CITY OF LINCOLN NEBRASKA

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

December 14, 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 Lakes Venture, LLC, DBA Fresh Thyme Farmers Market, 5220 O Street, requesting a class C-115892 liquor license.

Fresh Thyme Farmers Market operates a chain of specialty grocery stores featuring organic and natural food products. Lakes Venture, LLC has 26 stores with liquor licenses in Illinois, Indiana, Ohio, Michigan and Missouri.

Patricia Bell is requesting that she be approved as the manager of the liquor license. Ms. Bell is a paralegal for the law firm that is representing Lakes Venture, LLC for the processing of the liquor license application. The corporation does not yet have a local store director. According to Ms. Bell, when a store director is in place, that person will submit a change of manager application. Ms. Bell does not have the required alcohol management training. She is scheduled to attend the training on January 14, 2016, unless the new manager is identified.

Lakes Venture, LLC Corporate Officers/Stockholders/Members:
Member 1: Fran Windsor - President
Member 2: Meijer Companies, Ltd – Member (100%)

Meijer Companies, Ltd Corporate Officers/Stockholders/Members:
Member 1: Frederik G.H. Meijer Trust for the benefit of Mark D. Meijer – President (34.75%)
Member 2: Frederik G.H. Meijer Trust for the benefit of Douglas F. Meijer - VP/Treas. (30.50%)
Member 3: Frederik G.H. Meijer Trust for the benefit of Hendrik G. Meijer – VP/Sec. (34.75%)
Member 4: Janet Kelley – VP General Counsel and Assistant Secretary
Member 5: Daniel Webb – VP Finance and Administration/CFO

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	115892 Initial RS

Applicant name Lakes Venture, LLC, a Delaware limited liability company

Trade name dba Fresh Thyme Farmers Market

Previous trade name N/A

Contact email address fwindsor@freshthyme.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.

RECEIPT

DATE 12-4-2015 No. 168632

FROM Fresh Thyme Farmers Market

FOR New App

☐ CASH
☒ CHECK # 016581
☐ MONEY ORDER #

$ 400.00

Received by Randy Seyler

Office use only
PAYMENT TYPE CK 016581
AMOUNT: $400
Received: MM

1500026291

RECEIVED 12/11

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

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CONTROL COMMISSION

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 making application. Lease term must run through the license year being applied for.

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

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

8. N/A 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.

Jane Windsor

Signature

11/19/15

Date

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/

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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

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☐ 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 Tim O'Neill and Trish Bell Phone number: 402-434-3000

Firm Name OHDBS Law

PREMISES INFORMATION

Trade Name (doing business as) Fresh Thyme Farmers Market

Street Address #1 5220 O Street

Street Address #2

City Lincoln County Lancaster Zip Code 68510

Premises Telephone number Not yet available

Business e-mail address fwindsor@Freshthyme.com

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

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

Name LAKES VENTURE, LLC

Street Address #1 2650 Warrenville Road, Suite 700

Street Address #2

City Downers Grove State IL Zip Code 60515

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED - READ CAREFULLY

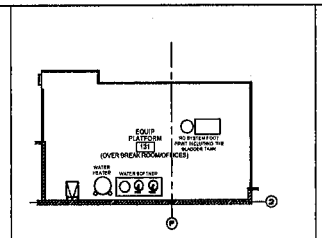
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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

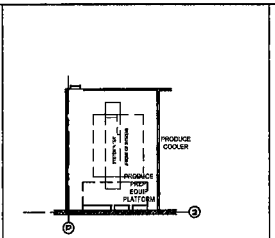
Building: length 135 x width 218 in feet
Is there a basement? Yes____ No x___ If yes, length _____ x width _____ in feet
Is there an outdoor area? Yes x No____ If yes, length 37.5 x width 12 in feet

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

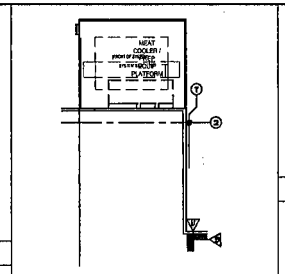
One-story building approx. 135' x 218' with outdoor patio area approx. 37.5' x 12' on southwest side of building.
Please see attached Fixture plan diagram



