

February 1, 2016

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 Appian Way Lodging, LLC, DBA Fairfield Inn and Suites, 8455 Andermatt Drive, requesting a class I-116280 liquor license.

John Klimpel is the president of Appian Way, LLC. He is also the principle member of LLC's operating three liquor licensed establishments in Lincoln, Comfort Suites, Staybridge Suites and Hilton Garden Inn.

Mr. Klimpel is requesting that he be approved as the manager of the liquor license. Mr. Klimpel is currently the approved liquor license manager at the three Lincoln Hotels. He completed the required alcohol management training on August 8, 2013.

John Klimpel's driver history is as follows:

06-25-2014	Violate speed limit 16-20 MPH over	Infraction
12-04-2007	Improper registration	Infraction
09-23-2004	No valid registration	Misdemeanor
06-16-2001	Violate speed limit 11-15 MPH over	Infraction

No other areas of concerns were found.

His application is included for your review.

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.



BRIAN JACKSON, Assistant 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

RECEIVED		
JAN 26 2016		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES / <u>NO</u>	<u>New</u> / Replacing #	
Class Type <u>I</u>	116280	Initial <u>MP</u>

Applicant name Appian Way Lodging, LLC

Trade name Fairfield Inn and Suites

Previous trade name _____

Contact email address jklimpel@lincolnhotelgroup.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 <u>1-26-16</u> No. <u>168653</u>
	FROM <u>Appian Way LLC</u>
	FOR <u>New App - Fairfield Inn</u>
	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>020000</u> \$ 400.00 <input type="checkbox"/> MONEY# _____ ORDER Received by <u>Michelle Porter</u>

Office use only	PAYMENT TYPE <u>CK #020000</u>	 1600001916
	AMOUNT: <u>400.00</u>	
Rec # <u>168653</u>	Received by <u>MP</u>	

FORM 100
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John Klimpel - printed / pd cash receipt attac:
Tami Klimpel - affidavit

1. 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. 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. 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. 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. 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. 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. Submit a copy of your business plan.

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

Date

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**SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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

RECEIVED JAN 26 2016 NEBRASKA LIQUOR CONTROL COMMISSION	
Office Use Only	
Class: _____	License #: _____

Applicant Name: **Appian Way Lodging, LLC**

(Corporation, LLC, Partnership or Individual)

Trade Name: **Fairfield Inn and Suites**

(Doing Business As)

(402) 730 - 1022

Phone Number

jklimpel@lincolnhotelgroup.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.

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Trade Name (doing business as) Fairfield Inn and Suites

NEBRASKA LIQUOR
CONTROL COMMISSION

Street Address #1 8455 Andermatt Dr

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68526

Premises Telephone number _____

Business e-mail address jklimpel@lincolnhotelgroup.com

Is this location inside the city/village corporate limits:

YES

NO

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

Name Lincoln Hotel Group

Street Address #1 9240 Andermatt Dr

Street Address #2 _____

City Lincoln

State NE

Zip Code 68526

DIAGRAM OF THE STRUCTURE TO BE LICENSED
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 _____

If yes, length _____

x width _____

in feet

Is there an outdoor area?

