CITY OF LINCOLN NEBRASKA

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

October 27, 2015

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Matthew Myers, DBA The Happy Raven, 122 N 11th Street, Suite 100B, requesting a class C-115386 liquor license.

Mr. Myers is making application as an individual and is requesting that he be approved as the manager of the liquor license. Mr. Myers has not yet completed the required management training. He is scheduled to take the training on November 12, 2015.

Matthew Myers self-reported the following driving and criminal history:

SELLING ALCOHOL TO A MINOR (Morgantown, WV)
02-2015, disposition: Pending

SPEEDING (Morgantown, WV)
12-2009, disposition: Fine

SPEEDING (Westminster, MD)
07-2006, disposition: Fine

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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OCT 1 2015
NEBRASKA LIQUOR CONTROL COMMISSION

TOP Approved

Hot List: YES (NO)	New/Replacing # 091102
Class Type C	I 115386 Initial mp

Applicant name MATTHEW MYERS

Trade name THE HAPPY RAVEN

Previous trade name ZEN'S LOUNGE

Contact email address MMYERS4242@GMAIL.COM

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the Nebraska Liquor Control Commission.

RECEIPT

DATE 10/1/15 No. 168551

FROM Matthew Myers The Happy Raven

FOR Application

☐ CASH
☒ CHECK # 176
☐ MONEY ORDER #

$400.00

Received by Jessica Christy

Office use only
PAYMENT TYPE CK 176
AMOUNT: $400
Rct 168551 Received: mm

1500023260

RECEIVED

1. ___Y___ 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. ___Y___ 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. ___Y___ 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. ___Y___ 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. ___OK___ If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

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

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

9. ___Y___ 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. ___Y___ 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. ___Y___ 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

10/1/15
Date

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~~Dl #, State~~
address match ~~premise~~
~~b/c~~
~~business plan~~
~~diagram/lease~~
~~#F~~
training
~~Resign App By~~ 8
~~premise phone~~

SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
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PHONE: (402) 471-2571
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Class:_____ License #:_____

Applicant Name: MATTHEW MYERS
(Corporation, LLC, Partnership or Individual)

Trade Name: THE HAPPY RAVEN
(Doing Business As)

(407)435 - 8982
Phone Number

MMYERS4242@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: MATT MYERS Title: OWNER

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

2. Name: _____ Title: _____

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

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CONTROL COMMISSION

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): MATT MYERS Title: OWNER

Signature: [signature] Date: 9/28/15

PREMISES INFORMATION

Trade Name (doing business as) THE HAPPY RAVEN

Street Address #1 122 N 11TH ST, Suite 100B

Street Address #2

City LINCOLN County LINCOLN Zip Code 68508

Premises Telephone number 402-742-0004 per Email 10/13/15

Business e-mail address MATT@THEHAPPYRAVEN.COM

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

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

Name ~~1301 LINCOLN MALL APT 905~~ Matthew Myers

Street Address #1 1301 LINCOLN MALL APT 905

Street Address #2

City LINCOLN State NE Zip Code 68508

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 3,513 SQ FT

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

* Northeast portion of the main floor of a five story bldg approx 50' x 83'

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NEBRASKA LIQUOR CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE
RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
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CONTROL COMMISSION

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
_X_ 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

