

August 21, 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 Midwest BBQ Ventures Lincoln, LLC, DBA Famous Dave's, 2750 Pine Lake Road, requesting a class IK-114734 liquor license.

Midwest BBQ Ventures Lincoln, LLC has purchased Famous Dave's from Famous Dave's Ribs-U, Inc., which held a class IK liquor license at this location.

Kelly Yakopec has requested that she be approved as the manager of the liquor license. Ms. Yakopec has not yet completed the required management training. She is scheduled to attend the training on September 10, 2015.

Ms. Yakopec's criminal and driver history is as follows:

SPEEDING 16-20 MPH OVER, infraction (Douglas Co/OPD)
Disposition: 11-29-2011, Fined \$125

SPEEDING 11-15 MPH OVER INTERSTATE, infraction (Douglas Co/NSP)
Disposition: 6-29-2009, fined \$75

VIOLATE STOP OR YIELD SIGN, infraction (Douglas Co/Douglas County Sheriff)
Disposition: 9-23-2008, fined \$75

DRIVING UNDER THE INFLUENCE 1ST OFFENSE (Douglas Co/OPD)
Disposition: 11-2003, fined \$500/60 days license suspension

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

<p><i>TOP Approved</i></p> <p>RECEIVED</p> <p>AUG 14 2015</p> <p>NEBRASKA LIQUOR CONTROL COMMISSION</p>		
<p>QA</p>	<p>replacing # <i>CA5923</i></p>	
<p>Class Type LK</p>	<p>Lic 114734</p>	<p>Initial BH</p>

Applicant name Midwest BBQ Ventures Lincoln, LLC

Trade name Famous Dave's

Previous trade name Famous Dave's

Contact email address davejones@famousdavesmo.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.

REQUIRED ATTACHMENTS

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

N/A fingerprint cards on file
 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 Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission

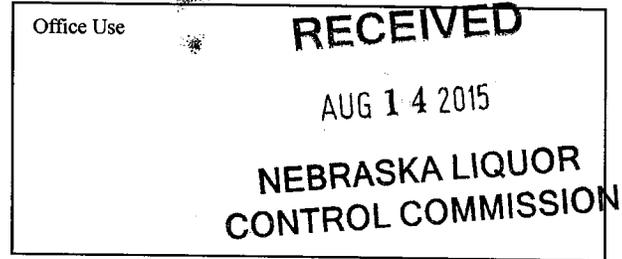
Office use only	
PAYMENT TYPE	<u>CK-3317-3316</u>
AMOUNT:	<u>\$100 - \$400</u>
RECEIPT #	_____
Received:	<u>RS</u>

 1500018733
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PAGE 1

APPLICATION FOR TEMPORARY OPERATING PERMIT (TOP)

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



- Application for a temporary operation permit (TOP) must be included with the application for liquor license. TOP will not be considered without the completed application for a liquor license.**
- Enclose documentation showing sale of business; document may be in the form of a purchase agreement/contract, management agreement or promissory note. Sale of business document must include the following: name of business being sold, purchase date or closing date within 2-3 weeks of requesting TOP and must be signed by the seller and buyer.**
- TOP's are valid for 90 days from date of issuance and cannot be extended past the expiration date (no exceptions).**
- Seller's liquor license will terminate upon issuance of the TOP.**
- If the seller's liquor license is up for renewal during the TOP it will not be necessary for the seller to renew.**

NAME OF CURRENT LICENSEE (SELLER):

Famous Dave's Ribs-U, Inc.

SELLER'S LICENSE #:

045923

On (date) 8.5.2015 seller and buyer entered into a contract for sale of the

business known as (TRADE NAME):

Famous Dave's

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesalers under section §53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

BARCODE
for office use only

[Signature]
Signature of **SELLER**

John Beckman

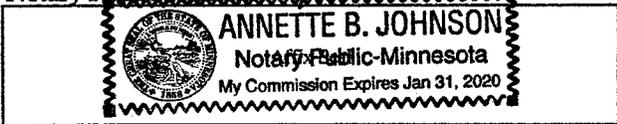
Print Name

Minnesota
State of ~~Nebraska~~, County of Hennepin

The foregoing instrument was acknowledged before me
this 8.12.15 (date)

by John Beckman
Name(s) of Person(s) Acknowledged [individual(s) signing document]

