

November 20, 2014

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

Mayor Beutler and Members of the City Council:

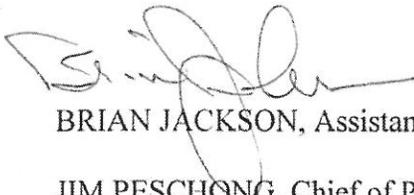
An investigation has been made regarding the application of Copal Inc, DBA Copal, 4747  
Pioneers Boulevard, requesting a class I-110679 liquor license.

Cinthia R. Lopez Cruz, the president of Copal Inc, is scheduled for the required management  
training on December 11, 2014.

Romulo Vega Jr is requesting that he be approved as the manager of their liquor license.

No areas of concern were found.

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



BRIAN JACKSON, Assistant Chief of Police

JIM PESCHONG, Chief of Police



**APPLICATION FOR LIQUOR LICENSE  
CHECKLIST - RETAIL**

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

<p><b>RECEIVED</b></p> <p>NOV 7 2014</p> <p>NEBRASKA LIQUOR CONTROL COMMISSION</p>		
<p><i>New</i></p>		
<p>Class Type <b>I</b></p>	<p><b>110679</b></p>	<p>Initial <i>jm</i></p>

Applicant name Copal, Inc.

Trade name Copal

Previous trade name N.A.

Contact email address cr1c8722@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.

*crim history reported on application to Mary Messman 11-13-14*

*Romulo Vega Jr  
Cynthia Lopez Cruz  
Consuelo Lopez* } prints submitted w/ fees

**REQUIRED ATTACHMENTS**

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

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

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

Office use only

PAYMENT TYPE CK 1013

AMOUNT: \$400.00

RECEIPT # 168228

Received: jbm

  
 1400025923

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 FORM 100  
 REV 12/2013  
 PAGE 1

✓ 3) Enclose the appropriate application forms:

- Individual license (requires insert form 1- form number 104)
- Partnership license (requires insert form 2- form number 105)
- ✓ Corporate license (requires insert form 3a & 3c- form number 101 and 103)
- Limited liability company (LLC) (requires form 3b & 3c- form number 102 and 103)

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

NEBRASKA LIQUOR CONTROL COMMISSION

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

N.A. 6. If buying the business of a current liquor license holder:

- a) Provide a copy of the purchase agreement from the seller (must read applicants name).
- b) Provide a copy of alcohol inventory being purchased (must include brand names and container size)
- c) Enclose a list of the assets being purchased (furniture, fixtures and equipment).

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

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

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

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

✓ 11. Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

✓   
 Signature

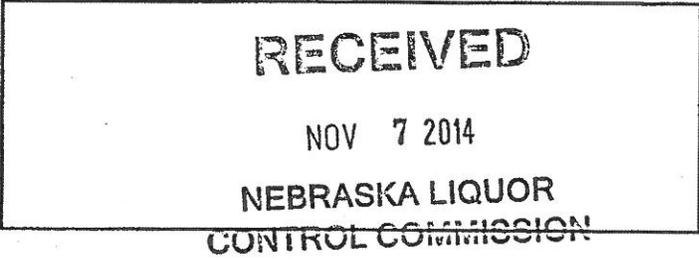
05/11/15  
 Date

RECEIPT

DATE	11-7-14	No.	168228
FROM	Lopac Inc		
FOR	New Application		
	<input type="checkbox"/> CASH		
	<input checked="" type="checkbox"/> CHECK #	1013	\$ 475.00
	<input type="checkbox"/> MONEY#		
	<input type="checkbox"/> ORDER		
Received by	Jackie R. Madulka		

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RETAIL**

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Website: www.lcc.ne.gov/



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

**RETAIL LICENSE(S)**

**Submit \$400 Non Refundable Application Fee**

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

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

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

**LICENSE YEAR**

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

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

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

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

Name Richard Reince Phone number: 402 475 3011

Firm Name Knudsen Law firm

NOV 7 2014

PREMISE INFORMATION

Trade Name (doing business as) Copal NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 4747 Pioneers Blvd.

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2 Zip Code 68506

Premise Telephone number 402-217-0470

Business e-mail address crk8722@gmail.com

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

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

Name 2310 Garfield St Apt #3

Street Address #1 \_\_\_\_\_

Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68502

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 174' 5" x width 143' 8" 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 820 SF TOTAL

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

✓ one story building approx 144 x 175 including outdoor area 29 x 52.

*See attached diagram*

**APPLICANT INFORMATION**

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

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

YES       NO

If yes, please explain below or attach a separate page

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Romulo Vega Jr.	09/2009	YORK, NE	open container	Fine
Cinthia Lopez	07/2011	Kearney, NE	STOP sign (missed)	Fine

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

YES       NO

If yes, give name of business and liquor license number \_\_\_\_\_

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

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

YES       NO

If yes, give name and license number \_\_\_\_\_

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

YES       NO

If yes:

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

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

YES  NO

If yes, list the lender(s) Benjamin Lopez - lives in Mexico - cinthia's uncle

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES  NO

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

No silent partners

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

YES  NO

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

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

YES  NO

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

9. Is anyone listed on this application a law enforcement officer?

YES  NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

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

Union Bank Cinthia Lopez / Benjamin Lopez / Ramulo Vega  
↓ ↓ ↓  
Pres VP spouse of Pres corp manager &

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.