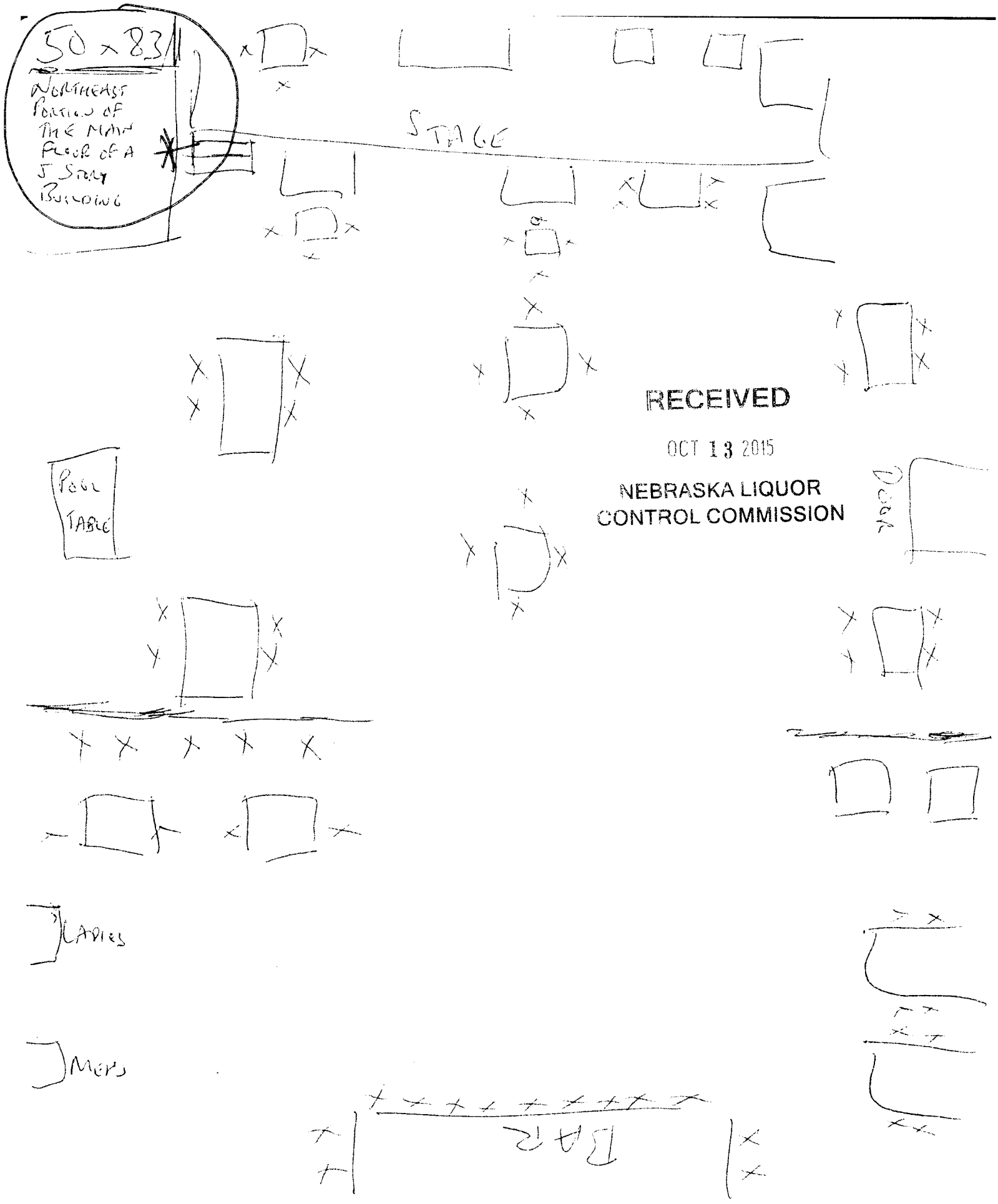
CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

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

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

Name_____ Phone number:_____

Firm Name_____



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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 See att. #

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
MATT MYERS	02/2015	MORGANTOWN, WV	SELLING ALCOHOL TO MINOR	PENDING
MATT MYERS	8/2/2009	MORGANTOWN, WV	SPEEDING TICKET	FINE
MATT MYERS	7/2006	WESTMINSTER, MD	SPEEDING TICKET	FINE

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

Y YES _____NO

If yes, give name of business and liquor license number ZEN'S LOUNGE

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?

Y YES _____NO

If yes, give name and license number MIX IT UP LLC C-091102

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

Y 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.

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

_____YES ___Y___NO

If yes, list the lender(s)_____

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

_____YES ___Y___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 ___Y___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 ___Y___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 ___Y___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.

BANK OF AMERICA
MATT MYERS

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.

NONE

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CONTROL COMMISSION

Needs training

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)

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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

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 9/30/2020
____ Deed
____ Purchase Agreement

14. When do you intend to open for business? 10/19/15
15. What will be the main nature of business? Bar - Beer and Wine only (Craft Beer)
16. What are the anticipated hours of operation? ~~Mon-Sat~~ Mon-Thurs 4pm - 1Am ~~Fri~~ Fri-Sat 4pm - 2Am
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
Morgantown, WV	2014	2015			
Westminster, MD	2013	2014			
Orlando, FL	2010	2013			
Belmar, NJ	2008	2009			
Morgantown, WV	2003	2007			
Westminster, MD	1983	2002			

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

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Signature of Applicant	Signature of Spouse
MATTHEW MYERS Print Name	Print Name
Signature of Applicant	Signature of Spouse
Print Name	Print Name

See Attached

ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER

The foregoing instrument was acknowledged before me this

10/1/15 (date) by DAVID STONE (name of person(s) acknowledged (individual(s) signing))

Notary Public signature

State of Nebraska - General Notary
DAVID S. STONE
My Commission Expires
November 20, 2017

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

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.