[Signature]
Notary Public signature



Signature of **BUYER**

David Jones

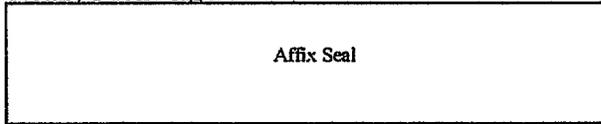
Print Name

State of Nebraska, County of _____

The foregoing instrument was acknowledged before me
this _____ (date)

by _____
Name(s) of Person(s) Acknowledged [individual(s) signing document]

Notary Public signature



ADMINISTRATIVE REVIEW – Office use only

Date: 8-18-15 Rep: BH – Lic. Class: IK – Lic. # 114734

Approved mm Denied _____

Reason for Denial: _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

Signature of **SELLER**

John Beckman

Print Name

Minnesota
State of ~~Nebraska~~, County of Hennepin

The foregoing instrument was acknowledged before me
this _____ (date)

by _____
Name(s) of Person(s) Acknowledged [individual(s) signing document]

Notary Public signature

Affix Seal



Signature of **BUYER**

David Jones

Print Name

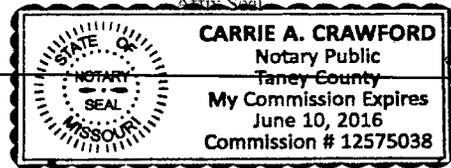
Missouri
State of ~~Nebraska~~, County of Taney

The foregoing instrument was acknowledged before me
this 7-23-15 (date)

by David Jones
Name(s) of Person(s) Acknowledged [individual(s) signing document]

Notary Public signature

Affix Seal



ADMINISTRATIVE REVIEW – Office use only

Date: _____

Rep: _____ - Lic. Class: _____ - Lic. # _____

Approved _____

Denied _____

Reason for Denial: _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

- X 3) Enclose the appropriate application forms:
Individual license (requires insert form 1- form number 104)
Partnership license (requires insert form 2- form number 105)
Corporate license (requires insert form 3a & 3c- form number 101 and 103)
Limited liability company (LLC) (requires form ~~3b~~ & ~~3c~~ form number 102 and 103)

X 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).

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

- X 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).

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

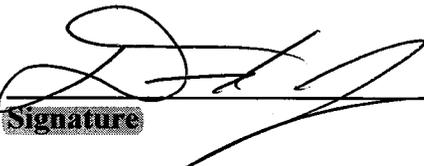
N/A 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

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

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

X 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

23 July 2015

Date

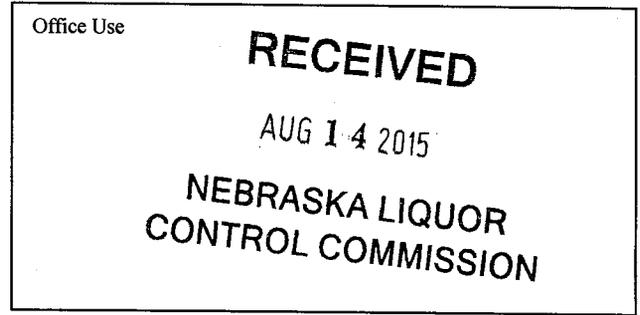
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NEBRASKA LIQUOR
CONTROL COMMISSION

**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.nebraska.gov



Include application fee of \$100 check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport

- **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**

Office use on: PAYMENT TYPE _____ AMOUNT: _____ RECEIVED: _____ RECEIPT# _____	BARCODE LABEL
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LIQUOR LICENSE # _____ CLASS TYPE I & K
LICENSEE NAME Midwest BBQ Ventures Lincoln, LLC
TRADE NAME Famous Dave's
PREMISE ADDRESS 2750 Pine Lake Road
CITY Lincoln NE 68516
CONTACT PERSON Dave Jones
PHONE NUMBER OF CONTACT PERSON 417-699-1334
EMAIL ADDRESS OF CONTACT PERSON davejones@famouslydavesmo.com

[Signature]
Signature of Licensee

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NEBRASKA LIQUOR
CONTROL COMMISSION