Yes _____

No _____

If yes, length _____

x width _____

in feet

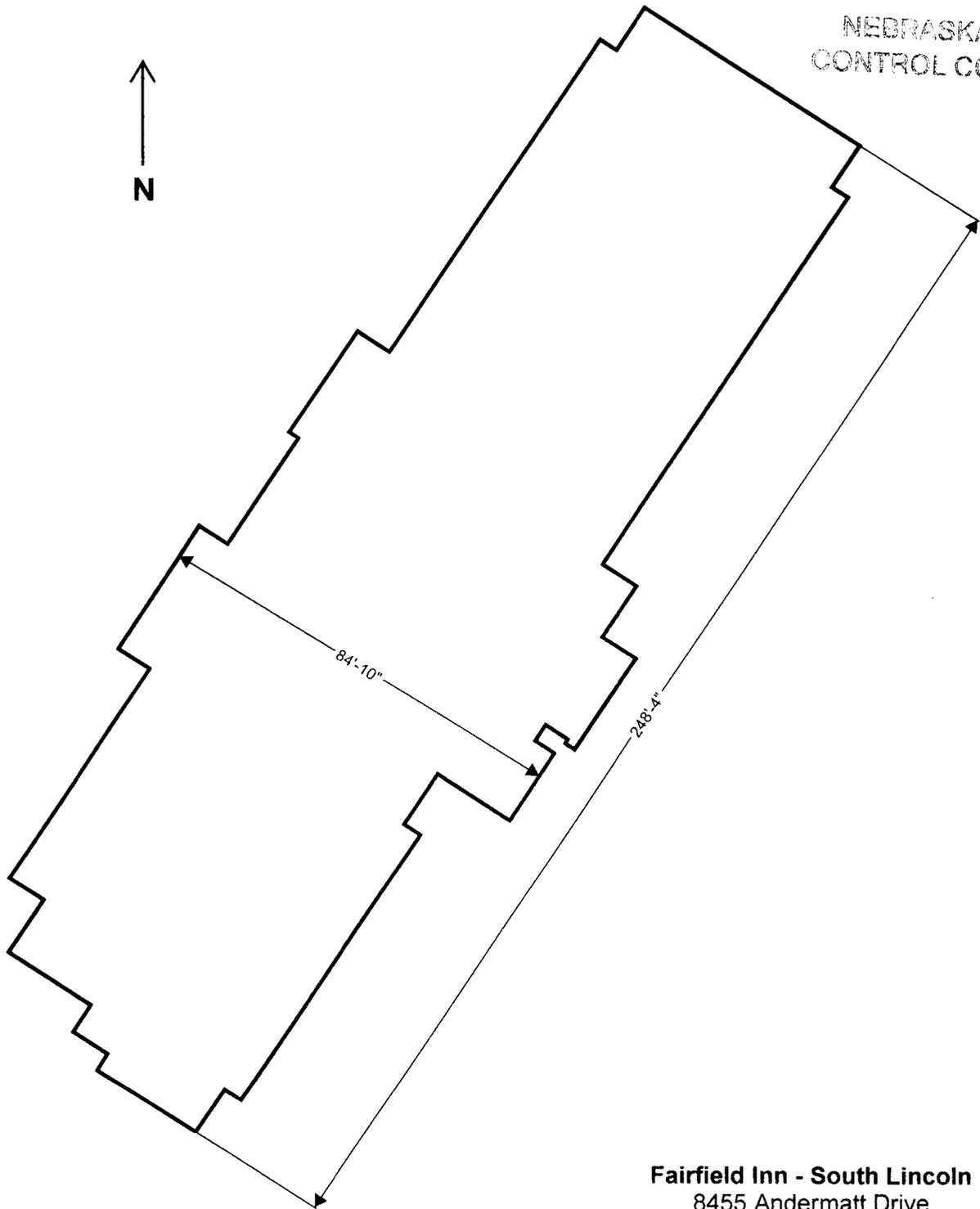
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

See Att.

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NEBRASKA LIQUOR
CONTROL COMMISSION



Fairfield Inn - South Lincoln
8455 Andermatt Drive
Lincoln, NE 68526

Three story bldg approx 248' x 85'
not including basement
OK per appli cont 1/26/16

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.

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YES NO

If yes, please explain below or attach a separate page

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
JOHN E KUMPEL	01/14/2014	Omaha, NE	MISC TRAFFIC VIOLATION	

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) Westgate Bank

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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)

NEBRASKA LIQUOR CONTROL COMMISSION

see corporate organizational forms

No silent partners

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

YES NO

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

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

YES NO

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

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Westgate Bank - Rich Gosnell, John Kumpel, Mike Works

CFO - Lincoln Hotel Group Ownership Interest

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

see attached

JAN 26 2016

NEBRASKA LIQUOR CONTROL COMMISSION

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- 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:

w/ mgrapp

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
JOHN E KLIMPEL	08/2013	RESPONSIBLE HOSPITALITY TRAINING

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business

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

Lease: expiration date _____
 Deed
 Purchase Agreement

14. When do you intend to open for business? Mid March

15. What will be the main nature of business? Hotel/Motel

16. What are the anticipated hours of operation? 4:30 to 7:30 7 days a week

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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
John Klimpel - Lincoln NE	1986	present			

