

January 30, 2015

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 RAAJ Lincoln Lessee, LLC, DBA Holiday Inn, requesting a class CK-111055 liquor license.

Holiday Inn was previously owned by Vesta Lincoln Partners, LLC, which held a class CK liquor license. Although Vesta Lincoln Partners, LLC has sold the hotel in its entirety, including the responsibility for the liquor license and alcohol sales, Vesta Lincoln Partners, LLC, will remain as the management company with no rights of ownership.

Troy Terwilliger was approved by the State and listed on the previous liquor license as the approved manager as of February 1, 2011. He has been the hotel's general manager since September of 2011. Mr. Terwilliger has now filed an application requesting that he be approved as the manager of the new liquor license.

Since Mr. Terwilliger's initial approval, he has received three traffic related infractions.

The applicant completed the required management training on September 11, 2014.

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



TOP Submitted

**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

RECEIVED		
DEC 17 2014		
NEBRASKA LIQUOR CONTROL COMMISSION		
QA	replacing	
Class Type CK	L <b>111055</b>	Initial jm

RECEIVED

Applicant name RAAJ Lincoln Lessee, LLC

DEC 17 2014

Trade name Holiday Inn

NEBRASKA LIQUOR  
CONTROL COMMISSION

Previous trade name N/A

Contact email address fmihulka@woodsaitken.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.

*Troop pictures on file  
Crim hist reported on  
application 1-20-15*

**REQUIRED ATTACHMENTS**

*1-20-15 entered into database  
Ag, FM, Enf, Local reports  
sent 1-20-15*

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

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

PAYMENT TYPE <u>CK 001612 - 100</u> <u>CK 001615 - 400</u> AMOUNT: _____ RECEIPT # <u>na</u> Received: <u>jkm</u>	 1500000881
---	--

- 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)
- 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).
- 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 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

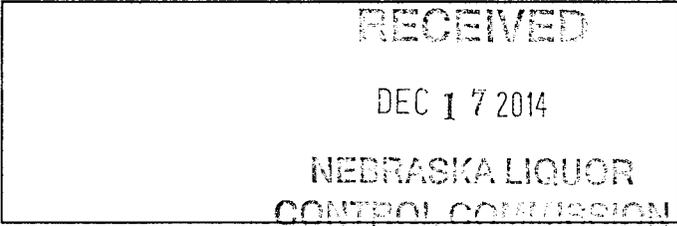
December 2, 2014 *email sent 1-13-15*  
 \_\_\_\_\_  
 Date

- ① controlling corp must be registered with NSBS
- ② 131 or 141 as premise address? 141
- ③ so the pool deck area the outdoor area marked as approx 120 x 180? yes
- ④ lease begin/end date? will begin 3 days after TOP is issued
- ⑤ is lease automatic renewal each year after 3 years?

RECEIVED  
 DEC 17 2014  
 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/



**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 Frank J. Mihulka Phone number: 402-898-7400

Firm Name Woods & Aitken LLP

**PREMISE INFORMATION**

Trade Name (doing business as) Holiday Inn

Street Address #1 141 North 9th Street

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

City Lincoln County Lancaster #2 Zip Code 68508

Premise Telephone number 402-475-4011

Business e-mail address tterwilliger@vestahospitality.com

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

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

DEC 17 2014

Name RAAJ Lincoln Lessee, LLC Attn: Troy Terwilliger

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 141 North 9th Street

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

City Lincoln State Nebraska Zip Code 68508

**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 145 x width 300 in feet

Is there a basement to be licensed? Yes  No  If yes, length 61 x width 41 in feet

Is there an outdoor area? Yes  No  If yes, length 180 x width 120 in feet

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

*See attached diagrams of main level and lower level bar, restaurant, ballroom and meeting areas, plus second floor pool deck area. Consumption of alcohol will be permitted throughout entire 16 story hotel.*

