CITY OF LINCOLN NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

March 27, 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 Lincoln Falafel LLC, DBA Amsterdam Falafel & Kabob, 808 R Street, Suite 201, requesting a class I-111595 liquor license.

Bennett Amdor is requesting that he be approved as the manager of the liquor license. Mr. Amdor has not yet completed the required management training. He is scheduled to attend the training on April 9, 2015.

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

POSSESS OPEN ALCOHOL CONTAINER (Saunders Co/NE Game & Parks)
Disposition: 7-17-2009, Found Guilty, Fined $50

TRESPASS (Douglas Co/OPD)
Disposition: 7-28-2009, Found Guilty, Fined $50

SPEEDING 6-10 MPH (Cuming Co/NSP)
Disposition: 11-6-2009, Found Guilty, $25

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

RECEIVED
MAR 5 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

Applicant Name Lincoln Falafel, LLC OA

Trade Name Amsterdam Falafel & Kabob Previous Trade Name n/a New

E-Mail Address: nick@flagshiprestaurantgroup.com I- **111595**

JM

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. print form 147 3-19-15 entered into database

crim hist reported on application

REQUIRED ATTACHMENTS 3-19-15 Ag report sent
3-20-15 Enf

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 or law enforcement agency listed in the enclosed fingerprint brochure.

✓ 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.

n/a 5. If building is owned or being purchased send a copy of the deed or pu
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 rea

1500005442

CK 5058 - $400
Rct 168302

RECEIVED

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 planning to operate on current liquor license; enclose Temporary Operating Permit (T.O.P.)(form 125).

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

✓ 9. For citizenship, residency and voter registration requirements see enclosed brochure.

✓ 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]

Signature

2/28/15

Date

RECEIVED

MAR 5 2015

NEBRASKA LIQUOR CONTROL COMMISSION

RECEIPT

DATE 3-5-2015 No. 168302

FROM Kelly & Jerram PC LLO

FOR Lic. App. - Lincoln Flight, LLC

☐ CASH
☒ CHECK # 5058
☐ MONEY# ORDER

$ 400.00

Received by [signature]

FORM 100
REV 11/2010

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/

RECEIVED
MAR 5 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

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 SPIRTS, 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 Sean Kelley Phone number: 402-397-1898
Firm Name Kelley and Jerram PC LLO

Correct DBA per email Nikki 3-19-15

PREMISE INFORMATION

Trade Name (doing business as) Amsterdam Falafel & Kabob

Street Address #1 809 R Street, Suite 201

Street Address #2

City Lincoln County Lancaster #2 Zip Code 68508

Premise Telephone number TBD 402-

Is this location inside the city/village corporate limits: [x] YES (city) [ ] NO

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

Name Flagship Restaurant Group

Street Address #1 14450 Eagle Run Drive Suite 210

Street Address #2

City Omaha State NE Zip Code 68116

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

Length _____ feet
Width _____ feet

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

* see attached diagram

3-18-15 Per Nikki premise has "NO" basement.

RECEIVED
MAR 5 2015
NEBRASKA LIQUOR CONTROL COMMISSION

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Nick Hogan	3/2000	San Diego CA	DUI	
Bennett Amdor	7/2009	Omaha, NE	trespassing	
Bennett Amdor	7/2008	Omaha, NE	MIP	DIVERSION

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

☐ YES ☒ NO

RECEIVED
MAR 5 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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 (T.O.P.) (form 125)
b) T.O.P. 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)

No silent partners

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

☐ YES ☒ NO

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

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

☐ YES ☒ NO

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

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

☐ YES ☒ NO

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

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business
a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Five Points Bank a) Nick Hogan

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.

