CITY OF LINCOLN NEBRASKA

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

August 31, 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 Plains Food & Lodging, Inc., DBA Fatdog's, 3100 NW 12th Street, requesting a class D-114753 liquor license.

Jeffrey Moore is requesting that he be approved as the manager of the liquor license. Mr. Moore has not yet completed the required management training. He is scheduled to attend the training on September 10, 2015.

Mark Wilkinson, President of Midwest Plains Food & Lodging, Inc., has been convicted of four traffic violations between 1993 and 2013. The corporation owns four other liquor licensed establishments, convenience stores and hotels, in Nebraska.

Jeffrey Moore, Secretary of Midwest Plains Food & Lodging, Inc., has been convicted of five traffic violations between 1993 and 2004.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police

RECEIVED

AUG 25 2015

NEBRASKA LIQUOR CONTROL COMMISSION

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.nebraska.gov

Hot List: YES / NO	New / Replacing #
Class Type D	114753 Initial

Applicant name Mid Plains Food & Lodging, Inc.

Trade name Fatdogs - Lincoln

Previous trade name

Contact email address jmoore@wilkco.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.

Office use only
PAYMENT TYPE CK 1307
AMOUNT: $400
Received: MM

1500019507

FORM 100
2015

RECEIVED

Mark Wilkinson

Jeffrey Moore - aff.

1. X 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.

2. X Enclose application fee of $400, check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport

3. X 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. X May 1, 2035 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. NA If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

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

8. X Enclose a list of any inventory or property owned by other parties that are on the premises.

9. X 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. X 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. 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

8/19/15

Date

RECEIVED

AUG 25 2015

NEBRASKA LIQUOR CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE
RETAIL

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

RECEIVED
AUG 25 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

☐ 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 NA Phone number:

Firm Name

PREMISES INFORMATION

Trade Name (doing business as) FATDOGS - ~~GRAND ISLAND~~ Lincoln

Street Address #1 3100 NW 12th St

Street Address #2

City LINCOLN County LANCASTER Zip Code 68521

Premises Telephone number 402-475-8504

Business e-mail address lincfatdogs@wilkco.com

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

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

Name Mid Plains Food & Lodging, Inc.

Street Address #1 202 N Dewey St, PO Box 768

Street Address #2

City North Platte State NE Zip Code 69103

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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 66 x width 38.4 in feet
Is there a basement? Yes____ No x If yes, length _____ x width _____ in feet
Is there an outdoor area? Yes___ No x If yes, length____ x width_____ in feet