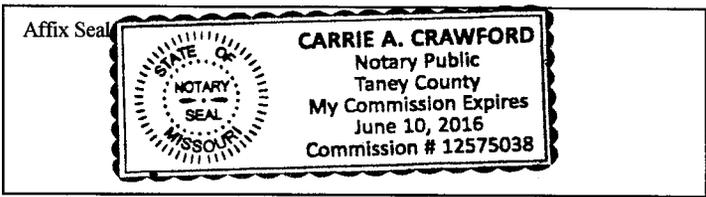
State of ~~Nebraska~~ Missouri
County of Taney

The foregoing instrument was acknowledged before me this

7-23-15
Date

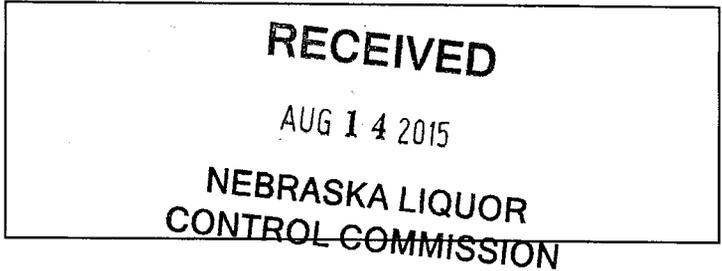
by David Jones
name of person acknowledged signing document

[Signature]
Notary Public Signature



**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 Annette Johnson Phone number: 612-220-8235
Firm Name annette@ajlicensing.com

PREMISE INFORMATION

Trade Name (doing business as) Famous Dave's

Street Address #1 2750 Pine Lake Road

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68516

Premise Telephone number 402-421-3434

Business e-mail address Lincoln@famousdavesmo.com

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

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

Name David Jones

Street Address #1 185 Old Meadow Lane

Street Address #2 _____

City Branson State MO Zip Code 65616

**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 98 x width 60 in feet

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

Is there an outdoor area? Yes X No ___ If yes, length 60 x width 11 in feet
and 45 x 19

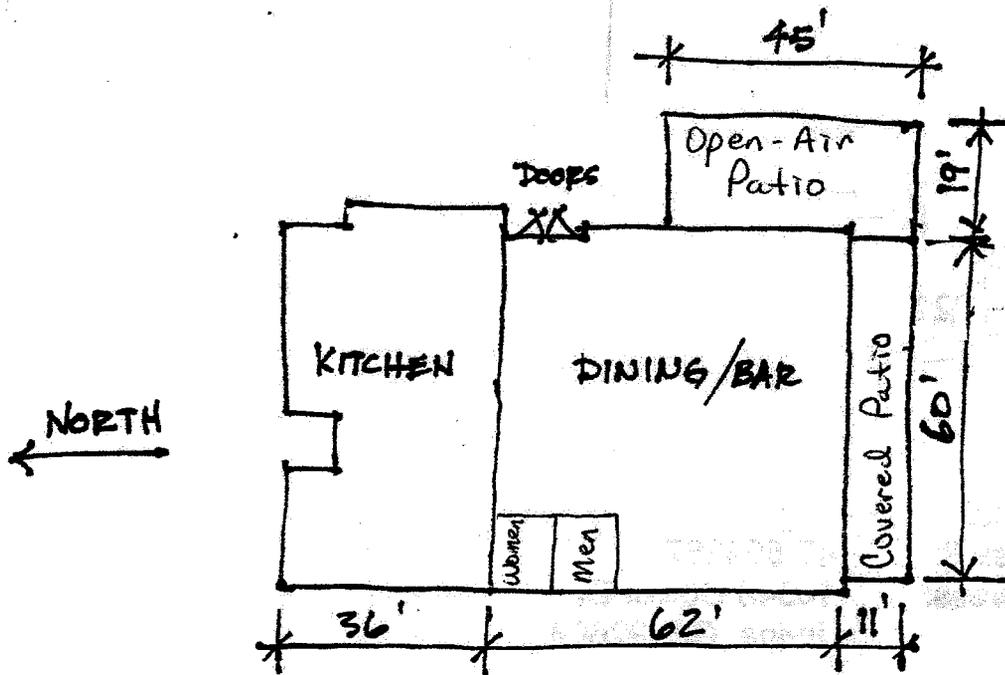
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Famous Dave's
2750 Pine Lake Road
Lincoln NE 68516



LEGAL DESCRIPTION OF PREMISES TO BE LICENSED

Lot 2, Block 1, South Pointe Pavilions, 1st Addition,
Lincoln, NE

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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
N/A				

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NEBRASKA LIQUOR CONTROL COMMISSION

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

YES NO

If yes, give name of business and liquor license number

Famous Dave's #045923

- 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

Famous Dave's #045923

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) First Bank 11901 Olive Blvd St. Louis MO 63141

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)

N/A

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. N/A

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.