PLATFORM PLAN | SCALE 1/8" = 1'-0" | 4



PLATFORM PLAN | SCALE 1/8" = 1'-0" | 3



PLATFORM PLAN | SCALE 1/8" = 1'-0" | 2

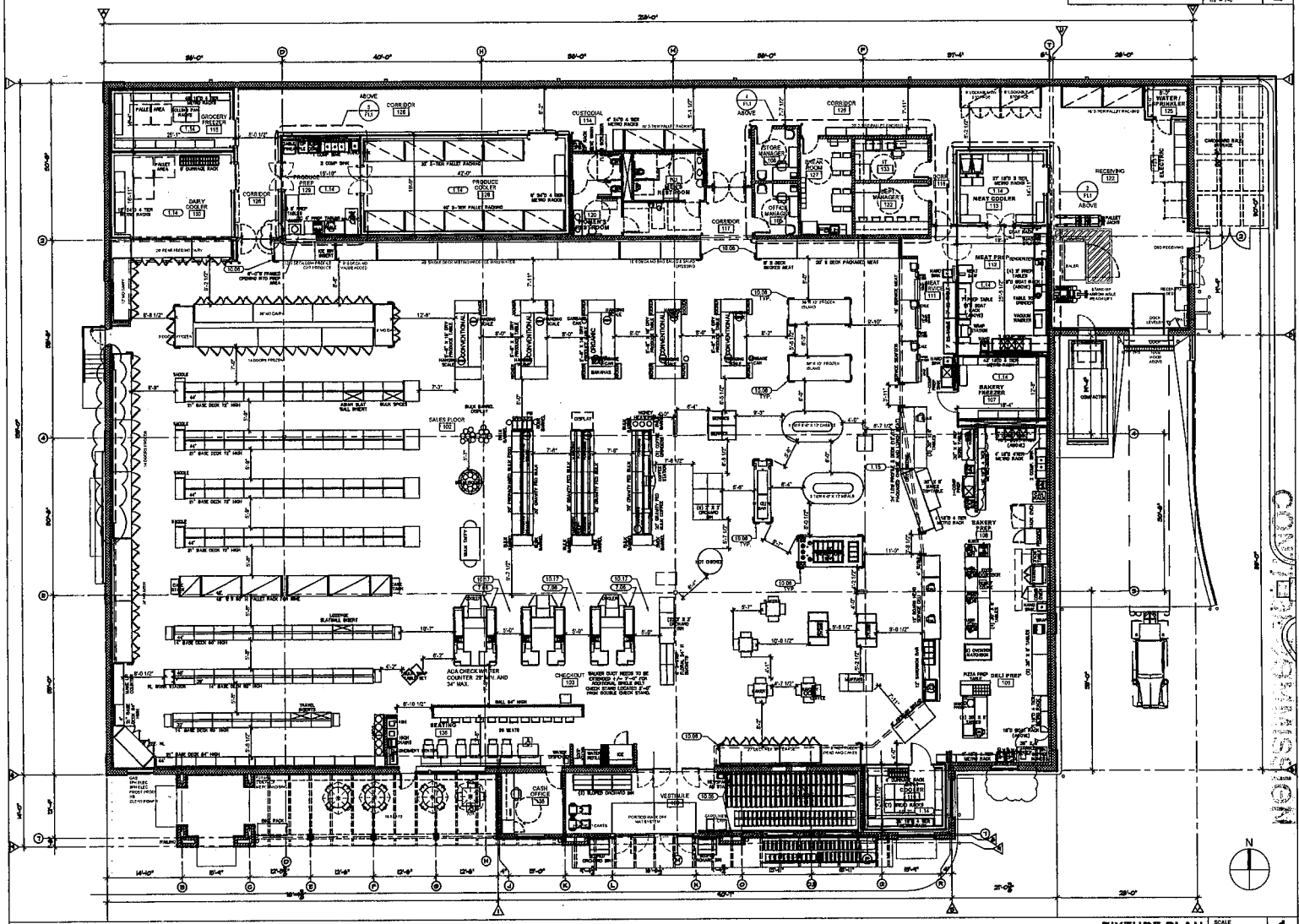
A. REFER TO SHEET A4.3 FOR CLOSURE DETAILS AT FREEZERS, COOLERS AND REFRIGERATED CASES. ALL CASES AND COOLERS MUST HAVE CLOSURE PIECES.

B. REFER TO SHEET F1.3T, F1.4T AND FOR FURNITURE AND FIXTURES.

C. GC TO FIELD VERIFY ALL INSTALLED FIXTURE DIMENSIONS. ALL CLEAR DIMENSIONS TO BE MAINTAINED. GC TO INFORM FRESH THYME OF ALL DISCREPANCIES.