*Entire 16 story hotel including basement, ballroom, meeting areas, ~~pool deck area~~, restaurant and bar areas approx 145 x 300. and outdoor pool area 120 x 180*

**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
Jasin Alfaro	none			
Andrew Weprin	none			RECEIVED
Benjamin Weprin	See Attached List			DEC 17 2014
				NEBRASKA LIQUOR CONTROL COMMISSION

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

YES       NO

Vesta Lincoln Partners, LLC d/b/a Holiday Inn. Lic. No. 079065

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 *none purchased see #7*

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

YES       NO

Vesta Lincoln Partners, LLC d/b/a Holiday Inn. Lic. No. 079065

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)

RECEIVED

DEC 17 2014

**No silent partners**

NEBRASKA LIQUOR CONTROL COMMISSION

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

YES  NO

*see attached*

If yes, list such item(s) and the owner. All FF&E owned by RAAJ Lincoln Owner, LLC and leased to Applicant

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.

Wells Fargo Bank. Authorized signers include Troy Terwilliger (hotel manager), Julie Hames (finance office) and Benjamin Weprin (officer of Applicant)

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.

None

RECEIVED

DEC 17 2014

NEBRASKA LIQUOR CONTROL COMMISSION

*OK*

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)
Troy J. Terwilliger	02/2011	T.I.P.S.
Troy J. Terwilliger	09/2014	Hospitality Insider Training and Lincoln Server/Seller Permit

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
Troy J. Terwilliger, General Manager	08/2004 to Present	Holiday Inn, 141 North 9th Street, Lincoln, NE 68508

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 Three (3) years from ~~date of closing~~
- Deed
- Purchase Agreement when TDP is issued

14. When do you intend to open for business? Current Licensee is open and Applicant will open concurrently with closing of asset purchase

15. What will be the main nature of business? Hotel, Restaurant, Bar, Meetings, Receptions and Catering

16. What are the anticipated hours of operation? All operations 24 hours per day, except liquor sale hours as allowed by law

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 FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Jasin Alfaro, Chicago, Illinois			Nicole Delesandro, Chicago, Illinois		
See separate attachment			See separate attachment		
<i>see attached</i>					

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

 _____ Signature  Jasin Alfaro, COO _____ Print Name	_____ Signature  _____ Print Name
_____ Signature of Spouse  _____ Print Name	_____ Signature of Spouse  _____ Print Name

**ACKNOWLEDGEMENT**

State of ~~Nebraska~~ Illinois  
 County of Cook

The foregoing instrument was acknowledged before me this

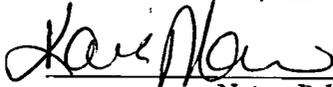
December 2, 2014

by

Jasin Alfaro

name of person(s) acknowledged (individual(s) signing)

*OK*



Notary Public Signature



RECEIVED

DEC 17 2014

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.

**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](http://www.lcc.ne.gov)

Office Use
------------

**Include application fee of \$100**

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

LIQUOR LICENSE # \_\_\_\_\_ CLASS TYPE C

LICENSEE NAME RAAJ Lincoln Lessee LLC

TRADE NAME Holiday Inn

PREMISE ADDRESS 141 N 9 Street  
~~-131 N. 9th Street-~~

CITY Lincoln, NE 68508 Lancaster County

CONTACT PERSON Troy J. Terwilliger, General Manager

PHONE NUMBER OF CONTACT PERSON 402-475-4011

EMAIL ADDRESS OF CONTACT PERSON tterwilliger@vestahospitality.com

*OK*

- 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 MADE _____ AMOUNT _____ RECEIVED _____ RECEIPT# _____	Office use only
--	-----------------

RAAJ Lincoln Lessee, LLC

By [Signature]  
Signature of Licensee (Jasin Alfaro)