See Attached

RECEIVED

MAR 5 2015

NEBRASKA LIQUOR CONTROL COMMISSION

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

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Bennett Amdor	2/2015	ServSafe Omaha, 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.**

- [x] Lease: expiration date ~~March 1, 2025~~ March 15, 2015 Begins
- [ ] Deed
- [ ] Purchase Agreement

March 15, 2015 ends

per email from Sean in follow ups

RECEIVED
MAR 5 2015
NEBRASKA LIQUOR CONTROL COMMISSION

14. When do you intend to open for business? March 1, 2015

15. What will be the main nature of business? Food and Beverage Service

16. What are the anticipated hours of operation? Mon-thur 11am-10pm
Fri-Sat 11am-3am
Sunday 11am-9pm

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 Nick Hogan	YEAR FROM	TO	SPOUSE: CITY & STATE Brooke Hogan	YEAR FROM	TO
Omaha, NE	2000	2015	Omaha, NE	2000	2015

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 acknowledges 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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

Nick Hogan	*see spousal affidavit
Signature of Applicant	Signature of Spouse
Signature of Applicant	Signature of Spouse
Signature of Applicant	Signature of Spouse
Signature of Applicant	Signature of Spouse
Signature of Applicant	Signature of Spouse

RECEIVED
MAR 5 2015
NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

5th day of March 2015 (date) by Nick Hogan (name of person acknowledged)

Nancy S. Wynkoop
Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
NANCY S. WYNKOOP
My Comm. Exp. Sept. 20, 2013

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.

FORM 100
REV 11/2010

SUBMISSSION 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 5 2015
NEBRASKA LIQUOR CONTROL COMMISSION

Office Use Only
Class: I License #:

Applicant Name: Lincoln Falafel, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: Amsterdam Falafel
(Doing Business As)

(402)498-9660 nick@flagshiprestaurantgroup.com
Phone Number 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): _____ 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.: _____ $ _____

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.: _____ $ _____

RECEIVED

MAR 19 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

Name (Print): Bennett Amdor Title: manager

Name (Print): Title: Spouse

Location: Nebraska State Patrol Date 2/20/15
Where fingerprints were taken

PayPort Receipt #: $ Check Name & No.: Kelley and Jerram #5057 $28.15

Name (Print): Nick Hogan Title: contact member

Name (Print): Title: Spouse

Location: NSP 4411 S 108 St, Omaha, NE Date
Where fingerprints were taken

PayPort Receipt #: $ Check Name & No.: 5074 Kelley & Jerram $28.75

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): Bennett Amdor Title: manager

Signature: Date: 2-13-15

Name: Nick Hogan

Signature:

Form 147
Revised on November 18, 2014
Page 3 of 3

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

RECEIVED
Office Use
MAR 5 2015
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. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

Name of Corporation/LLC: Lincoln Falafel, LLC

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

Premise Trade Name/DBA: Amsterdam Falafel & Kabob

Premise Street Address: 809 R St, Suite 201

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: TBD 402-

Email address: nick@flagshiprestaurantgroup.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. - passport, print form 147

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

Last Name: Amdor First Name: Bennett MI: J

Home Address (include PO Box if applicable): 706 N 50th St, Apt #10

City: Omaha County: Douglas Zip Code: 68132

Home Phone Number: (402) 981-3849 Business Phone Number: (402) 504-3223

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

Date Of Birth: _____ Place Of Birth: Omaha, Nebraska

Email address: BAmdor89@gmail.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: _____ 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
Bennett Amdor					
Omaha, Nebraska	2005	2015			

RECEIVED

MAR 5 2015

NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2015	Amsterdam Falafel & Kabob	Phil Anania	(402)504-3223
2013	2015	French Bulldog	Anne Cavanaugh	(402)505-4633

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**
   Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Bennett Amdor	approx 7/2009	Omaha, NE	trespassing	
	approx 7/2008	Omaha, NE	MIP	Diversion

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: 2/2015 Name on Certificate: Bennett Amdor

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Bennett Amdor	2/2015	ServSafe

*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:
Cashier / cook	2005	Burger King
Shift Supervisor	2005	Cinema Center
Prep Cook / Line Cook	2006-9	La Casa Pizzeria
Server / temp worker	2009-10	Command Center Omaha
Server / deli worker	2010-11	Wheat Feilds Bakery
Server's Assistent	2011	Boilerroom Restaurant
Manager	2010-Present	Amsterdam Falafel & Kabob

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES ☐ NO

enclosed

RECEIVED
MAR 5 2015
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

Signature of Spouse

RECEIVED

MAR 5 2015

NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this February 13, 2015 (date) by Bennett Amdor (name of person acknowledged)

Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
NICOLE R. CONNER
My Comm. Exp. Sept. 18, 2017

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.