D. GC TO PROVIDE BLOCKING AS REQUIRED FOR ALL FIXTURES, FURNISHINGS AND EQUIPMENT, ETC.

GENERAL NOTES



FIXTURE PLAN | SCALE 1/8" = 1'-0" | 1

KEY NOTES

REFERENCED BY (XX) THIS SYMBOL

1.14 GENERAL CONTRACTOR TO APPROVE COOLER/ FREEZER BOX DRAWINGS PRIOR TO LAYOUT. SHOW CLOSED CONDITION BETWEEN COLLER/ FREEZER BOXES AND FLOOR.

1.15 TRANSITION WEDGE BY CASE MANUFACTURER.

7.05 CHECKSTANDS TO BE DIVULGED BETWEEN JUNCTION OF FLOOR AND BASE

10.05 CART BUMPER. REFER TO 9/A4.3

10.06 REFRIGERATED CASE CORNER PROTECTION. REFER TO 8/A4.3

10.17 ALL AISLES TO BE PROVIDED WITH CHAINS TO RESTRICT ACCESS TO AISLES WHEN NOT IN USE

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BUILDING & SAFETY DIVISION

REVISIONS	DATE:
1. REVISED OF SKYLIGHTS IN STORE ON THE ROOF. THE ADDITION WHICH WILL ALLEVIATE ISSUES 1 AND 2 ABOVE. SEE SHEET A-1.1 & A-1.2	02-24-15

REALTY TRUST
NEW BUILDING
FRESH THYME
FARMERS MARKET
8220 'O' STREET
LINCOLN, NEBRASKA

Hutchinson Architecture

COPYRIGHT 2015

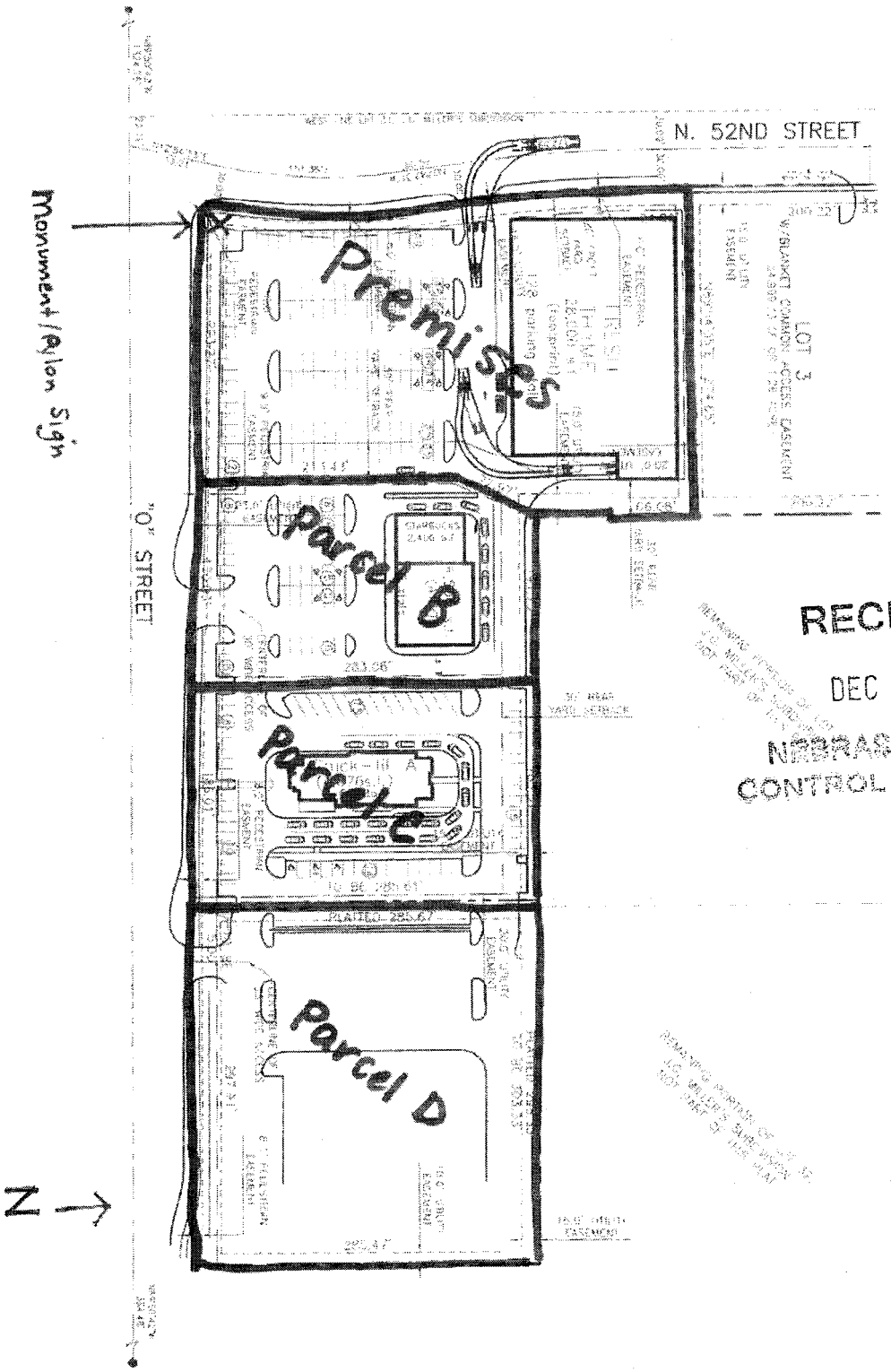
4335 Normal Blvd., Suite 257
Lincoln, Nebraska 68506
Phone: (402) 421-1502 Fax: (402)421-1503
hutchinsonarchitecture@cox.net