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

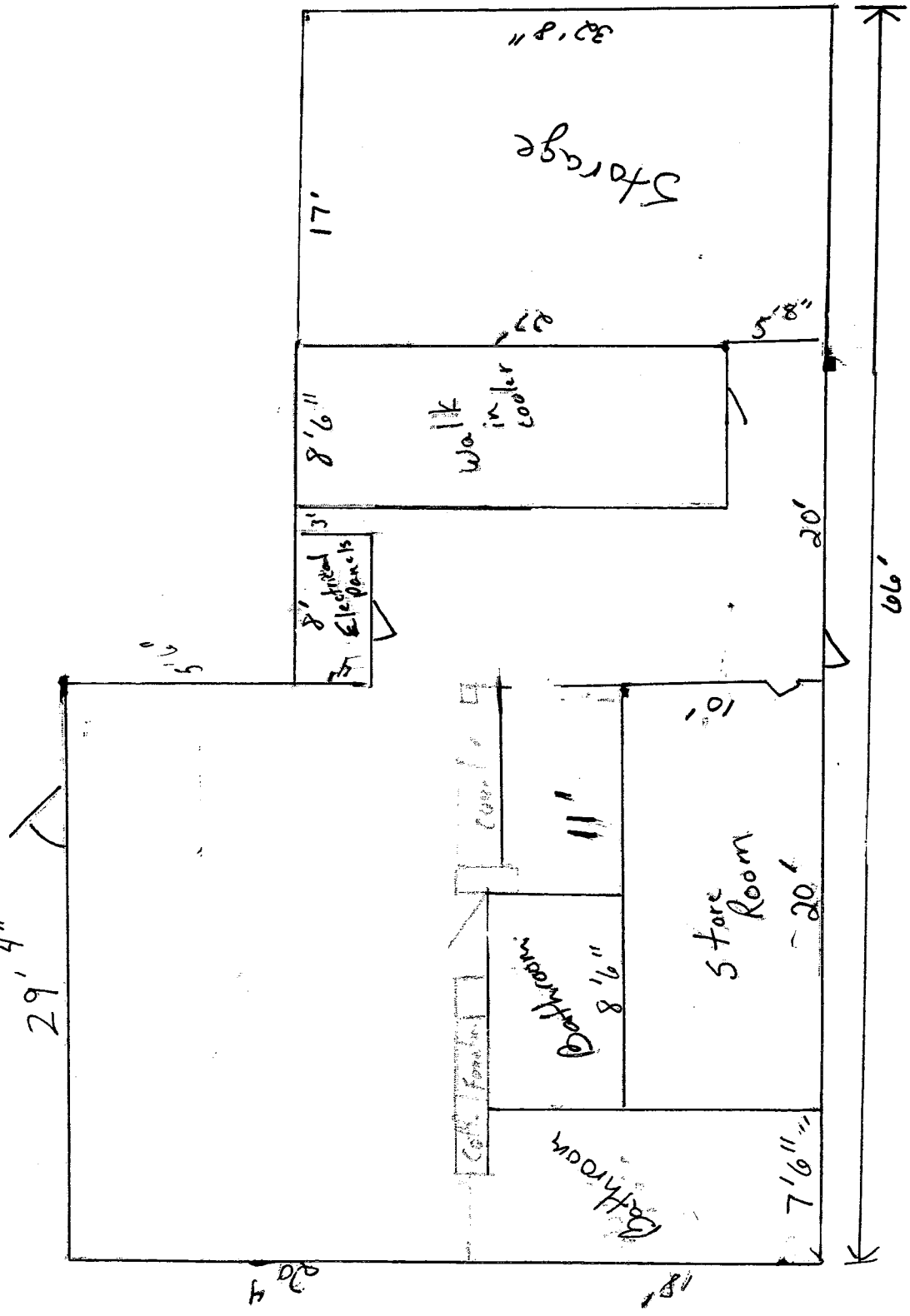
See Attached

RECEIVED
AUG 25 2015
NEBRASKA LIQUOR CONTROL COMMISSION

RECEIVED

AUG 25 2015

NEBRASKA LIQUOR
CONTROL COMMISSION



Mary

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 Moore	1993-1995	NE	4 Traffic Violations	Paid Fine
Jeffrey Moore	2004	NE	1 Traffic Violation	Paid Fine
Mark Wilkinson	1993-2013	NE	4 Traffic Violations	Paid Fine
Mark Wilkinson	1996	NE	Administrative License Revocation	Completed

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

☐ YES ☒ NO

If yes, give name of business and liquor license number_____

a) Submit a copy of the sales agreement
b) Include a list of alcohol being purchased, list the name brand, container size and how many
c) Submit a list of the furniture, fixtures and equipment

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

☐ YES ☒ NO

If yes, give name and license number_____

4. Are you filing a temporary operating permit (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.

RECEIVED
AUG 25 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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?

RECEIVED
AUG 25 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

☐ 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. Wilkinson Development Inc owns the shelving, coolers, cabinets, fixtures, systems, and other equipment

8. Is premises 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.

Great Western Bank - Lincoln 27th St Branch, Account Holders - Mark Wilkinson, Jeffrey Moore

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.

D-44366 Sidney Conoco, Sidney, NE. D-35599 Holiday Plaza Conoco, North Platte, NE. D-44365, Wilkinson Ogallala Conoco, Ogallala, NE. D-47407 ConocoTravel Plaza, Lexington, NE.