RECEIVED

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

Office Use
MAR 5 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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

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

1) **All members spoose(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 sponsal affidavit has been submitted)**

Attach copy of Articles of Organization (must show electronic stamp or barcode receipt by Secretary of State's office)

Name of Registered Agent: Stephanie A. Mattoon

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

Lincoln Falafel, LLC

LLC Address: 14450 Eagle Run Drive, Suite 210

City: Omaha State: NE Zip Code: 68116

LLC Phone Number: 402-498-9660 LLC Fax Number n/a

Name of Managing/Contact Member
Name and information of other members must be listed on following page

Last Name: Hogan First Name: Nicholas MI: T

Home Address: 912 S 12th Ct City: Omaha

State: NE Zip Code: 68108 Home Phone Number: 402-212-4248

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this 5th day of March 2015 by Nick Hogan

Date name of person acknowledge

Nancy S. Wynkoop

Affix Seal

GENERAL NOTARY - State of Nebraska
NANCY S. WYNKOOP
My Comm. Exp. Sept. 26, 2015

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

Last Name: Hogan First Name: Nicholas MI: T

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 0%

Last Name: Cavanaugh First Name: Anne MI: C

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 12.5%

Last Name: Anania First Name: Felice MI: A

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 12.5%

Last Name: Flagship, LLC First Name: MI:

Social Security Number: Date of Birth:

1

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 75%

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 #._____

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.

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

Office Use

1

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

75% owner

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: Stephanie A. Mattoon

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

Flagship, LLC

LLC Address: 14450 Eagle Run Dr., Suite 210

City: Omaha State: NE Zip Code: 68164

LLC Phone Number: 402-498-9660 LLC Fax Number N/A

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Hogan First Name: Nicholas MI: T

Home Address: 912 S 12th St City: Omaha

State: NE Zip Code: 68108 Home Phone Number: 402-212-4248

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of _____ **The foregoing instrument was acknowledged before me this**

_____ **by** _____
Date **(name of person acknowledge**

Affix Seal

not required

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

Last Name: Hogan First Name: Nicholas MI: T

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 31.4%

Last Name: Allisma First Name: Tomas MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 27.4%

Last Name: Buder First Name: Tom MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 17.5%

Last Name: Hitchcock First Name: Anthony MI: D

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 10%

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

Last Name: Hogan First Name: Karen MI:

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 3.5%

Last Name: Hogan First Name: Joe MI:

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 3.5%

Last Name: Hogan First Name: Adam MI:

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 2.5%

Last Name: Progressive Enterprises First Name: 1.0% MI:

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Corporate 0.50% Date of Birth:

Percentage of member ownership

Print Form

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

Office Use

RECEIVED
MAR 5 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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.

Brooke Hogan
Signature of spouse asking for waiver
(Spouse of individual listed below)

Brooke Hogan
Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

5th Day of March 2015 by Brooke Hogan
date name of person acknowledged

Nancy S. Wynkoop
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
NANCY S. WYNKOOP
My Comm. Exp. Sept. 26, 2015

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.