FIXTURE PLAN

JOB NO:14-1001
DATE: 02-09-15
REVISED:03-24-15

CONTACT:

SHEET F-1.1



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NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**
Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. 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
Fran Windsor	≈ 4/2005	montrose, CO	speeding ticket	paid the fine

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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.

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

☐ YES ☒ NO

If yes, list the lender(s)_____

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

☐ YES ☒ NO

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

No silent partners

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

☐ YES ☒ NO

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

8. Is 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 Please see note below

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)

Gateway Senior Living is located adjacent to the premises. It appears there is an approx. 160ft. separation as measured from premises to premises.

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.

JPMorgan Chase Bank, N.A., Chris Sherrell is authorized to write checks and make withdrawels

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 in Nebraska. Please see attached list for other States.

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)
None		
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For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

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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 approx. 1/6/2051
- [ ] Deed
- [ ] Purchase Agreement

14. When do you intend to open for business? approx. 1/6/2016

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

16. What are the anticipated hours of operation? 7am - 10pm Daily

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
Telluride, CO	2002	2015			

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and 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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Fran Windsor	
Signature of Applicant	**Signature of Spouse**
Fran Windsor	
Print Name	**Print Name**
Signature of Applicant	**Signature of Spouse**
Print Name	**Print Name**

ACKNOWLEDGEMENT

State of ~~Nebraska~~ ILLINOIS
County of COOK

The foregoing instrument was acknowledged before me this

11-19-15 by FRAN WINDSOR

date — name of person(S) acknowledged (individual(s) signing)

Notary Public signature

OFFICIAL SEAL
SUEANN M BERBERICH
Notary Public - State of Illinois
My Commission Expires Mar 22, 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.

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: Paracorp Incorporated

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

Lakes Venture, LLC, a Delaware limited liability company 01019522 1

LLC Address: 2650 Warrenville Road, Suite 700

City: Downers Grove State: IL Zip Code: 60515

LLC Phone Number: (331) 251-7100 LLC Fax Number

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

Last Name: Windsor First Name: Fran MI: C

Home Address: PO Box 2820 - 413A W. Pacific Ave. City: Telluride

State: CO Zip Code: 81435 Home Phone Number: 970-729-1001

Fran Windsor FRAN WINDSOR SVP

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of ~~Nebraska~~ ILLINOIS
County of COOK

The foregoing instrument was acknowledged before me this

11-19-15 **by** FRAN WINDSOR

Date **name of person acknowledge**

Sueann Berberich

Affix Seal

OFFICIAL SEAL
SUEANN M BERBERICH
Notary Public - State of Illinois
My Commission Expires Mar 22, 2017

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

Last Name: Meijer Companies, Ltd., a Michigan corporation. First Name: N/A MI: _____

Social Security Number: N/A Date of Birth: N/A

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

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 100%

Last Name: Windsor First Name: Fran MI: C

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0%

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CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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 _____

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

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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NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

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

Spouse Social Security Number:_____ Date of Birth:_____

Percentage of member ownership_____

Last Name:_____ First Name:_____ MI:_____

Social Security Number:_____ Date of Birth:_____

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

Spouse Social Security Number:_____ Date of Birth:_____

Percentage of member ownership_____

Is the applying Limited Liability Company controlled by another corporation/company?