N.A

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

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Romulo Vega Jr.	10/23/14	RBST General Certificate / RBST General Lincoln Server seller

For list of NLCC certified training programs see: [www.lcc.nc.gov/traininginfo.html](http://www.lcc.nc.gov/traininginfo.html)

Experience:

Applicant Name/Job Title	Date of Employment	Name & Location of Business
Romulo Vega Jr / Quick service RESTAURANT	05/2007	Walt Disney World parks, Florida

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 31 December 2019
- Deed
- Purchase Agreement

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

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

16. What are the anticipated hours of operation? 10:00 am to 10:00 pm

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

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Romulo			Cinthia		
Lincoln, NE	09/2011	Present	Lincoln, NE	01/2012	Present
Kearney, NE	08/2008	09/2011	Lexington, NE	07/2011	01/2012
Lincoln, NE	01/2008	08/2008	Mexico City, Distrito Federal	Birth	07/2011
Lake Buena Vista, FL	05/2007	01/2008			
Lincoln, NE	06/2008	05/2007			

If necessary attach a separate sheet. Benjamin

Mexico City, Distrito Federal 01/2000 | Present  
 Born and RISE ~~Present~~  
 Mexico City, Distrito Federal

**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](http://www.lcc.ne.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. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC: Copal, Inc.

**Premise information**

Liquor License Number: N.A. Class Type I  
(if new application leave blank)

Premise Trade Name/DBA: Copal

Premise Street Address: 4747 Pioneers Blvd

City: Lincoln County: Lancaster Zip Code: 68506

Premise Phone Number: 402 217 0470

Email address: orlc8722@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](http://www.lcc.ne.gov/license_search/licsearch.cgi)

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

voter reg, BC, signed, prints

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

Last Name: Vega Jr First Name: Romulo MI: \_\_\_\_\_

Home Address (include PO Box if applicable): 2316 Garfield St. Apt. #3

City: Lincoln County: Lancaster Zip Code: 68502

Home Phone Number: 308 627 9981 Business Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Kearney, Nebraska

Email address: romulovega@gmail.com

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

YES

NO

signed, prints

Spouse's information

Spouses Last Name: Lopez Cruz First Name: Cynthia MI: Rebera

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Mexico City Distrito Federal

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE <i>Romulo</i>	YEAR FROM	YEAR TO	CITY & STATE <i>Cynthia</i>	YEAR FROM	YEAR TO
Lincoln, NE	09/2011	Present	Lincoln, NE	01/2012	Present
Kearney, NE	08/2008	09/2011	Lexington, Ne	07/2011	01/2012
Lincoln, NE	01/2008	08/2008	Mexico city Distrito Fe deral	Birth	07/2011
Lake Buena Vista, FL	05/2007	01/2008			
Lincoln, NE	06/2003	05/2007			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
09/2011	Present	FES - Education Quest Foundation	Les Monroe	402 479 6989
11/2009	04/2011	The Buckle, Inc.	Mike Leydig	308 236 8491

**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
Romulo Vega Jr.	09/2009	York, NE	Open Container	Fine
Cynthia Lopez	07/2011	Kearney, NE	STOP sign (missed)	Fine

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: 10/23/2014 Name on Certificate: RBST General Certificate  
RBST General Lincoln Server Seller

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Romulo Vega Jr	10/23/2014	RBST General Certificate
		RBST General Lincoln Server Seller.

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Romulo Vega Jr / Quick Service Restaurant	05/2007	Walt Disney World Parks, Florida

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

YES       NO

*prints enclosed w/ fees*

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

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

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders 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 Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Cynthia Lopez

Name of Corporation that will hold license as listed on the Articles

Copal, Inc.

Corporation Address: 2310 Garfield St. Apt #3

City: Lincoln State: NE Zip Code: 68502

Corporation Phone Number: 402 217 0470 Fax Number N.A

Total Number of Corporation Shares Issued: 1000 shares

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Lopez Cruz First Name: Cynthia MI: Rebecca

Home Address: 2310 Garfield St. Apt #3 City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: 402 217 0470

  
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska  
County of LANCASTER

The foregoing instrument was acknowledged before me this

5th of November 2014

by Cynthia Lopez Cruz

Date

name of person acknowledge

Affix Seal

 GENERAL NOTARY - State of Nebraska  
SETH J PATRICK  
My Comm. Exp. June 26, 2017

FORM 101

Listings of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Lopez Cruz First Name: Cynthia MI: Rebeca

*signed prints*

*200*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President, secretary, Treasurer Number of Shares 200

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

*signed voter reg BC prints*

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Lopez Consuelo First Name: Benjamin MI: N.A

*200*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Vice President Number of Shares 800

Spouse Full Name (indicate N/A if single): Mama Guadalupe Cordova Romero

*spouse*

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

~~Last Name: Cordova Romero First Name: María MI: Guadalupe~~

~~Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_~~

~~Title: \_\_\_\_\_ Number of Shares NA~~

~~Spouse Full Name (indicate N/A if single): Benjamin Lopez Consuelo~~

~~Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_~~

*Cynthia said Maria is not part of corporation, has spouse*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the applying corporation 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 Corporation's tax year with the IRS (Example January through December)

Starting Date: January 1 Ending Date: December 31

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.

