

March 17, 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 Fat Ferg's BBQ Barn, LLC, DBA Fat Ferg's BBQ Barn, 736 West Cornhusker Highway, requesting a class I-111591 liquor license.

This is the previous location of Top Hat, which held a class C liquor license.

Jeffrey Vergith, president of Fat Ferg's BBQ Barn, LLC, has requested that he be approved as the manager of the liquor license.

Mr. Vergith completed the required management training on 2-12-15.

Mr. Vergith's criminal and traffic history is as follows:

DRIVING UNDER THE INFLUENCE, 1ST OFFENSE (Lancaster Co/LPD)
Disposition: 6-9-2006, Found Guilty, 9 Months Probation/\$400 Fine

VIOLATE SPEED LIMIT 11-15 MPH MUNICIPAL (Lancaster Co/LPD)
Disposition: 8-24-1998, Found Guilty, \$75.00

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 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

*criminal reported on
application to Mary
Messman 3-10-15*

RECEIVED

*3-10-15 entered into
database*

MAR 2 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

*Ag, FM, Enf, local
reports
sent*

Hot List: YES / (NO)	New/Replacing # <u>068889</u> ✓
Class Type <u>I</u>	111591
Initial <u>jm</u>	

Applicant name Jeffrey S. Vergith

Trade name Fat Ferg's BBQ Barn, LLC

Previous trade name NA

Contact email address fatferg@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.

*✓ Please make
effective on
or after 5-1-15.
Thanks!*

RECEIPT

DATE <u>3-2-15</u>	No. <u>168299</u>
FROM <u>Jeff S Vergith - Barbecue Htt</u>	
FOR <u>New App - Fat Ferg's</u>	
	<input type="checkbox"/> CASH
	<input checked="" type="checkbox"/> CHECK # <u>1035</u>
	<input type="checkbox"/> MONEY# _____
ORDER \$ <u>400</u>	
Received by <u>Jackie B Matulka</u>	

Office use only

PAYMENT TYPE CK 1035

AMOUNT: 400

Received: jm


 1500004515

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REQUIRED ATTACHMENTS

NEBRASKA LIQUOR CONTROL COMMISSION

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

- 1. Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application. *402 479 4971*
- 2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.
- 3. Enclose the appropriate application forms;
 - Individual License (requires insert form 1)
 - Partnership License (requires insert form 2)
 - Corporate License (requires insert form 3a & 3c)
 - Limited Liability Company (LLC) (requires form 3b & 3c)
- ④ If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for.
- 5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of in name of 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 ^{N/A} Enclose a list of any inventory or property owned by other parties that are on the premise.
- 9. For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
 - a. For residency enclose proof of registered voter in Nebraska
 - b. 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.
- 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 *Jerry V. Smith*

Date 3-2-15

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RETAIL**

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PO BOX 95046
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**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S) Application Fee \$400 (non refundable)

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

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

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

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

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

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

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

Name _____ Phone number: _____

Firm Name _____

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PREMISE INFORMATION

NEBRASKA LIQUOR CONTROL COMMISSION

Trade Name (doing business as) Fat Ferg's BBQ Barn

Street Address #1 736 W. Cornhusker Hwy.

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68521

Premise Telephone number _____

Business e-mail address fatferg@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 Jeff Vergith