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>

John E. Klimpel
Signature of Applicant

John E. Klimpel
Print Name

Signature of Applicant

Print Name

Tami A. Klimpel
Signature of Spouse

Tami A. Klimpel
Print Name

Signature of Spouse

Print Name

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JAN 25 2016

NEBRASKA LIQUOR CONTROL COMMISSION

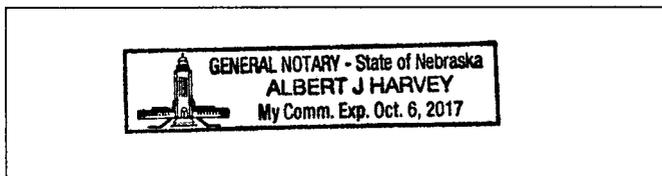
ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

20th day of January, 2016
date

✓ The foregoing instrument was acknowledged before me this
John E. & Tami A. Klimpel
name of person(s) acknowledged (individual(s) signing)

Albert J. Harvey
Notary Public signature



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.

**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

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NEBRASKA LIQUOR CONTROL COMMISSION

Manager must:

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

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

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

ed

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

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

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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NEBRASKA LIQUOR
CONTROL COMMISSION

MUST BE:

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

Name of Corporation/LLC: APPRIAN WAY Lodging, LLC

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

Premise Trade Name/DBA: FAIRFIELD INN + SUITES

Premise Street Address: 8455 ANDERMATT DR

City: LINCOLN County: LANCASTER Zip Code: 68526

Premise Phone Number: 402-730-1022

Email address: jklimpel@lincolnhotelgroup.com

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


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

Manager's information must be completed below PLEASE PRINT CLEARLY

Printed

Last Name: Klimpel First Name: John MI: E

Home Address (include PO Box if applicable): 5390 South 114th St

City: Lincoln, NE County: Lancaster Zip Code: 68526

Home Phone Number: 402-730-1022 Business Phone Number: 402-730-1022

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

Date Of Birth: _____ Place Of Birth: St Louis, Missouri

Email address: jklimpel@lincolnhotelgroup.com

Do you currently share your information (Even if a spousal affidavit has been submitted)?

YES NO

Do you currently share your information (Even if a spousal affidavit has been submitted)?

Spousal Affidavit

Spouses Last Name: Klimpel First Name: Tami MI: A

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

Date Of Birth: _____ Place Of Birth: PARMA, OHIO

RESIDENCE(S) FOR THE PAST TEN (10) YEARS
SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1986	Present	Same		

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JAN 26 2016

NEBRASKA LIQUOR CONTROL COMMISSION Form 103 REV JUNE 2015 Page 3 of 6

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2012	Present	LINCOLN Hotel Group	Self	402-730-1022
2009	2012	MK Hospitality	Self	402-730-1022

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO

JAN 26 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

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):

SEE ATTACHED

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: August 2013 Name on Certificate: JOHN E KUMPREL

attached

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
JOHN E KUMPREL	08/2013	Responsible Hospitality Council Mgmt Training

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
		RECEIVED
		JAN 26 2016
		NEBRASKA LIQUOR CONTROL COMMISSION

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

John E. Khord
Signature of Manager Applicant

Tami A. Klimpel
Signature of Spouse

ACKNOWLEDGEMENT

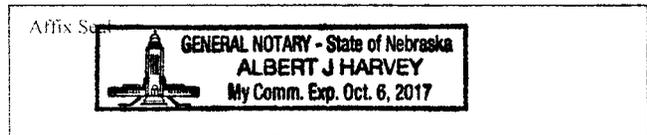
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

20th day of January, 2016
date

by John E. & Tami A. Klimpel
name of person acknowledged

Albert J. Harvey
Notary Public signature



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.

