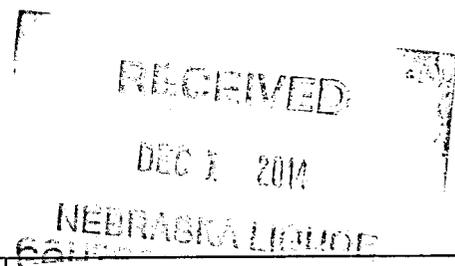


**APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046 *need catering fees - \$100*
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

		
QA	New	
Class Type IK	L 110710	Initial JM

Applicant name HY-VEE, INC. *Catering App Enclosed*

Trade name HY-VEE RESTAURANT 3

Previous trade name _____

Contact email address BBUSH-GERJETS@HY-VEE.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. *prints on file*
crim hist reported on app *entered into database 12-10-14*
12-10-14 Ag, FM, Ent & Local reports sent

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 **ON FILE**

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

Office use only	CK 1823019 - \$100 <i>JBM</i>
PAYMENT TYPE	CK 1814484
AMOUNT:	\$400
RECEIPT #	
Received by	mm


1400026436

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FORM 100
REV 12/2013
PAGE 1

- X 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)

N/A 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).

X 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.

N/A 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>

X 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.

N/A 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 Randy B. Edeker

November 24, 2014
Date

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NEBRASKA LIQUOR
CONTROL COMMISSION

**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/

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NEBRASKA LIQUOR
CONTROL COMMISSION

**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

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NEBRASKA LIQUOR
CONTROL COMMISSION

- 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 BILLIE BUSH-GERJETS Phone number: 515-267-2949
Firm Name HY-VEE, INC.

PREMISE INFORMATION

Trade Name (doing business as) HY-VEE RESTAURANT 3

Street Address #1 5020 N 27TH ST

Street Address #2 _____

City LINCOLN County Lancaster #2 Zip Code 68521

Premise Telephone number 402-477-4764

Business e-mail address 1387DIRECTOR@HY-VEE.COM

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

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

Name HY-VEE, INC.

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Street Address #1 5820 WESTOWN PARKWAY

DEC 1 2014

Street Address #2 _____

NEBRASKA LIQUOR

City WEST DES MOINES State IA Zip Code 50266

CONTROL COMMISSION

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 269' 0" x width 371' 1" in feet

Is there a basement to be licensed? Yes _____ No X If yes, length _____ x width _____ in feet

Is there an outdoor area? Yes X No _____ If yes, length 50' 0" x width 16' 0" in feet

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

✓ Restaurant Dimensions only 56 x 159 in feet

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

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) _____

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)

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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

DEC 3 2014

NEBRASKA LIQUOR CONTROL COMMISSION

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.

MIDWEST HERITAGE BANK, 1025 BRADEN, CHARITON, IA 50049; RANDALL EDEKER, MICHAEL SKOKAN, MICHAEL JURGENS

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.

ATTACHED

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

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NEBRASKA LIQUOR CONTROL COMMISSION

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
SCOTT SCHLATTER	10/2014	RESPONSIBLE HOSPITALITY COUNCIL MGMT, LINCOLN, NE
SCPTT SCHLATTER	03/2013	RESPONSIBLE BEVERAGE SERVICE TRAINING, LINCOLN, NE
SCOTT SCHLATTER	03/2013	CITY OF LINCOLN, NE SERVER/SELLER PERMIT, LINCOLN, NE

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
SCOTT SCHLATTER, STORE DIRECTOR	1/15/1990	HY-VEE, INC., 7151 STACY LANE, LINCOLN, NE

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? N/A
- 15. What will be the main nature of business? RETAIL GROCERY STORE
- 16. What are the anticipated hours of operation? MONDAY-SUNDAY - 24 HOURS
- 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
* SEE ATTACHED					

If necessary attach a separate sheet.

**APPLICATION FOR CATERING (K)
TO LIQUOR LICENSE**

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

Office Use	RECEIVED
	DEC 1 2014
	NEBRASKA LIQUOR CONTROL COMMISSION

Include application fee of \$100

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

LIQUOR LICENSE # _____ CLASS TYPE 1K

LICENSEE NAME HY-VEE, INC.

