CITY OF LINCOLN NEBRASKA

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

September 16, 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 Piedmont Hospitality, LLC, DBA The Piedmont Bistro, 1265 S Cotner Boulevard, Suite 40, requesting a class C-114751 liquor license.

Kevin Shinn, President of Piedmont Hospitality, LLC, is requesting that he be approved as the manager of the liquor license. Mr. Shinn completed the required management training on October 8, 2013.

Mr. Shinn is also the president of 55 Degrees, Inc, DBA Bread & Cup, a class CK liquor license holder.

No areas of concern were found.

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.nebraska.gov

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Hot List: YES / NO	New / Replacing #	
Class Type C	114751	Initial jm

Applicant name Piedmont Hospitality, LLC

Trade name The Piedmont Bistro

Previous trade name

Contact email address

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 Nebraska Liquor Control Commission. 9-4-15 entered into database

no crim hist reported on application | 147. submitted | Ag, FM reports sent Enf. Local reports sent 9-14-15

Office use only
PAYMENT TYPE PayPort
AMOUNT: $400
Received MM

1500020464

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 (nonrefundable), 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 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 (LLC) making application. Lease term must run through the license year being applied for.

5. _____ If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. _____ If buying the business of a current liquor license holder:
   a. Provide a copy of the purchase agreement from the seller (must read applicants name)
   b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
   c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)

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

8. _____ Enclose a list of any inventory or property owned by other parties that are on the 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 (LLC) 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

8/18/15
Date

① Celeste middle name, SS# & DOB
② Verify shares

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APPLICATION FOR LIQUOR LICENSE
RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS

RETAIL LICENSE(S) — Application Fee $400 (nonrefundable)

_____ A BEER, ON SALE ONLY
_____ B BEER, OFF SALE ONLY
xxx 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)
xxx Limited Liability Company (LLC) (requires form 3b & 3c)

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

Name_____ Phone number:_____

Firm Name_____

PREMISES INFORMATION

Trade Name (doing business as) The Piedmont Bistro

Street Address #1 1265 S Cotner Blvd Suite 40

Street Address #2

City Lincoln County Lancaster #2 Zip Code 68510

Premises Telephone number 402-730-0225

Business e-mail address piedmontbistro@gmail.com

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

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

Name The Piedmont Bistro Attn: Kevin Shinn

Street Address #1 356 S 53rd

Street Address #2

City Lincoln State NE Zip Code 68510

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 _____ x width _____ ~~in feet~~

Is there a basement? Yes _____ No x _____ If yes, length _____ x width _____ in feet

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

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

one story building approx 60 X 80
including outdoor area approx 28X29

See attached diagram

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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. 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 X_____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

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

_____YES X_____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 X_____NO

If yes, give name and license number_____

4. Are you filing a temporary operating permit (TOP) to operate during the application process?

_____YES X_____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.

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5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

X YES _____NO

If yes, list the lender(s) State Bank of Table Rock, sba loan

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

_____YES X NO

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

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No silent partners

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

_____YES X NO

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

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 X 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 X NO

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

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

Union Bank and Trust - Kevin Shinn, Luke Shinn, Karen Shinn, Lenee Petersen

employee only employee only

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.

55 Degrees, Inc dba bread&cup License #84759 - current running license

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)
Kevin & Karen Shinn	10/18/13	Responsible Hospitality

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
Kevin & Karen Shinn / owner	8/07 - present	bread & cup 440 N. 8th, Lincoln

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 August 30, 2022

____ Deed

____ Purchase Agreement

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14. When do you intend to open for business? October 31, 2015

15. What will be the main nature of business? Restaurant

16. What are the anticipated hours of operation? 11am - 10pm

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
Kevin Shinn, Lincoln NE	7/90	8/15	Karen Shinn	7/90	8/15

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

Signature of Applicant	**Signature of Spouse**
Kevin W. Shinn	Karen R Shinn
Print Name	**Print Name**
Signature of Applicant	**Signature of Spouse**
Print Name	**Print Name**

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

August 18, 2015 by Kevin Shinn and Karen Shinn
date name of person(s) acknowledged (individual(s) signing)

Donna L. Boone
Notary Public signature

GENERAL NOTARY - State of Nebraska
DONNA L. BOONE
My Comm. Exp. November 29, 2018

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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.