Nick Hogan
Signature of individual involved with application
(Spouse of individual listed above)

Nick Hogan
Printed name of applying individual

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

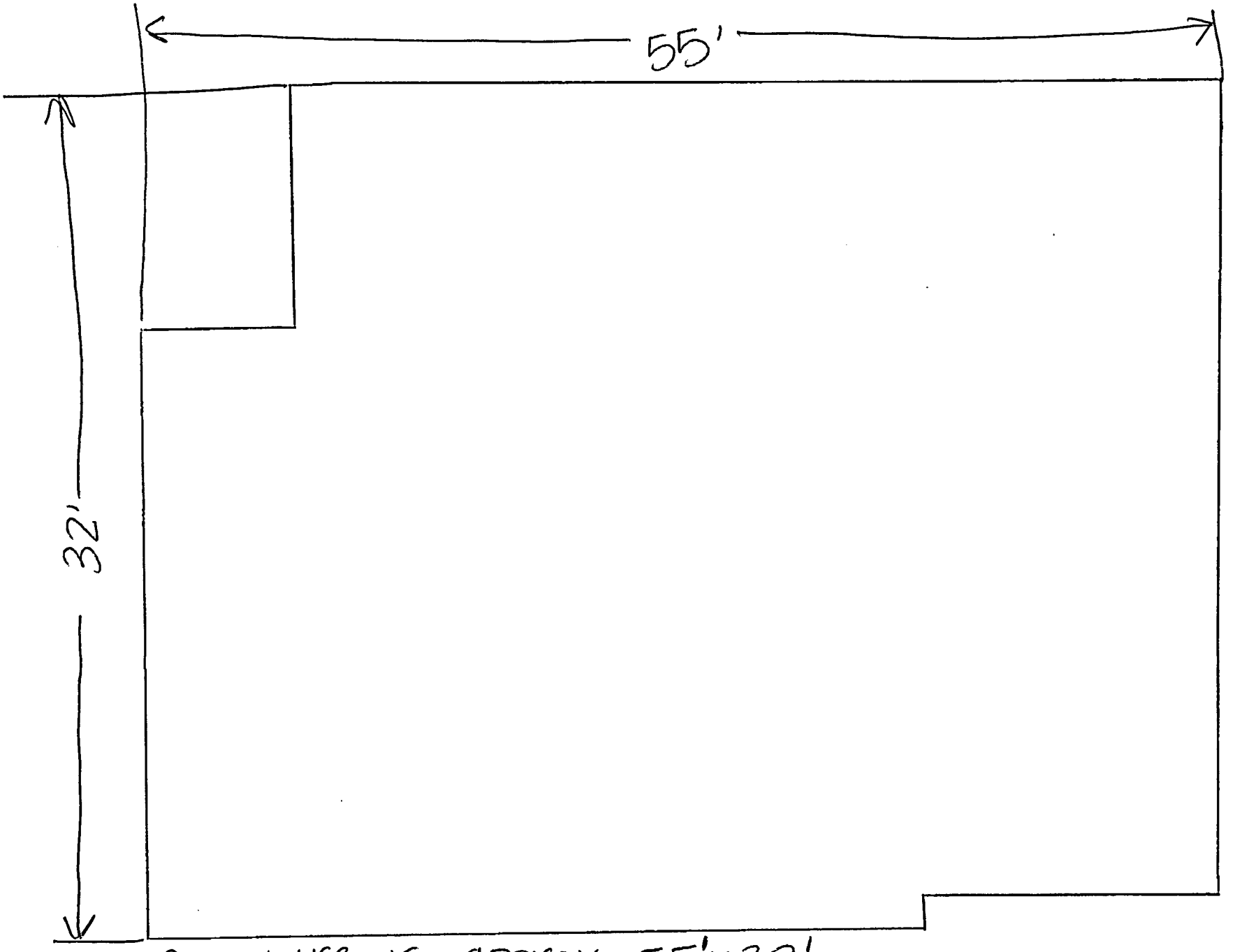
5th day of March 2015 by Nick Hogan
date name of person acknowledged