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:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Jeffrey Moore	05/2015	Alcohol & Tobacco Sales 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
Jeffrey Moore	06/2002	Managing C-stores since this date. Currently the manager of other liquor licenses
Mark Wilkinson	1998	Owned & Managed C-stores since this date, that hold current liquor licenses

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 May 1, 2035
[ ] Deed
[ ] Purchase Agreement

14. When do you intend to open for business? Already operating as a going concern

15. What will be the main nature of business? Convenience Store

16. What are the anticipated hours of operation? Open 24 hours

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 FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Jeffrey Moore, North Platte, NE	1998	2015	Rayan Moore, North Platte, NE	1998	2015
Mark Wilkinson, North Platte, NE	1993	2015			

If necessary attach a separate sheet.

RECEIVED

AUG 25 2015

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

Signature of Applicant	NA **Signature of Spouse**
MARK WILKINSON **Print Name**	**Print Name**
Signature of Applicant	NA **Signature of Spouse**
Jeffrey Moore **Print Name**	**Print Name**

ACKNOWLEDGEMENT

State of Nebraska
County of Lincoln

The foregoing instrument was acknowledged before me this

8-19-15 (date) by Mark Wilkinson and Jeffrey Moore (name of person(S) acknowledged (individual(s) signing))

Renae M Hiatt
Notary Public signature

GENERAL NOTARY - State of Nebraska
RENAE M HIATT
My Comm. Exp. July 1, 2019

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
AUG 25 2015
NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER APPLICATION
INSERT - FORM 3c

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

Office Use

RECEIVED
AUG 25 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

Manager must:

- Complete all sections of the application. Be sure it is signed by a **corporate officer,** corporate officer must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See Form 147 for further information, this form MUST be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card with application

Spouse who **will not** participate in the business, spouse must:

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See Form 147 for further information, this form MUST be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

MANAGER APPLICATION
INSERT - FORM 3c

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

Office Use

RECEIVED
AUG 25 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**

Corporation/LLC information

Name of Corporation/LLC: Mid Plains Food & Lodging, Inc

Premise information

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

Premise Trade Name/DBA: Fatdogs - Lincoln

Premise Street Address: 3100 NW 12th St

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: 402-475-8504

Email address: lincfatdogs@wilkco.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)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Moore First Name: Jeffrey MI: D

Home Address (include PO Box if applicable): 3610 Sunset Dr

City: North Platte County: Lincoln Zip Code: 69101

Home Phone Number: 308-520-1009 Business Phone Number: 308-532-3090

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

Date Of Birth: _____ Place Of Birth: North Platte, NE

Email address: jmoore@wilkco.com

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

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Moore First Name: Rayan MI: A

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

Date Of Birth: _____ Place Of Birth: Holdrege, 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
North Platte, NE	1998	2015	North Platte, NE	1998	2015

RECEIVED

AUG 25 2015

NEBRASKA LIQUOR CONTROL COMMISSION

Mary

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2003	Dana F Cole & Co, CPA's	Robert J Meyer	308-534-7655
1998	2000	Western Nebraska National Bank	Mary Gerdes	308-532-3800

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
Jeffrey Moore	1993-1995	NE	4 Traffic Violations	Paid Fine
Jeffrey Moore	2004	NE	1 Traffic Violation	Paid Fine

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

   ■ YES ☐ NO

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

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

RECEIVED
AUG 25 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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 Moore	05/2015	North Platte Alcohol + Tobacco Sales 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:
Jeffrey Moore, CFO	06/2002	Managing C-stores since this date, Currently the manager of other liquor licenses

RECEIVED
AUG 25 2015
NEBRASKA LIQUOR CONTROL COMMISSION

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES ☐ NO

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.

Jeff Moore — Signature of Manager Applicant

NA — Signature of Spouse

ACKNOWLEDGEMENT

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

8-19-15 (date) by Jeffrey D Moore (name of person acknowledged)

Renae M Hiatt
Notary Public signature

Affix Seal — GENERAL NOTARY - State of Nebraska RENAE M HIATT My Comm. Exp. July 1, 2019

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
AUG 25 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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
AUG 25 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.