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

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DATE RECEIVED
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Office Use Only

Class:_____	License #:_____

Applicant Name: Piedmont Hospitality, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: The Piedmont Bistro
(Doing Business As)

(402) 730 - 0225
Phone Number

piedmontbistro@gmail.com
Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
  Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
  Fingerprint cards should be submitted with the application.
- Fee payment of **$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: Kevin Shinn Title: Manger

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

2. Name: Karen Shinn Title: Member

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): Kevin W. Shinn Title: Manager

Signature: Date: 8/18/15

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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
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MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Piedmont Hospitality, LLC

Premise information

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

Premise Trade Name/DBA: The Piedmont Bistro

Premise Street Address: 1265 S Cotner Boulevard

City: Lincoln County: Lancaster Zip Code: 68510

Premise Phone Number: 402-730-0225

Email address: piedmontbistro@gmail.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals. http://www.lcc.ne.gov/license_search/licsearch.cgi

Kevin W. Shinn

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

BC, Voter Reg, signed, 147

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

Last Name: Shinn First Name: Kevin MI: W

Home Address (include PO Box if applicable): 356 S 53rd

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: 402-730-0225 Business Phone Number: 402-730-0225

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

Date Of Birth: _____ Place Of Birth: Bartlesville, OK

Email address: piedmontbistro@gmail.com

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

☒ YES ☐ NO BC, Voter Reg, signed, 147

Spouse's information

Spouses Last Name: Shinn First Name: Karen MI: R

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

Date Of Birth: _____ Place Of Birth: Cortez, CO

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT CITY & STATE	YEAR FROM	YEAR TO	SPOUSE CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	7/90	current	Lincoln, NE	7/90	current

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CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
3/07	current	Self- employed	bread&cup	402-438-2255
7/90	5/05	Christian Challenge	Brett Yohn	402-483-1451

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.

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☐ 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

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

   ☐YES ■NO

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

   _____

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

   ■YES ☐NO

4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Kevin & Karen Shinn	10/18/2013	Responsible Hospitality

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*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:
Kevin & Karen Shinn	8/07 - present	bread & cup 440 N. 8th, Lincoln NE

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES ☐ NO

147 enclosed

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

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

August 18, 2015
date

by Kevin Shinn and Karen Shinn
name of person acknowledged

Donna L. Boone
Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
DONNA L. BOONE
My Comm. Exp. November 29, 2018

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

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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
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Website: www.lcc.nebraska.gov

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

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

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

Name of Registered Agent: ~~Piedmont Hospitality, LLC~~ Shinn, Kevin W

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

Piedmont Hospitality, LLC

LLC Address: 356 S 53rd

City: Lincoln State: NE Zip Code: 68510

LLC Phone Number: 402-730-0225 LLC Fax Number NA

Name of Managing/Contact Member 7900 total shares at this time
Name and information of contact member must be listed on following page

Last Name: Shinn First Name: Kevin MI: W

Home Address: 356 S 53rd City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-730-0225

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

August 18, 2015
Date

by Kevin Shinn
name of person acknowledge

Donna L. Boone

Affix Seal

GENERAL NOTARY - State of Nebraska
DONNA L. BOONE
My Comm. Exp. November 29, 2018

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

Last Name: 55 Degrees Hospitality, LLC First Name: — MI: —

Social Security Number: — Date of Birth: —

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

Spouse Social Security Number: — Date of Birth: —

Percentage of member ownership 6100 units

1

Last Name: Honker Holdings LLC First Name: — MI: —

Social Security Number: — Date of Birth: —

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

Spouse Social Security Number: — Date of Birth: —

Percentage of member ownership 900 units

2

Last Name: Fortenberry First Name: Celeste MI: Marie

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 900 units

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CONTROL COMMISSION

Last Name: Shinn First Name: Kevin MI: W

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 0

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.

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.nebraska.gov

Office Use

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

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

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

Name of Registered Agent: _____

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

55 Degrees Hospitality, LLC

LLC Address: 356 S. 53rd

City: Lincoln State: NE Zip Code: 68510

LLC Phone Number: 402-730-0225 LLC Fax Number NA

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

Last Name: Shinn First Name: Kevin MI: W

Home Address: 356 S. 53rd City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-730-0225

_____
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

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

1

Last Name: Shinn First Name: Kevin MI: W

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership

Last Name: Shinn First Name: Karen MI: R

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): Kevin W. Shinn

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

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

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LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

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

Name of Registered Agent: _____

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

Honker Holdings, LLC

LLC Address: 3121 Sheridan Blvd

City: Lincoln State: NE Zip Code: 68502

LLC Phone Number: _____ LLC Fax Number _____

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

Last Name: James Gallentine First Name: _____ MI: _____

Home Address: 3121 Sheridan Blvd City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: _____