TRADE NAME HY-VEE RESTAURANT 3

PREMISE ADDRESS 5020 N 27th ST

CITY LINCOLN, NE 68521

CONTACT PERSON BILLIE BUSH-GERJETS

PHONE NUMBER OF CONTACT PERSON 515-267-2949

EMAIL ADDRESS OF CONTACT PERSON BBUSH-GERJETS@HY-VEE.COM

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

PAYMENT TYPE _____	Office use only	BARCODE LABEL
AMOUNT: _____		
RECEIVED: _____		
RECEIPT# _____		

[Handwritten Signature]

Signature of Licensee

RECEIVED

DEC 1 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

Iowa
State of ~~Nebraska~~
County of Polk

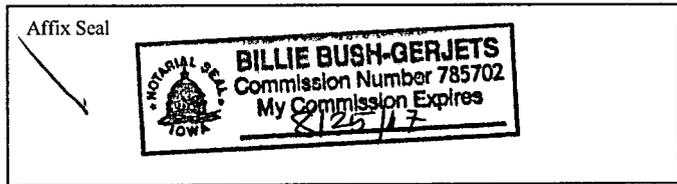
The foregoing instrument was acknowledged before me this

November 20, 2014
Date

by JEFFREY PIERCE
name of person acknowledged signing document

OK

Billie Bush-Gerjets
Notary Public Signature



**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

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: HY-VEE, INC.

Premise information

Liquor License Number: _____ Class Type IK **RECEIVED**
(if new application leave blank) **DEC 1 2014**

Premise Trade Name/DBA: HY-VEE RESTAURANT 3 **NEBRASKA LIQUOR CONTROL COMMISSION**

Premise Street Address: 5020 N 27TH ST

City: LINCOLN County: _____ Zip Code: 68521

Premise Phone Number: 402-477-4764

Email address: 1387DIRECTOR@HY-VEE.COM

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi


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

Signed, voter reg, BC, prints on file 10-3-2013

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: SCHLATTER First Name: SCOTT MI: A

Home Address (include PO Box if applicable): 3325 LONGVIEW COURT

City: LINCOLN County: Lancaster Zip Code: 68506

Home Phone Number: 402-483-2137 Business Phone Number: 402-489-4244

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

Date Of Birth: _____ Place Of Birth: SUMNER, IA

Email address: 1390DIRECTOR@HY-VEE.COM

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

YES

NO

spousal, signed

Spouse's information

Spouses Last Name: SCHLATTER First Name: DEBORAH MI: M

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

Date Of Birth: _____ Place Of Birth: WEST UNION, IA

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	2002	PRESENT	LINCOLN, NE	2002	PRESENT
LEE'S SUMMIT, MO	2000	2002	LEE'S SUMMIT, MO	2000	2002
RALSTON, NE	1995	2000	RALSTON, NE	1995	2000

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1990	PRESENT	HY-VEE, INC.	PAT HENSLEY	402-350-2640
1988	1990	MBC FOODS	RICK BAKER	N/A

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

DEC 1 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

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
SCOTT SCHLATTER	2005	LINCOLN, NE	SPEEDING/SEATBELT	

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

YES NO

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

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

YES NO

4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: RB-0005469 Name on Certificate: SCOTT A SCHLATTER

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
SCOTT SCHLATTER	10/2014	RESPONSIBLE HOSPITALITY COUNCIL MGMT, LINCOLN, NE
SCOTT SCHLATTER	03/2013	RESPONSIBLE BEVERAGE SERVICE TRAINING, LINCOLN, NE
SCOTT SCHLATTER	03/2013	CITY OF LINCOLN, NE SERVER/SELLER PERMIT, LINCOLN, NE

*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:
SCOTT SCHLATTER	1/15/1990	HY-VEE, INC., 7151 STACY LANE, LINCOLN, NE

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 on file 10-3-2013

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
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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: CT CORPORATION

RECEIVED

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

DEC 1 2014

HY-VEE, INC.

NEBRASKA LIQUOR CONTROL COMMISSION

Corporation Address: 5820 WESTOWN PARKWAY

City: WEST DES MOINES State: IA Zip Code: 50266

Corporation Phone Number: 515-267-2949 Fax Number: 515-559-2465

Total Number of Corporation Shares Issued: 22,545,698 (09/2014)

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

Last Name: EDEKER First Name: RANDALL MI: B

Home Address: 3703 133RD ST City: URBANDALE

State: IA Zip Code: 50322 Home Phone Number: _____

prints on file

Randall B. Edeker
Signature of President/CEO

ACKNOWLEDGEMENT

State of ^{Iowa} ~~Nebraska~~
County of Polk

Date November 24, 2014

The foregoing instrument was acknowledged before me this

by Randall B. Edeker
name of person acknowledge

Billie Bush-Gerjets

OK

Affix Seal



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

Last Name: EDEKER First Name: RANDALL MI: B

Social Security Number: _____ Date of Birth: _____

Title: PRESIDENT Number of Shares _____

Spouse Full Name (indicate N/A if single): DAWN R. HOLYMAN EDEKER

Spouse Social Security Number: _____ Date of Birth: _____

*Signed
prints on
file*

spousal

Last Name: JURGENS First Name: MICHAEL MI: P

Social Security Number: _____ Date of Birth: _____

Title: SECRETARY Number of Shares _____

Spouse Full Name (indicate N/A if single): KERRY L SKRAM JURGENS

Spouse Social Security Number: _____ Date of Birth: _____

Signed

spousal

Last Name: PIERCE First Name: JEFFREY MI: L

Social Security Number: _____ Date of Birth: _____

Title: ASSISTANT TREASURER Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Signed

spousal

RECEIVED

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: _____

NEW YORK LIQUOR
CONTROL COMMISSION

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: OCTOBER

Ending Date: SEPTEMBER

Is this a Non-Profit Corporation?