First Bank 11901 Olive Blvd St. Louis MO 63141 David Jones & Joseph Gira

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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

+Liquor licenses held by David Jones
& Joseph Gira

David Jones only:

1. Famous Dave's
4000 Branson Airport Blvd
Hollister MO 65672
2. Famous Dave's
1201 Branson Landing Blvd
Branson MO 65616

David Jones & Joseph Gira:

3. Famous Dave's
17700 E 39th Street South
Independence MO 64055
4. Famous Dave's
4406 S Campbell Ave
Springfield MO 65810
5. Famous Dave's
2015 Pratt Ave
Bellevue NE 68123
6. Famous Dave's
12020 Anne Street
Omaha NE 68137
7. Famous Dave's
1320 Village West Parkway
Kansas City KS 66111

Closed location:

8. Famous Dave's
11741 Metcalf Ave
Overland Park KS 66210

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**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

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
David Jones	07/2015	Responsible Beverage Service Training

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
David Jones: Restaurant Operator & Owner	since 11/99	Famous Dave's various locations in IA, MO, NE

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- Lease: expiration date 9.1.2025
- Deed
- Purchase Agreement

14. When do you intend to open for business? upon approval of Temporary License
15. What will be the main nature of business? Restaurant
16. What are the anticipated hours of operation? Sun-Thur 11am - 10pm Fri & Sat 11am - 11pm
17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
David Jones: Branson MO	3/06	Pres	Ivy Jones : Branson MO	3/06	Pres
David Jones : Gretna NE	10/02	3/06	Ivy Jones: Gretna NE	10/02	3/06
Joseph Gira: St. Louis MO	2011	Pres	Mary Koly: St. Louis MO	2011	Pres
Joseph Gira: St. Louis MO	1999	2011	Mary Koly: St. Louis MO	1999	2011

If necessary attach a separate sheet.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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

David Jones
Print Name

Signature

Joseph Gira
Print Name

N/A
Signature of Spouse

Print Name

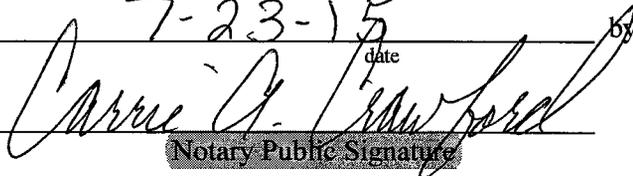
N/A
Signature of Spouse

Print Name

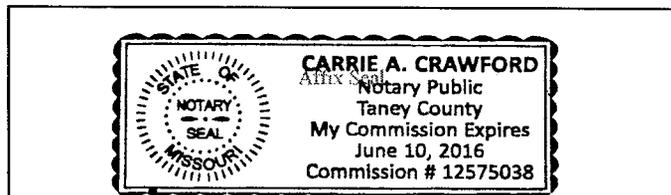
ACKNOWLEDGEMENT

State of ~~Nebraska~~ ^{Missouri}
County of Taney

The foregoing instrument was acknowledged before me this

7-23-15
date

Notary Public Signature

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



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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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.