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

Rayan A Moore
Printed name of spouse asking for waiver

State of Nebraska

County of Lincoln

The foregoing instrument was acknowledged before me this

8-19-15
date

by Rayan A Moore
name of person acknowledged

Renae M Hiatt
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
RENAE M HIATT
My Comm. Exp. July 1, 2019

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

Jeffrey D Moore
Printed name of applying individual

State of Nebraska

County of Lincoln

The foregoing instrument was acknowledged before me this

8-19-15
date

by Jeffrey D Moore
name of person acknowledged

Renae M Hiatt
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
RENAE M HIATT
My Comm. Exp. July 1, 2019

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.

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.nebraska.gov

RECEIVED
DATE RECEIVED
AUG 25 2015
NEBRASKA LIQUOR CONTROL COMMISSION
Office Use Only

Class:_____	License #:_____

Applicant Name: Mid Plains Food & Lodging Inc
(Corporation, LLC, Partnership or Individual)

Trade Name:
(Doing Business As)

(308) 532 - 3090 jmoore@wilkco.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 **$28.75 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.

1. Name: Jeffrey D Moore Title: Manager

How was payment made to NSP? ■NSP PAYPORT ☐CHECK SENT TO NSP

2. Name: Mark D Wilkinson Title: President

How was payment made to NSP? ■NSP PAYPORT ☐CHECK SENT TO NSP

3. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

4. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

5. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

6. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

7. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

8. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

I hereby certify that fees of $28.75 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.

Name (Print): Jeffrey D Moore Title:

Signature: Date:

RECEIVED

AUG 25 2015

NEBRASKA LIQUOR CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

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

Office Use

RECEIVED
AUG 25 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

1) **All officers, directors and stockholders must be listed**
2) **President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.**
3) **Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License Form 100 (even if a spousal affidavit has been submitted)**

Attach copy of Articles of Incorporation (must show electronic stamp or barcode receipt by Secretary of States Office)

Name of Registered Agent: Mid Plains Food & Lodging, Inc

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

Mid Plains Food & Lodging, Inc

Corporation Address: 202 N Dewey St, PO Box 768

City: North Platte State: NE Zip Code: 69103

Corporation Phone Number: 308-532-3090 Fax Number 308-532-1653

Total Number of Corporation Shares Issued: 1,000

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

Last Name: Wilkinson First Name: Mark MI: D

Home Address: 405 Sandpiper Way City: North Platte

State: NE Zip Code: 69101 Home Phone Number: 308-530-0714

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lincoln

The foregoing instrument was acknowledged before me this

8-19-15
Date

by Mark D. Wilkinson
name of person acknowledge

Renae M Hiatt

Affix Seal

GENERAL NOTARY - State of Nebraska
RENAE M HIATT
My Comm. Exp. July 1, 2019

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

Last Name: Wilkinson First Name: Mark MI: D

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Wilkinson First Name: Gilbert MI: E

Social Security Number: _____ Date of Birth: _____

Title: Treasurer Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Moore First Name: Jeffrey MI: D

Social Security Number: _____ Date of Birth: _____

Title: Secretary Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

RECEIVED
AUG 25 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

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

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

Title:_____ Number of Shares _____

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

Spouse Social Security Number:_____ Date of Birth:_____

RECEIVED
AUG 25 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

Title:_____ Number of Shares _____

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

Spouse Social Security Number:_____ Date of Birth:_____

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

Title:_____ Number of Shares _____

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

Spouse Social Security Number:_____ Date of Birth:_____

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

Title:_____ Number of Shares _____

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

Spouse Social Security Number:_____ Date of Birth:_____

Is the applying corporation controlled by another corporation/company?

☒ YES ☐ NO

If yes, provide the following:

1) Name of corporation Wilkinson Development, Inc
2) Supply an organizational chart of the controlling corporation named above
3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January 1 Ending Date: December 31

Is this a Non-Profit Corporation?

☐ YES ☒ NO

If yes, provide the Federal ID # _____

RECEIVED

AUG 25 2015

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.