_____

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

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

Last Name: Gallentine First Name: Jares MI: _____

(2)

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: Sandra Gallentine First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

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 _____

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 _____

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No Basement

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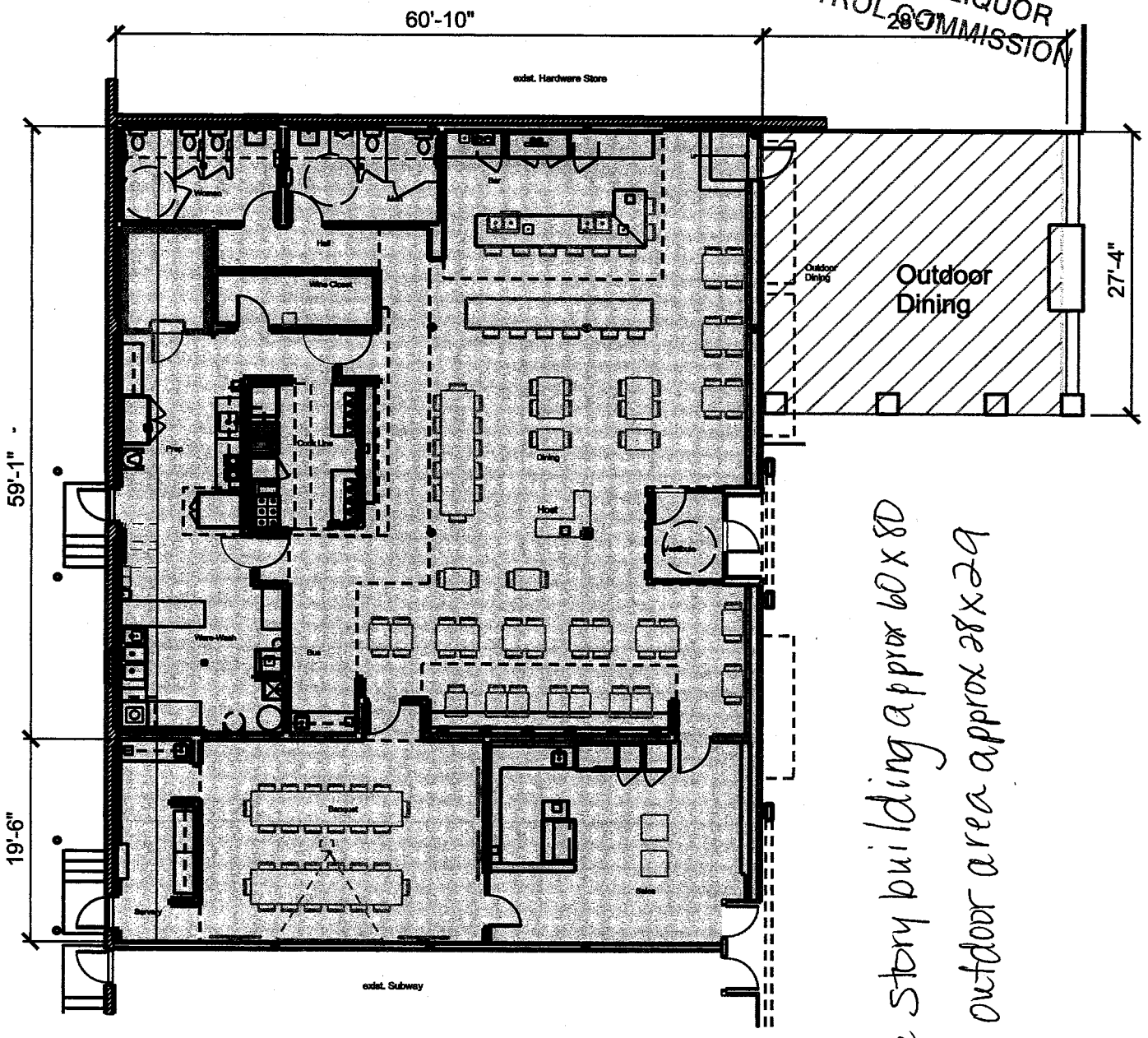

one story building approx 60x80
including outdoor area approx 28x29

North

First Floor Plan Exhibit

PIEDMONT
BISTRO

Job Number: 14010.pbr
Date: 12 August 2015

Architect
Peace Studio Architects, Inc.
1835 Kings Hwy, Suite B
Lincoln, NE 68502
402. 217. 1830
www.peacestudioarch.com

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