Street Address #1 4910 NW 8th St. Lincoln, NE

Street Address #2 _____

City Lincoln State Nebraska Zip Code 68521

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

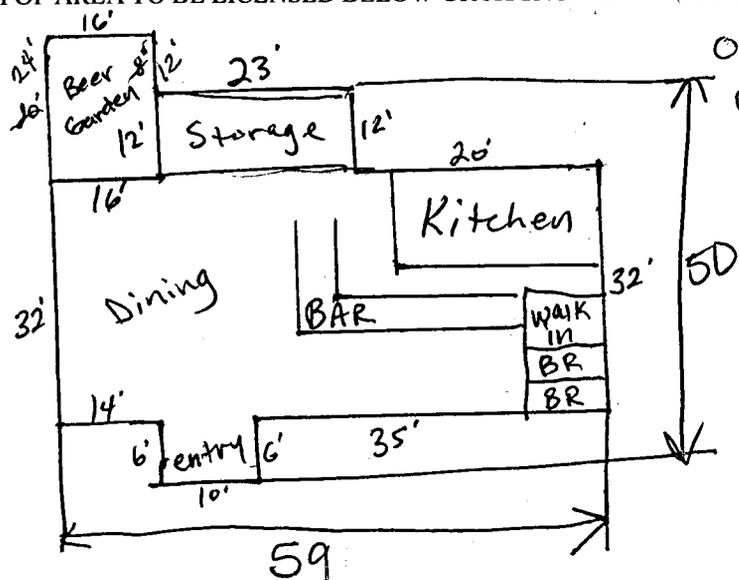
READ CAREFULLY

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 50 x width 59 in feet
Is there a basement? Yes No If yes, length _____ x width _____ in feet
Is there an outdoor area? Yes No If yes, length 150 x width 130 in feet

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



one story building
approx 50 x 59
including outdoor
area 16 x 24

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. 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. Include traffic violations. 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
Jeffrey S. Vergith	06/2006	Lincoln, NE	DUI	9 month Probation 60 Days Loss of License \$400 Fine (Probation release on 12/2006)

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

YES NO

If yes, give name of business and liquor license number

Top Hat

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 - no

c) Submit a list of the furniture, fixtures and equipment - assets

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

YES NO

If yes, give name and license number

Top Hat

068889

4. Are you filing a temporary operating permit (TOP) 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, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) _____

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

YES NO

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

Carrie A. Vergith (Wife)

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No silent partners

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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

Jeffrey S. Vergith / Carrie A. Vergith

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

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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:

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- 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

NEBRASKA LIQUOR CONTROL COMMISSION

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Jeffrey S. Vergith	1-2015	RBST Nebraska
Jeffrey S. Vergith	2-2015	scheduled for training on 2-12-2015 / completed

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

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 Expires Jan 1, 2099

Deed

Purchase Agreement

14. When do you intend to open for business? April or May

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

16. What are the anticipated hours of operation? 11 to 9 or 10 pm. possibly later on weekends

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

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Jeff - Lincoln, NE 4910 NW 8th	1995	2015	Carrie - Lincoln, NE 4910 NW 8th	1995	2015

If necessary attach a separate sheet.

Form 100

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 <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>

Jeffrey Vergith
Signature of Applicant

Print Name

Signature of Spouse

Print Name

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NEBRASKA LIQUOR CONTROL COMMISSION

Signature of Spouse

Print Name

Carrie A Vergith
Signature of Applicant

Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of *Darkester*

The foregoing instrument was acknowledged before me this *OK*

2nd day of *March*, 2015
date

by *Jeffrey S Vergith + Carrie A Vergith*
name of person(S) acknowledged (individual(s) signing)

Jill L Nelson
Notary Public signature

GENERAL NOTARY - State of Nebraska
JILL L. NELSON
My Comm. Exp. March 6, 2018

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.

**SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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 DATE RECEIVED MAR 2 2015 NEBRASKA LIQUOR CONTROL COMMISSION Office Use Only	
Class: <u>I</u>	License #: _____

Applicant Name: Fat Ferg's BBQ Barn, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: Fat Ferg's BBQ Barn
(Doing Business As)

(402) 450-6717
Phone Number

fatferg@gmail.com
Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
Fingerprint cards should be submitted with the application.
- Fee payment of \$38 per person must be made directly to the NSP;
You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
or checks made payable to NSP should be mailed directly to the following address:
 - The Nebraska State Patrol – CID Division
 - 3800 NW 12th Street
 - Lincoln, NE 68521
- DO NOT send fee payments to the NLCC, fees MUST be paid directly to NSP;
Include a list of names covered by your payment to insure proper application of payment.
- This completed form MUST be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

**Please complete information on the following pages
for EACH person fingerprinted.**

Barcode

Name (Print): Jeffrey S. Vergith Title: Owner/mgr.
 Name (Print): Carrie A. Vergith Title: Spouse
 Location: 3800 NW 12th Lincoln, NE 68521 Date: 1-29-15
Where fingerprints were taken
 PayPort Receipt #: _____ \$ _____ Check Name & No.: Jeff Vergith #1028 \$ 76.00

Name (Print): _____ Title: _____
 Name (Print): _____ Title: Spouse
 Location: _____ Date: _____
Where fingerprints were taken
 PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

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 NEBRASKA LIQUOR
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Name (Print): _____ Title: _____
 Name (Print): _____ Title: Spouse
 Location: _____ Date: _____
Where fingerprints were taken
 PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

Name (Print): _____ Title: _____
 Name (Print): _____ Title: Spouse
 Location: _____ Date: _____
Where fingerprints were taken
 PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

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Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ Check Name & No.: _____ \$

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ Check Name & No.: _____ \$

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ Check Name & No.: _____ \$

I hereby certify that fingerprint cards and/or fees of \$38 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.
 Click [HERE](#) for information regarding criminal background checks.