RECEIVED

DEC 17 2014

NEBRASKA LIQUOR  
CONTROL COMMISSION

State of ~~Nebraska~~ Illinois  
County of Cook

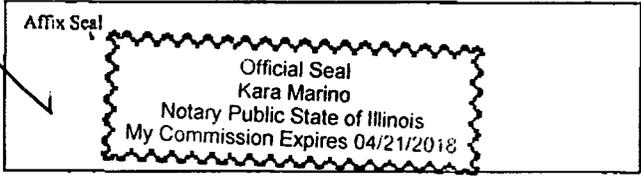
The foregoing instrument was acknowledged before me this

December 2, 2014  
Date

by Jasin Alfaro  
name of person acknowledged signing document

*OK*

[Signature]  
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](http://www.lcc.ne.gov)

Office Use

RECEIVED  
DEC 17 2014  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**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

**Corporate/LLC Information:**

Name of Corporation/LLC: RAAJ Lincoln Lessee, LLC

**Premises Information:**

Liquor License Number: \_\_\_\_\_ Class Type C and K  
(if new application leave blank)

Premise Trade Name/DBA: Holiday Inn

Premise Street Address: 141 North 9th Street

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: (402) 475-4011

Email address: terwilliger@vestahospitality.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)

signed, BC, voter reg, prints on file 8-28-14

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

Last Name: Terwilliger First Name: Troy MI: J

Home Address (include PO Box if applicable): 2800 Woods Blvd. #405

City: Lincoln County: Lancaster Zip Code: 68502

Home Phone Number: (402) 416-3140 Business Phone Number: (402) 475-4012

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

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

Email address: tterwilliger@vestahospitality.com

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

YES  NO

*Not Married*

**Spouse's information**

Spouses Last Name: N/A 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	1997	2014			

RECEIVED

DEC 17 2014

NEBRASKA LIQUOR CONTROL COMMISSION

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2004	Current	Holiday Inn Lincoln	Mark Hemmer	(360) 448-0998
1997	2004	Cornhusker Hotel	Wil Leicy	(402) 474-7474

**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 17 2014

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
Troy J. Terwilliger	05/2013	Lincoln, NE	Speeding	Fine
Troy J. Terwilliger	09/2008	Lincoln, NE	Speeding	Fine
Troy J. Terwilliger	01/2008	Grand Island, NE	Speeding	Fine
Troy J. Terwilliger	06/2008	Tecumseh, NE	Forgot to pay prior ticket	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):

*Holiday Inn Lincoln Downtown (current licensee)*

**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: 2/2011 Name on Certificate: Troy Terwilliger

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Troy J. Terwilliger	02/2011	T.I.P.S.
Troy J. Terwilliger	09/2014	Hospitality Insider Training and Lincoln Server/Seller Permit

\*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:
Troy J. Terwilliger, Manager	10/1997	Cornhusker Hotel, Lincoln, NE
Troy J. Terwilliger, Manager	08/2004	Holiday Inn Downtown, Lincoln, NE

RECEIVED

DEC 17 2014

NEBRASKA LIQUOR CONTROL COMMISSION

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 8-28-14*

DEC 17 2014

NEBRASKA LIQUOR CONTROL COMMISSION

PERSONAL OATH AND CONSENT OF INVESTIGATION

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.

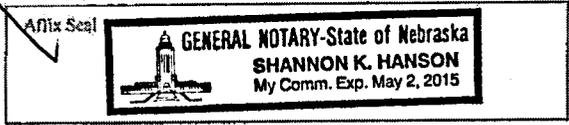
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Signature of Manager Applicant [Handwritten Signature] Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska County of Lancaster The foregoing instrument was acknowledged before me this 2nd day of December, 2014 by Troy J. Terwilliger

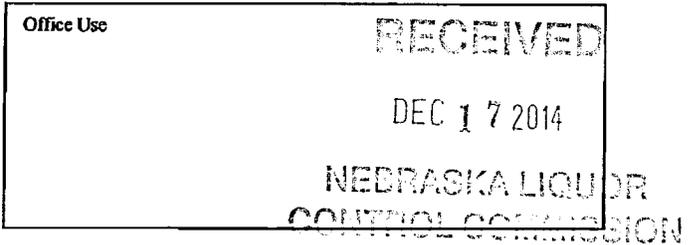
[Handwritten Signature] Notary Public signature



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.