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

David Jones

Print Name

Joseph Gira

Signature

Joseph Gira

Print Name

N/A

Signature of Spouse

Print Name

N/A

Signature of Spouse

Print Name

ACKNOWLEDGEMENT

State of ~~Nebraska~~ ^{Missouri}
County of St Louis

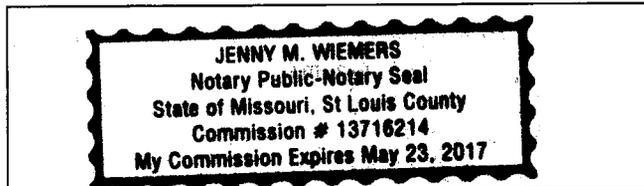
The foregoing instrument was acknowledged before me this

07-23-2015 by _____
date

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

Jenny M. Wiemers

Notary Public Signature



RECEIVED

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

**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

Office Use
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AUG 14 2015

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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: Kelly Yakopec

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

Midwest BBQ Ventures Lincoln LLC

LLC Address: 185 Old Meadow Lane

City: Branson State: MO Zip Code: 65616

LLC Phone Number: 417-699-1334 LLC Fax Number: _____

Name of Managing/Contact Member

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

Last Name: Jones First Name: David MI: J

Home Address: 185 Old Meadow Lane City: Branson

State: MO Zip Code: 65161 Home Phone Number: 417-699-1334

[Handwritten Signature]
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Missouri
County of Taney
Date 7-23-15

The foregoing instrument was acknowledged before me this

by David J. Jones
name of person acknowledge

[Handwritten Signature]
Carrie A. Crawford

Affix Seal

CARRIE A. CRAWFORD
Notary Public
Taney County
My Commission Expires
June 10, 2016
Commission # 12575038

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 #. _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

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

Last Name: Jones First Name: David MI: J

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

*prints
on
file-
2-10-15*

Last Name: Mary E Gira Revocable Trust 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 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 _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

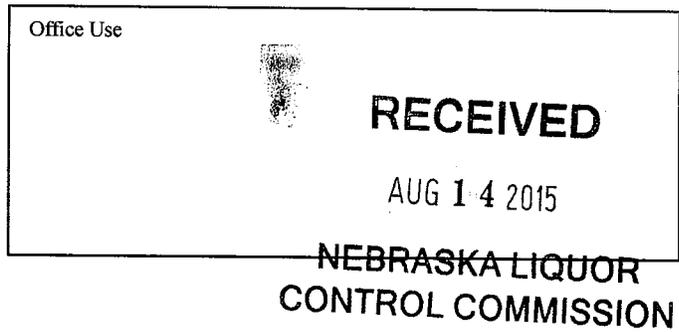
Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

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PO BOX 95046
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PHONE: (402) 471-2571
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Name and information of contact member must be listed on following page

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Home Address: 185 Old Meadow Lane City: Branson

State: MO Zip Code: 65161 Home Phone Number: 417-699-1334



Signature of Managing/Contact Member

ACKNOWLEDGEMENT

Missouri
State of ~~Nebraska~~

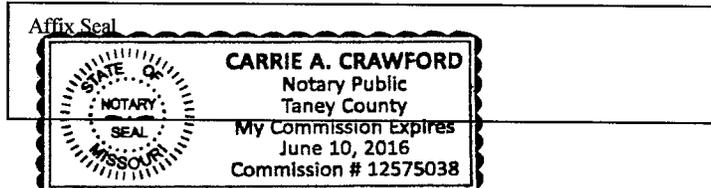
County of Taney

Date 7-23-15

Carrie A. Crawford

The foregoing instrument was acknowledged before me this

by David J. Jones
name of person acknowledge



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

Last Name: Jones First Name: David MI: J

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Ivy Elizabeth Jones - aff

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

Last Name: Gira First Name: Joseph MI: P *prints on file - 2-10-15*

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Mary Ellen Koly - aff

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 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

AUG 14 2015

NEBRASKA LIQUOR CONTROL COMMISSION

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 _____

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

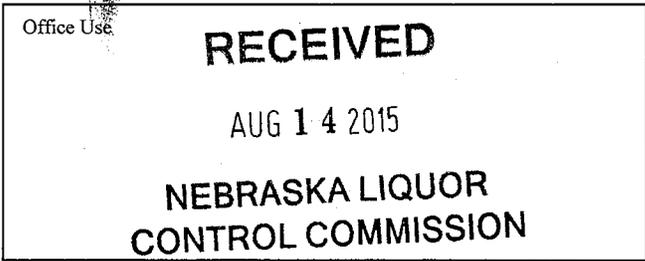
AUG 14 2015

**NEBRASKA LIQUOR
CONTROL COMMISSION**

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
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**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



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.