YES

NO

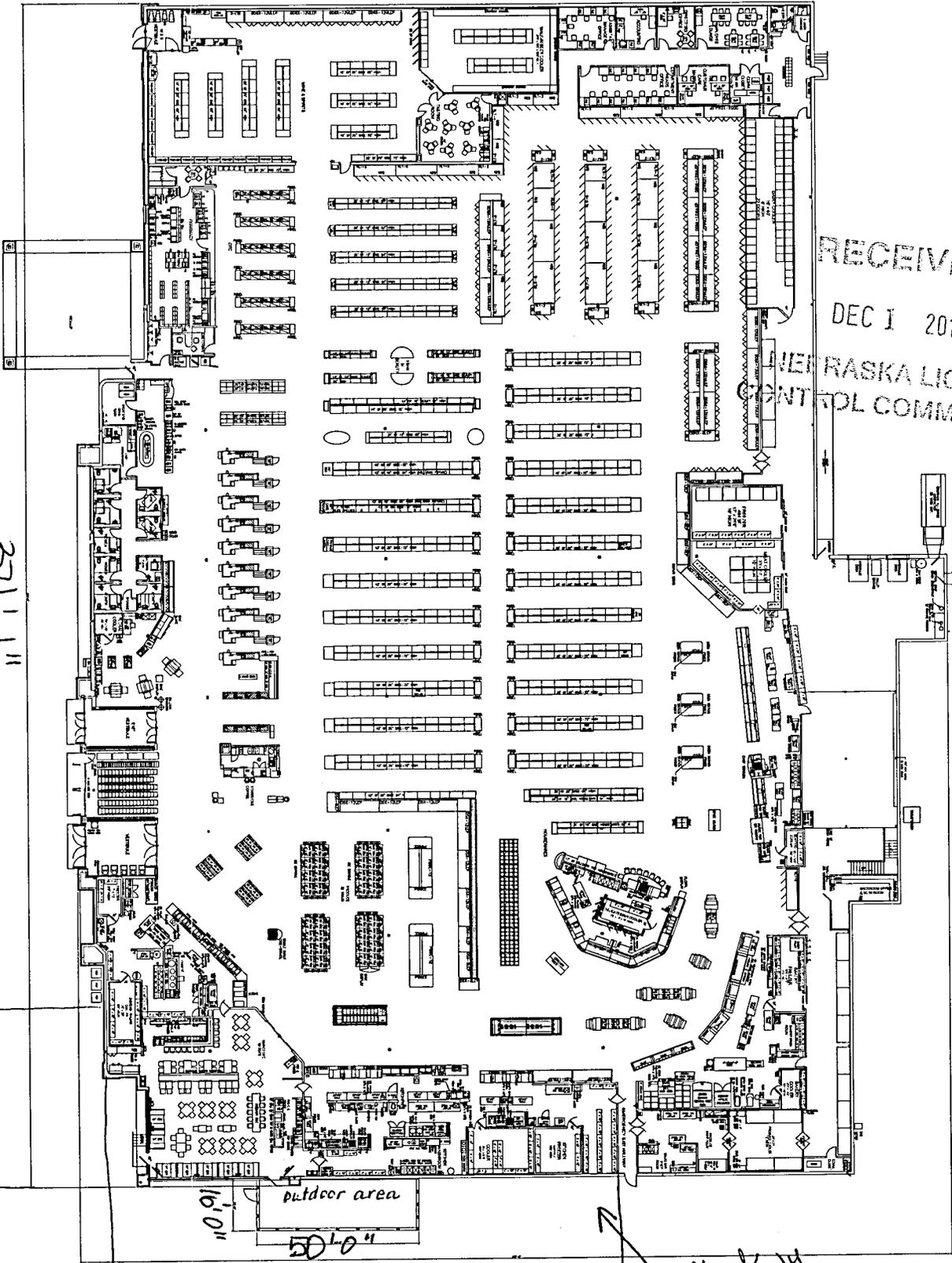
If yes, provide the Federal ID # _____

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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.



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DEC 1 2014
NEBRASKA LIQUOR
CONTROL COMMISSION

371' 1"

56

North
↑

110' 0"
50' 0"
outdoor area

269' 0"

159

to be
licensed
separately
as TX
Rest.