**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](http://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: National Corporate Research Ltd.

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

RAAJ Lincoln Lessee, LLC

LLC Address: 141 North 9th Street

City: Lincoln State: Nebraska Zip Code: 68508

LLC Phone Number: (312) 267-4185 LLC Fax Number (312) 275-1070

Name of Managing/Contact Member

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

Last Name: Alfaro First Name: Jasin MI: E

Home Address: 2520 North Fairfield City: Chicago

State: Illinois Zip Code: 60647 Home Phone Number: (773) 666-5367

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of ~~Nebraska~~ Illinois  
County of Cook

December 2, 2014  
Date

Angela M. Hoffmann

The foregoing instrument was acknowledged before me this

by Jasin Alfaro

name of person acknowledge



prints on file 9-16-14

OK

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

Last Name: Ruby Atlantic Program TRS, LLC 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 100%

*controlling corporation*

RECEIVED  
DEC 17 2014

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Alfaro First Name: jasin MI: E

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

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

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

Percentage of member ownership 0% (Officer of Applicant)

*signed BC prints or file 9-16-14 \* spousal*

Last Name: Weprin First Name: Benjamin MI: J

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

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

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

Percentage of member ownership 0% (Officer of Applicant)

Last Name: Weprin First Name: Andrew MI: J

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

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

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

Percentage of member ownership 0% (Officer of Applicant)

Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation Ruby Atlantic ~~Program TRS, LLC~~ <sup>Ruby Atlantic AJCP Program TRS, LLC</sup>
- 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

*ok w/ SOS*

*see attached diagram for officers and NSOS paperwork*

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 #. \_\_\_\_\_

RECEIVED

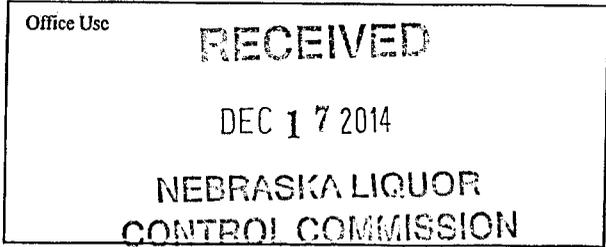
DEC 17 2014

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.

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

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)



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Nicole Dalesandro  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Nicole Dalesandro  
Printed name of spouse asking for waiver

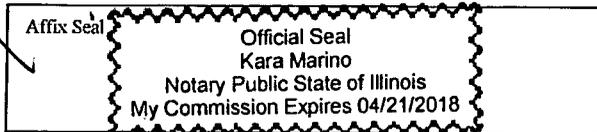
State of Illinois

County of COOK

August 26, 2014  
date

Kara Marino  
Notary Public signature

The foregoing instrument was acknowledged before me this  
by Nicole Dalesandro  
name of person acknowledged



*OK*

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]  
Signature of individual involved with application  
(Spouse of individual listed above)

Jasin Alfaro  
Printed name of applying individual

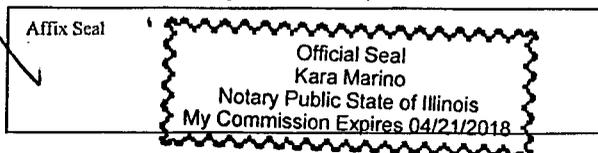
State of Illinois

County of COOK

August 26, 2014  
date

Kara Marino  
Notary Public signature

The foregoing instrument was acknowledged before me this  
by Jasin Alfaro  
name of person acknowledged



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.