Mary Ellen Koly

Mary Ellen Koly

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

Printed name of spouse asking for waiver

State of Missouri

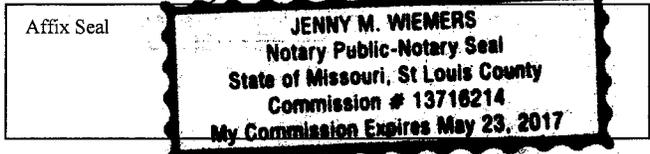
County of St Louis

The foregoing instrument was acknowledged before me this

07/20/2015
date

by Mary Ellen Koly
name of person acknowledged

Jenny M. W. Emers
Notary Public signature



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.

Joseph Pravoat Gira

Joseph Pravoat Gira

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

Printed name of applying individual

State of Missouri

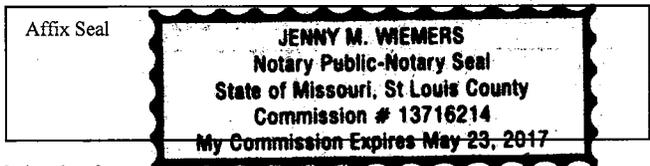
County of St Louis

The foregoing instrument was acknowledged before me this

07/20/2015
date

by Joseph Pravoat Gira
name of person acknowledged

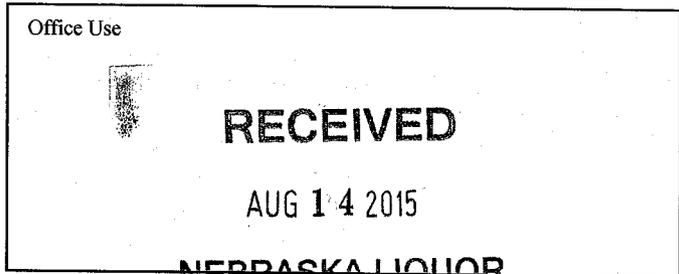
Jenny M. W. Emers
Notary Public signature



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.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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[Signature]
Signature of spouse asking for waiver
(Spouse of individual listed below)

Ivy Elizabeth Jones
Printed name of spouse asking for waiver

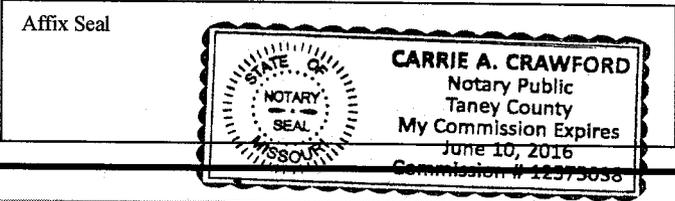
State of Missouri

County of Taney

7-23-15
date

[Signature]
Notary Public signature

The foregoing instrument was acknowledged before me this
by Ivy Elizabeth Jones
name of person acknowledged



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)

David Joshua Jones
Printed name of applying individual

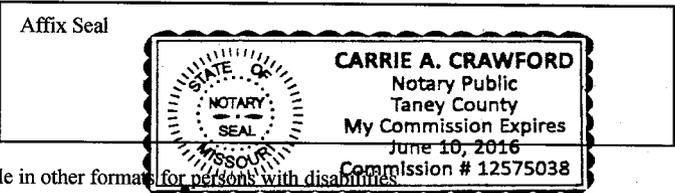
State of Missouri

County of Taney

7-23-15
date

[Signature]
Notary Public signature

The foregoing instrument was acknowledged before me this
by David J. Jones
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.

**MANAGER APPLICATION
INSERT - FORM 3c**

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
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. - *Finger Prints on file***
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Midwest BBQ Ventures Lincoln LLC

Premise information

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

Premise Trade Name/DBA: Famous Dave's

Premise Street Address: 2750 Pine Lake Road

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: 402-421-3434

Email address: lincoln@famousdavesmo.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)

prints on file - 2-13-15

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

Last Name: Yakopec First Name: Kelly MI: M
 Home Address (include PO Box if applicable): 14901 Grebe Street
 City: Bennington County: Douglas Zip Code: 68008
 Home Phone Number: 402-679 2941 Business Phone Number: 402-394-2300
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Omaha NE
 Email address: kellyyakopec@cox.net

Applicant must complete spouse's information even if a spousal affidavit has been submitted