Nancy S. Wynkoop
Notary Public signature

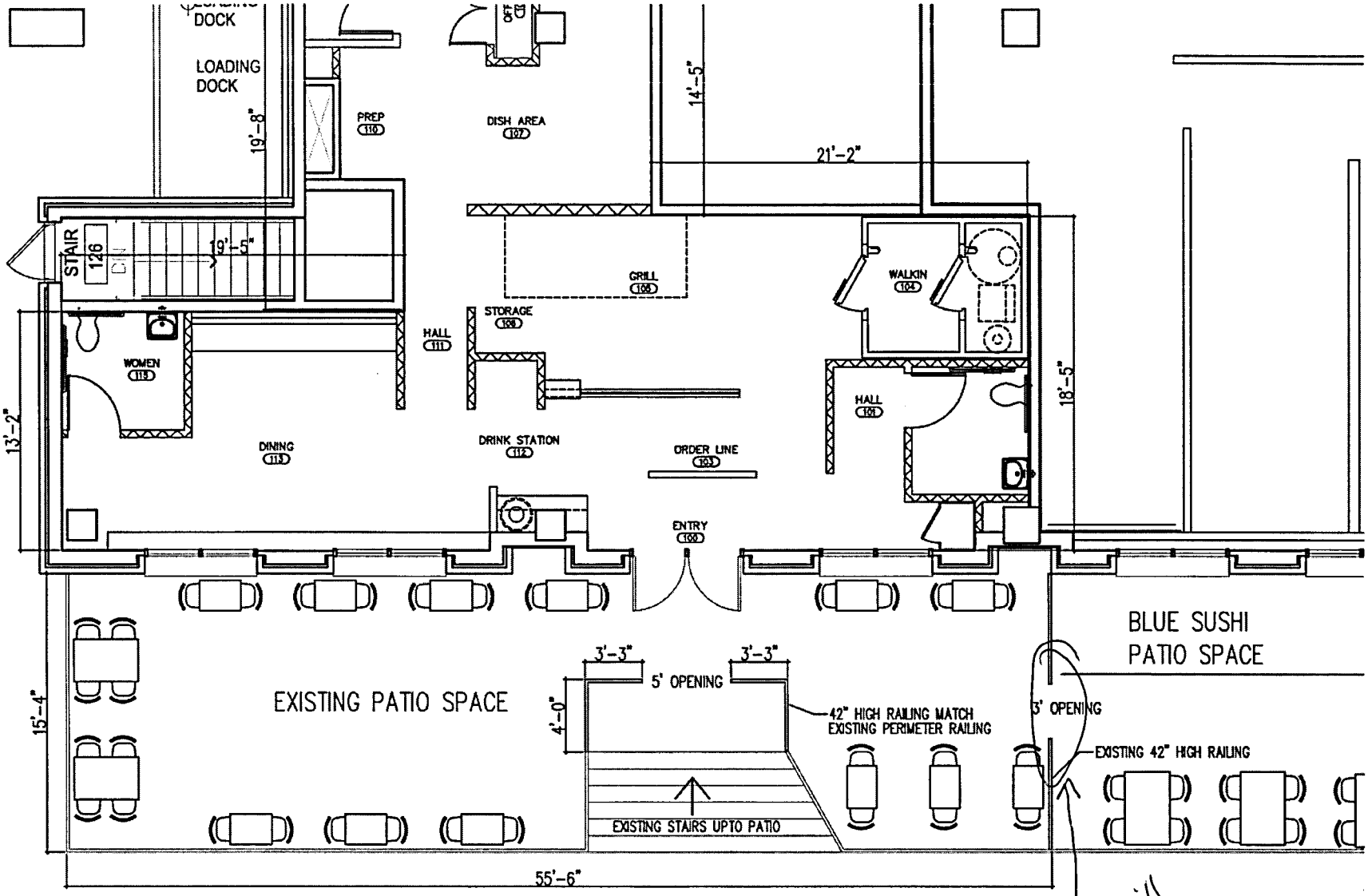
Affix Seal
GENERAL NOTARY - State of Nebraska
NANCY S. WYNKOOP
My Comm. Exp. Sept. 26, 2015

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.

FORM 35-4178
Revised 1/2008



Structure is approx 55'x32'
6 story building with basement, making it 7 stories



1 A1.1 **Floor Plan**
SCALE: 1/8" = 1'-0"

Applicant is say this opening will now be a solid wall per email from Nikki

RECEIVED
MAR 5 2015
NEBRASKA LIQUOR CONTROL COMMISSION

No basement