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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

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Signature of Applicant	Signature of Spouse
MATTHEW WILLIAM MYERS	
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

~~Sept~~ October 13, 2015 (date) by Matthew W Myers (name of person(s) acknowledged (individual(s) signing))

Lisak A Mar
Notary Public signature

State of Nebraska - General Notary
LISAK A MARGARITA
My Commission Expires
August 19, 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.

APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL
INSERT – FORM 1

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

Office Use

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Individual applicants, including spouse, are required to adhere to the following requirements

1) **Must be a citizen of the United States**
2) **Must be a Nebraska resident (Chapter 2 – 006)**
3) **Must provide a copy of their certified birth certificate, INS papers or US Passport**
4) **Fingerprints are required. See Form 147 for further information, this form MUST be included with your application**
5) **Must sign the signature page of the Application for License form**
6) **Applicant may be required to take a training course**
7) **Be a registered voter in the State of Nebraska, include a copy of voter registration card with application**

Name of individual applicant who will hold license

Last Name: MYERS

First Name: MATHEW MI: W

Home Address: 1301 LINCOLN MALL APT 905 City: LINCOLN Zip Code: 68508

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: 402 435 8982

* Driver's License Number: _____ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☐YES ☐NO If yes, provide your spouse's information below

Spouses Last Name: _____

Spouses First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL
INSERT – FORM 1

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
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CONTROL COMMISSION

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4) **Fingerprints are required. See Form 147 for further information, this form MUST be included with your application**
5) **Must sign the signature page of the Application for License form**
6) **Applicant may be required to take a training course**
7) **Be a registered voter in the State of Nebraska, include a copy of voter registration card with application**

Name of individual applicant who will hold license

Last Name: Myers

First Name: Mathew MI: W

Home Address: 1301 Lincoln Mall Apt 905 City: Lincoln, NE Zip Code: 68508

Social Security Number: Date of Birth:

Home Telephone Number: 402 435 8982

* Driver's License Number: See Attached State:

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☐ YES ☑ NO If yes, provide your spouse's information below

Spouses Last Name:

Spouses First Name: MI:

Social Security Number: Date of Birth:

Driver's License Number: State:

APPLICATION FOR TEMPORARY OPERATING PERMIT (TOP)

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
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- ☐ **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): MIX IT UP, LLC

SELLER'S LICENSE #: C-091102

On (date) 9/30/2015 seller and buyer entered into a contract for sale of the business known as (TRADE NAME):

MIX IT UP, LLC D.B.A ZEN'S LOUNGE

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 of **SELLER**

Connor Boucher
Print Name

State of Nebraska, County of LANCASTER
The foregoing instrument was acknowledged before me
this September 30, 2015 (date)
by Connor Boucher
Name(s) of Person(s) Acknowledged [individual(s) signing document]
Scott E. Tollefsen
Notary Public signature

GENERAL NOTARY - State of Nebraska
SCOTT E. TOLLEFSEN
My Comm. Exp. October 10, 2017

Signature of **BUYER**

Matthew Myers
Print Name

State of Nebraska, County of LANCASTER
The foregoing instrument was acknowledged before me
this September 30, 2015 (date)
by Matthew Myers
Name(s) of Person(s) Acknowledged [individual(s) signing document]
Scott E. Tollefsen
Notary Public signature

GENERAL NOTARY - State of Nebraska
SCOTT E. TOLLEFSEN
My Comm. Exp. October 10, 2017

ADMINISTRATIVE REVIEW – Office use only

Date: 10/2/15 Rep: mg Application Number: 115386

☑ Approved mm ☐ Denied

Reason for Denial:

Premise Address Corrected

RECEIVED
OCT 1 2015
NEBRASKA LIQUOR
CONTROL COMMISSION