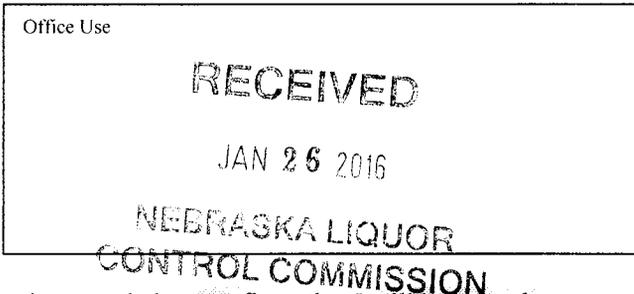
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JAN 25 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Tami A. Klimpel
Signature of spouse asking for waiver
(Spouse of individual listed below)

Tami A Klimpel
Printed name of spouse asking for waiver

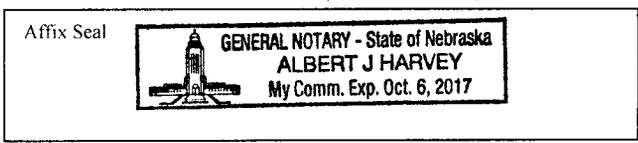
State of Nebraska

County of Lancaster

20th day of January, 2016
date

The foregoing instrument was acknowledged before me this
by Tami A. Klimpel
name of person acknowledged

Albert J. Harvey
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

John E. Klimpel
Signature of individual involved with application
(Spouse of individual listed above)

John E Klimpel
Printed name of applying individual

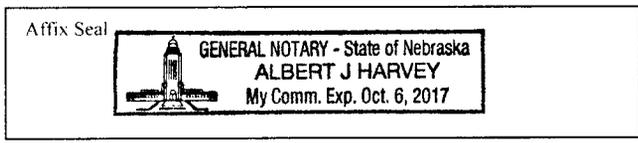
State of Nebraska

County of Lancaster

20th day of January, 2016 by
date

The foregoing instrument was acknowledged before me this
by John E. Klimpel
name of person acknowledged

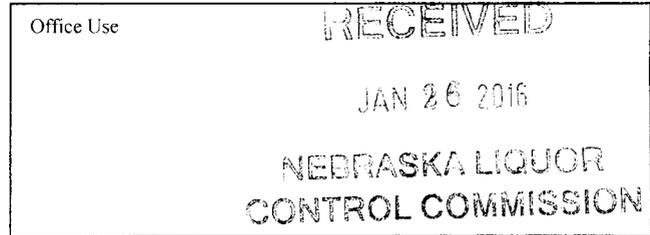
Albert J. Harvey
Notary Public signature



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

**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



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

Name of Registered Agent: MIKE WORKS

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

Appian Way Lodging, LLC # 10184218

LLC Address: 5930 S. 114th ST

City: Lincoln State: NE Zip Code: 68526

LLC Phone Number: 402-730-1022 LLC Fax Number _____

Name of Managing/Contact Member

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

Last Name: Klimpel First Name: John MI: E

Home Address: 5390 S 114th St City: Lincoln, NE

State: NE Zip Code: 68526 Home Phone Number: 402-730-1022

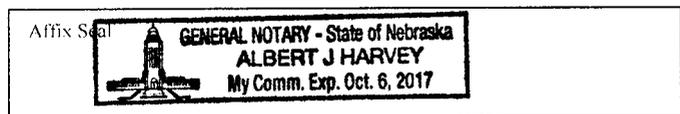
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster
20th day of January, 2016
Date

The foregoing instrument was acknowledged before me this

by John E. Klimpel
name of person acknowledge



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

is President

Last Name: KUMPEL First Name: JOHN MI: E

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 70% see Attached

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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JAN 26 2016

NEBRASKA LIQUOR CONTROL COMMISSION

*See Attached * LLC 100% ownership interest*

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: MAC Hotel Group V, LLC First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____ RECEIVED

Spouse Full Name (indicate N/A if single): _____ JAN 27 2016

Spouse Social Security Number: _____ Date of Birth: _____ NEBRASKA LIQUOR

Percentage of member ownership 10% CONTROL COMMISSION

1

Last Name: MSM Appian, 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 15%

2

Last Name: Fair Properties, 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 20%

3

Last Name: Nightcap Appian, 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 10%

4

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

5

Last Name: MMA Properties, 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 10%

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JAN 27 2016

NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: JMD Revocable Trust First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 15%

