

June 17, 2014

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

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Alsultan Lounge, 1637 'P' Street Suite F requesting a class C/Cigar Bar liquor license.

Saif Sayah has requested that he be approved as the owner /manager of the liquor license.

No areas of concern were found.

The applicant has been informed on the required training.

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 CIGAR BAR
CERTIFICATION

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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MAY 28 2014
NEBRASKA LIQUOR CONTROL COMMISSION

MUST BE SUBMITTED WITH A \$1,000 NON REFUNDABLE APPLICATION FEE

PREMISE INFORMATION

Trade Name (doing business as) Al Sultan Lounge
Business Street Address 1637 P St Suite F
City Lincoln County Lancaster Zip Code 68508
Premise Phone Number 402-890-7876
Contact Name and phone number if different from premises N/A

Class C liquor license number (if currently licensed) C-108488 - Applied For.

PREMISE DESCRIPTION AND DIAGRAM OF STRUCTURE

1. Do you serve food? YES NO
If yes, you will not qualify for this certification.
2. How many square feet is the premise? 1200
3. Does the premise have a walk in humidor? YES NO
4. Does the humidor have a humidification and temperature control system? YES NO
5. How many square feet is the humidor? 24 sf
Provide photos of the humidor.



BUSINESS INFORMATION

1. Has your business been cited for any liquor license violations? YES NO
If yes, explain

2. What was your total revenue for the business last year? N/A
Enclose copies of financial statements showing total sales vs. sales of tobacco and tobacco related products.

3. How much was generated by tobacco and tobacco related products (not including cigarettes)?
N/A

Saif A. Sayah

Print Name of Signature

Saif A. Sayah

Signature of Licensee or Officer

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

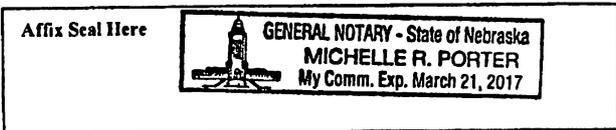
State of Nebraska

County of Lancaster

The forgoing instrument was acknowledge before me this May 28, 2014
Date

Michelle Porter

Notary Public Signature



PREMISE INFORMATION

Trade Name (doing business as) Al Sultan Lounge

Street Address #1 1637 P St. Suite F

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 402-779-6048

Business e-mail address SaifSayah@gmail.com

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

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

Name One Family LLC / Saif A. Sayah

Street Address #1 P.O Box 82843

Street Address #2 _____

City Lincoln State NE Zip Code 68501

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

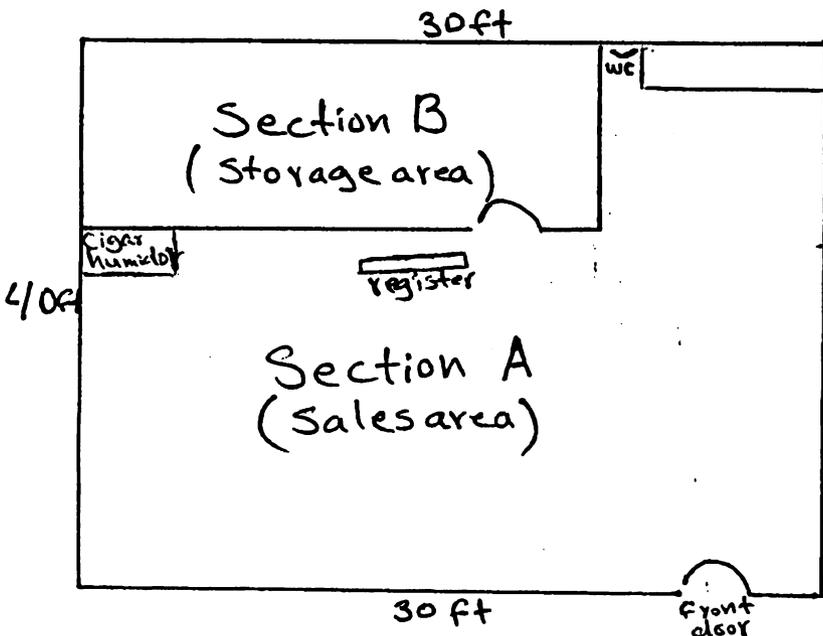
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions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

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

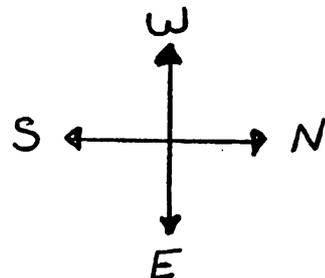
Building: length 40 x width 30 in feet
Is there a basement to be licensed? Yes ___ No ___ If yes, length ___ x width ___ in feet
Is there an outdoor area? Yes ___ No ___ If yes, length ___ x width ___ in feet

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



NEBRASKA LIQUOR CONTROL COMMISSION FORM 100
REV 12/2013
PAGE 4



APPLICANT INFORMATION

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

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. Include traffic violations. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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

MAY 28 2014

NEBRASKA LIQUOR

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

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

YES NO

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

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

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

YES NO

If yes, give name and license number _____

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

YES NO

If yes:

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

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

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

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CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Saif A. Sayah

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

One Family LLC

LLC Address: 3929 Lewis Ave

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: 402-890-7876 LLC Fax Number _____

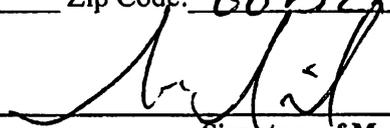
Name of Managing/Contact Member

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

Last Name: Sayah First Name: Saif MI: A.

Home Address: 3929 Lewis Ave City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 402-890-7876



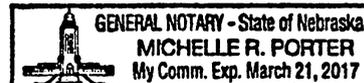
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster
May 28, 2014
Date
Michelle Porter

The foregoing instrument was acknowledged before me this
by Saif A. Sayah
name of person acknowledge

Affix Seal



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

Last Name: Sayah First Name: Saif MI: A

Social Security Number: _____ Date of Birth: _____

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

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Spouse Social Security Number: _____ Date of Birth: MAY 28 2014

Percentage of member ownership 55

NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: Sayah First Name: Ali MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 45

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 _____

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Sayah First Name: Saif MI: A.
 Home Address (include PO Box if applicable): 3929 Lewis Ave.
 City: Lincoln County: Lancaster Zip Code: 68521
 Home Phone Number: 4028907876 Business Phone Number: 402-890-7876
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Iraq
 Email address: saifsayah@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

NEBRASKA LIQUOR CONTROL COMMISSION

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

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
		Self employed		

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.

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NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

YES NO

IF YES, list the name of the premise(s):

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