Name (Print): Jeffrey S. Vergith Title: Owner/Mgr.

Signature:  Date: 3-2-15

**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

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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. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Fat Ferg's BBQ Barn LLLC

Premise information

Liquor License Number: _____ Class Type _____ (if new application leave blank)

Premise Trade Name/DBA: Fat Ferg's BBQ Barn

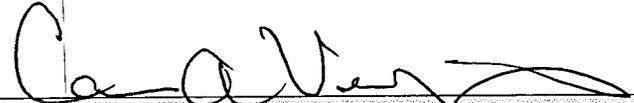
Premise Street Address: 736 W. Cornhusker Hwy

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: NA - cell 402 450 6717

Email address: fatferg@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



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

BC, voter reg, print form 147, signed

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Vergith First Name: Jeffrey MI: S.

Home Address (include PO Box if applicable): 4910 NW 8th St.

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: 402-435-1817 Business Phone Number: 402-450-6717

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Lincoln, NE

Email address: fatferg@gmail.com

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

YES

NO

BC, voter reg, signed, print form 147

Spouse's information

Spouses Last Name: Vergith First Name: Carrie MI: A.

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Bellevue, NE

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
4910 NW 8th St Lincoln, NE 68521	1995	2015	4910 NW 8th St Lincoln, NE 68521	1995	2015

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1994	2015	BNSF Railway	Stan Lehman	4026182611
1990	1994	State of NE	Kathy Taylor	

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

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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
Jeffrey S. Vergith	06/2006	Lincoln, NE	DUI	9 months Probation 60 Days Loss of License \$400 Fine (Probation release 12/2006)

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: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Jeffrey S. Vergith	1-2015	RBST Nebraska
Jeffrey S. Vergith	2-2015	RHC / completed 2-12-15

*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:

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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

print form 147 submitted

Corp Manager

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.

Jeffrey S Vergith

Signature of Manager Applicant

Carrie A Vergith

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

2nd day of March 2015
date

The foregoing instrument was acknowledged before me this

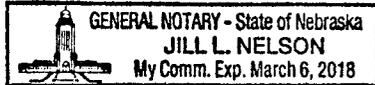
by Jeffrey S Vergith + Carrie A Vergith
name of person acknowledged

OK

Jill L Nelson

Notary Public signature

Affix Seal



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

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

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

Office Use

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NEBRASKA LIQUOR
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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. See Form 147 for further information, this form MUST be included with your application.
- 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 (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: ~~LegalZoom~~ Jeffrey S Vergith

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

Fat Ferg's BBQ Barn LLC

LLC Address: 736 W. Cornhusker Hwy

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: 402 450 6717 LLC Fax Number NA

Name of Managing/Contact Member

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

Last Name: Vergith First Name: Jeffrey MI: S.

Home Address: 4910 NW 8th St. City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 402-435-1817

Jeffery S Vergith

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

2nd day of March, 2015

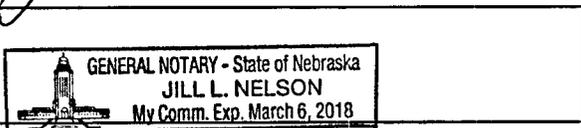
Date

Jill L Nelson

The foregoing instrument was acknowledged before me this

by Jeffrey S Vergith
name of person acknowledge

Affix Seal



ON

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

Last Name: Vergith First Name: Jeffrey MI: S.

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 90.50

*signed
BC
water reg
print 147*
↓

Last Name: Vergith First Name: Carrie MI: A.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Jeffrey S. Vergith

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 90.50

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 _____

RECEIVED

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 _____

MAR 2 2013
MI:
NEBRASKA LIQUOR
CONTROL COMMISSION

is the applying Limited Liability Company 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 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

MAR 2 2015

NEBRASKA LIQUOR
CONTROL COMMISSION