☐YES ☐NO Lakes Venture LLC is 100% owned by Meijer Companies, Ltd., who delegated management to a Board of Managers which in turn delegated management to the Officers of Lakes Venture LLC: Chris Sherrell – President & CEO, Stephen Shoemaker –CFO, Fran Windsor -SVP, General Counsel & Secretary

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: February 1st Ending Date: January 31st

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
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.nebraska.gov

Office Use

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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: _____

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

Meijer Companies Ltd is 100% owner of Lakes Venture, LLC

Corporation Address: 2929 Walker Ave NW

City: Grand Rapids State: MI Zip Code: 49544

Corporation Phone Number: (616) 453-6711 Fax Number _____

Total Number of Corporation Shares Issued: 534,000

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

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

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

_____

Signature of President/CEO

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

Last Name: Meijer First Name: Mark MI: D

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Meijer First Name: Douglas MI: F

Social Security Number: _____ Date of Birth: _____

Title: Vice President and Treasurer Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

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Last Name: Meijer First Name: Hendrik MI: G

Social Security Number: _____ Date of Birth: _____

Title: Vice President and Secretary Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Kelley First Name: Janet MI: G

Social Security Number: _____ Date of Birth: _____

Title: VP General Counsel and Asst. Secretary Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

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

Last Name: Webb First Name: Daniel MI: E

Social Security Number: _____ Date of Birth: _____

Title: VP, Finance and Administration/CFO Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: See Organizational Chart for Shareholders 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: _____

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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 _____
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:_____ Ending Date:_____

Is this a Non-Profit Corporation?

☐ YES ☒ NO

If yes, provide the Federal ID # _____

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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.

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.nebraska.gov

Office Use

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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: Lakes Venture, LLC, a Delaware limited liability company

Premise Information

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

Premise Trade Name/DBA: Fresh Thyme Farmers Market

Premise Street Address: 5220 O Street

City: Lincoln County: Lancaster Zip Code: 68510

Premise Phone Number: Not yet available

Email address: Not yet available

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

Fran Windsor FRAN WINDSOR - SVP

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

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2015	Present	O'Neill, Heinrich, Damkroger, Bergmeyer & Shultz	Tim O'Neill	(402) 434-3000
1990	2015	Harding & Shultz, P.C., L.L.O.	Tim O'Neill	(402) 434-3000

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
Patricia Bell	1983 or 1984	Lincoln, NE	Speeding	Ticket
Patricia Bell	Early 1985ish	Buffalo or Dawson County, NE	Speeding	Ticket

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

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

Last Name: Bell First Name: Patricia MI: K

Home Address (include PO Box if applicable): 3320 Aztec Court

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: (402) 429-5521 Business Phone Number: (402) 434-3000

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

Date Of Birth: _____ Place Of Birth: Holdrege, NE

Email address: tkbells@aol.com

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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: Bell First Name: Neil MI: D.

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

Date Of Birth: _____ Place Of Birth: _____

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

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1987	Present	Lincoln, NE	1987	Present

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)
None		

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

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Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business
None		

5. Have you enclosed Form 147 regarding fingerprints?

☐ YES ☒ NO Fingerprints rolled by Nebraska State Patrol, who will submit prints.

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.

Patricia K. Bell
Signature of Manager Applicant

Neil D Bell
Signature of Spouse

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ACKNOWLEDGEMENT

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

November 12, 2015 by Patricia K. Bell and Neil D. Bell
date name of person acknowledged

Suzanne J. Rhynalds
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
SUZANNE J. RHYNALDS
My Comm. Exp. Feb. 4, 2016

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.

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

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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.

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

Neil D. Bell
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

November 12, 2015 by Neil D. Bell
date name of person acknowledged

Suzanne J. Rhynalds
Notary Public signature

Affix Seal GENERAL NOTARY - State of Nebraska SUZANNE J. RHYNALDS My Comm. Exp. Feb. 4, 2016

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.

Patricia K. Bell
Signature of individual involved with application
(Spouse of individual listed above)

Patricia K. Bell
Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

November 12, 2015 by Patricia K. Bell
date name of person acknowledged

Suzanne J. Rhynalds
Notary Public signature

Affix Seal GENERAL NOTARY - State of Nebraska SUZANNE J. RHYNALDS My Comm. Exp. Feb. 4, 2016

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008

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: Lakes Venture, LLC, a Delaware limited liability company
(Corporation, LLC, Partnership or Individual)

Trade Name: dba Fresh Thyme Farmers Market
(Doing Business As)

(331) 251 - 7100 fwindsor@freshthyme.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: Fran Windsor Title: SVP

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

2. Name: Patricia Bell Title: Corporate Manager

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): FRAN WINDSOR Title: SVP

Signature: Fran Windsor Date: 11/19/15