YES NO

Spouse's information *AKB*

Spouses Last Name: Yakopec First Name: Michael MI: C
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Omaha NE

APPLICANT AND SPOUSE MUST LIST RESIDENCES FOR THE PAST TEN (10) YEARS

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Bennington NE	8/2008	Pres	Bennington NE	8/2008	Pres
Omaha NE	12/02	Pres	Omaha NE	7/79	Pres
			RECEIVED		
			AUG 14 2015		

NEBRASKA LIQUOR CONTROL COMMISSION

P-411

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
12/14	Pres	Midwest BBQ Ventures	Dave Jones	417-699-1334
3/06	12/14	Cutchall Management	Greg Cutchall	402-558-3333

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

Mary

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
Kelly (Palko) Yakopec	11/2003	Omaha NE	DUI	\$500 fine plus 60 day suspension
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				AUG 14 2015
				NEBRASKA LIQUOR CONTROL COMMISSION

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):

Famous Daves in Bellevue and Omaha

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: 12.15.2014 Name on Certificate: Kelly Yakopec

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Kelly Yakopec	12/2014	Responsible Beverage Service Training

*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:
Kelly Yakopec/Manager	5/02-Pres	Famous Dave's various locations in NE & IA
		RECEIVED
		AUG 14 2015
		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 finger prints on file

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.

[Handwritten Signature]

Signature of Manager Applicant

[Handwritten Signature]

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Sarpy

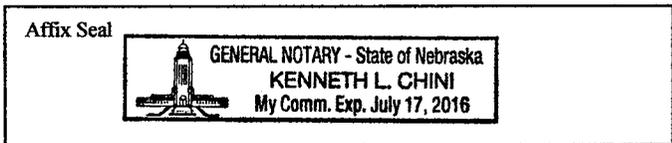
The foregoing instrument was acknowledged before me this

20 July 2015
date

by Michael & Kelly Yakopiec
name of person acknowledged

[Handwritten Signature]

Notary Public signature



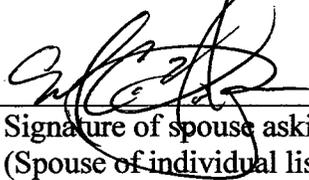
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NON PARTICIPATION INSERT**

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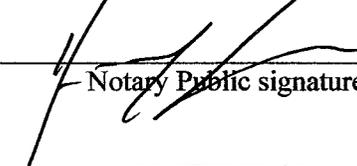
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Signature of spouse asking for waiver
(Spouse of individual listed below)

State of Nebraska
County of ~~Douglas~~ SARPY

20 July 2015
date

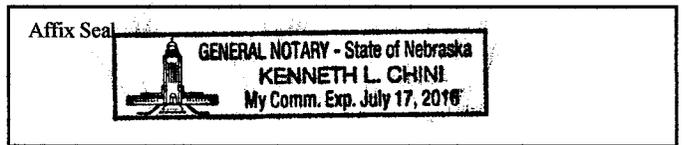


Notary Public signature

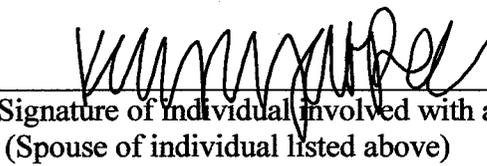
Michael Colin Yakopec

Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this
by Michael C. Yakopec
name of person acknowledged



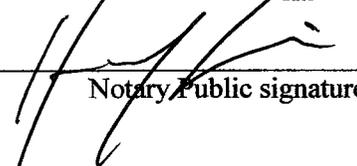
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Signature of individual involved with application
(Spouse of individual listed above)

State of Nebraska
County of ~~Douglas~~ SARPY

20 July 2015
date

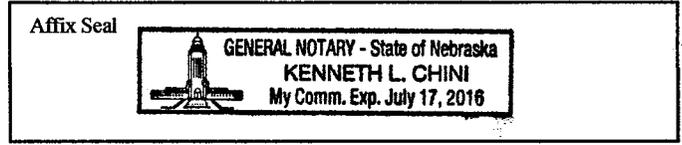


Notary Public signature

Kelly Marie Yakopec

Printed name of applying individual

The foregoing instrument was acknowledged before me this
by Kelly M. Yakopec
name of person acknowledged



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