>Wayne</u> b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Wayne</u> c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wayne Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Cedar</u> c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Laurel</u> d. STREET ADDRESS <u>Laurel</u>	
3. CHILD'S NAME (Type or print) <u>Tamra</u>		4. SEX <u>F</u>	
5a. THIS BIRTH <u>Single</u> <input checked="" type="checkbox"/> <u>Twin</u> <input type="checkbox"/> <u>Triplet</u> <input type="checkbox"/>		5b. If TWIN OR TRIPLET (This child born) <u>1st</u> <input type="checkbox"/> <u>2nd</u> <input type="checkbox"/> <u>3rd</u> <input type="checkbox"/>	
7. FULL NAME <u>Niels</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>29</u> Yrs.		10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Kristian Nielsen</u>	
12. FULL MAIDEN NAME a. (First) <u>Kirby, Denmark</u>		11a. USUAL OCCUPATION <u>Truck Driver</u>	
14. AGE (At time of this birth) <u>24</u> Yrs.		11b. KIND OF BUSINESS OR INDUSTRY <u>Bulk Milk Pick Up</u>	
15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Marmora</u>		13. COLOR OR RACE <u>white</u>	
16. How many OTHER children are now living? <u>2</u>		16. How many OTHER children were born to This Mother (Do NOT include this child) <u>2</u>	
17. INFORMANT'S SIGNATURE OR NAME--Relationship <u>Mrs. Niels K. Nielsen, Mother</u>		17. How many OTHER children were born to This Mother (Do NOT include this child) <u>2</u>	
Was serologic test made on blood from mother of this child? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>6-6-67</u>		If serologic test not made, state reason why. <u>none</u>	
18a. SIGNATURE <u>Robert S. Smith</u>		18b. ATTENDANT AT BIRTH <u>Mckissor</u>	
18c. ADDRESS <u>Wayne, Nebraska</u>		18. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
19. MOTHER'S MAILING ADDRESS <u>Mrs. Niels Nielsen P. O. Box 461 Laurel, Nebraska 68775</u>		19. MOTHER'S MAILING ADDRESS	
20. DATE RECD BY <u>9-29-67</u>		21. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
LOCAL REG. NO. <u>9-29-67</u>		LOCAL REG. NO. <u>9-29-67</u>	

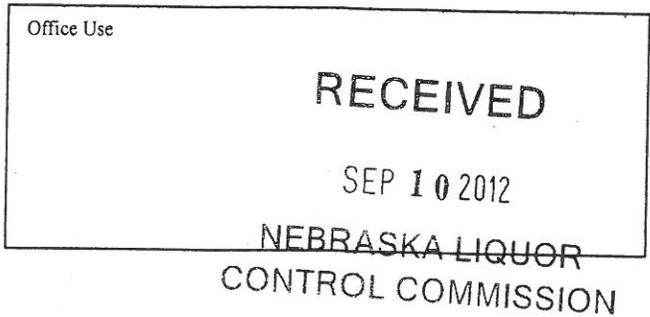
I hereby certify that this child was born alive on the date stated above at 5:58 P.m.

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Frederic Shum
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR
LINCOLN, NEBRASKA
Issued July 12, 1977

**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



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: TAMRA L. WARDYN

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
LAMI Enterprises, LLC # 10161492

LLC Address: 5250 Cornhusker Hiway

City: Lincoln State: NE Zip Code: 68504

LLC Phone Number: 308-530-3229 LLC Fax Number _____

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

Last Name: Wardyn First Name: Tamra MI: L.

Home Address: 2425 Northline Court City: Lincoln

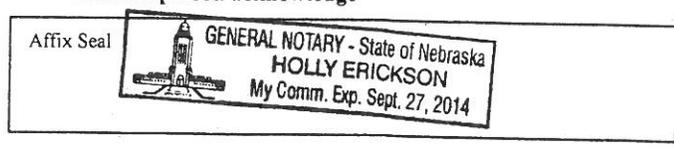
State: NE Zip Code: 68508 Home Phone Number: 308-530-3229

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER
10th day of September, 2012
Date
Holly Erickson

The foregoing instrument was acknowledged before me this
by TAMRA L. WARDYN
name of person acknowledge



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

Last Name: ~~TAMARA~~ Wardyn First Name: TAMARA MI: L

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

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SEP 10 2012
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 _____

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?

RECEIVED

YES

NO

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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: Jan Ending Date: Dec

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.