6

Last Name: Falkor Boy, 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 10%

7

Last Name: Spinman Properties, 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 10%

8

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

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~~YES~~

NO see LLC

If yes, complete controlling corporation insert form 185

OK per Steve Young 1/28/16

JAN 28 2016

NEBRASKA LIQUOR CONTROL COMMISSION

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

Starting Date: January 1 Ending Date: December 31

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

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

1

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JAN 27 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

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

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. 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

Name of Registered Agent: MIKE BUCK

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

MAC HOTEL GROUP V, LLC

LLC Address: 5930 S 114th ST

City: LINCOLN State: NE Zip Code: 68526

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: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ 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

1

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

* Last Name: RUMPEL First Name: JOHN MI: E

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 _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

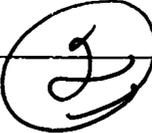
Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

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		RECEIVED
		JAN 27 2015
		NEBRASKA LIQUOR CONTROL COMMISSION

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

- 1) All members spouse(s) must be listed
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- 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.

Name of Registered Agent: MICHAEL R MOSER

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

MSM APPIAN, LLC

LLC Address: 1242 PELICAN PLACE

City: LINCOLN State: NE Zip Code: 68528

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: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ 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)

2

Last Name: MOSEK First Name: MICHAEL MI: R

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 _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

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	RECEIVED
3,	JAN 27 2016
	NEBRASKA LIQUOR CONTROL COMMISSION

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

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. 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

Name of Registered Agent: THOMAS G CADELA

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

FAIR PROPERTIES, LLC

LLC Address: 3470 E PERSHING ROAD

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: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ 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

JAN 27 2016

NEBRASKA LIQUOR CONTROL COMMISSION
MI: 6

3

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

Last Name: CABELA First Name: THOMAS

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 _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

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

(Handwritten circled '4')

Office Use
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JAN 29 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

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

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Attach copy of Articles of Organization

Name of Registered Agent: MIKE WORKS

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
Nightcap Appian, LLC

LLC Address: 6007 NORMAN RD

City: LINCOLN State: NE Zip Code: 68512

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: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ 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

JAN 27 2018

NEBRASKA LIQUOR CONTROL COMMISSION

4

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

Last Name: WORKS First Name: MICHAEL MI: A

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 _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

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	RECEIVED
	JAN 27 2016
	NEBRASKA LIQUOR CONTROL COMMISSION

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

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- 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

Name of Registered Agent: Boyd OBER

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

LLC Address: 6531 S 34th ST

City: LINCOLN State: NE Zip Code: 68576

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: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ 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

5

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JAN 27 2016

NEBRASKA LIQUOR CONTROL COMMISSION

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

Last Name: OBER First Name: Boyd 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 _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

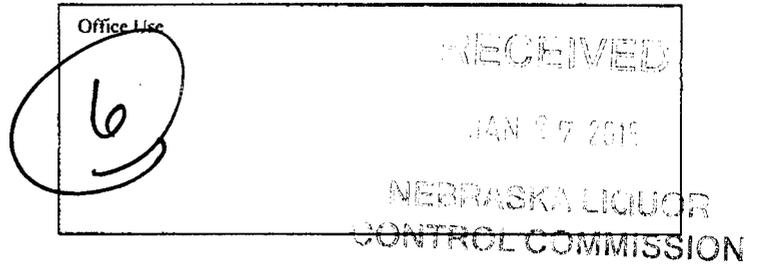
Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

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



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

Name of Registered Agent: JASON M DWORAK - TRUSTEE

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

LLC Address: 5233 NEW CASTLE RD

City: LINCOLN State: NE Zip Code: 68516

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: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ 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



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

6

Last Name: DWORAIL First Name: JASM MI: M

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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JAN 27 2016

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 _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

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

7

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JAN 27 2016
NEBRASKA LIQUOR
CONTROL COMMISSION

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

- 1) All members spouse(s) must be listed
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Attach copy of Articles of Organization

Name of Registered Agent: BARY KARTHHAUSER

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
FALKOR BOY, LLC

LLC Address: 11633 ASPEN CANYON RD

City: LINCOLN State: NE Zip Code: 68526

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: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ 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

JAN 27 2016

NEBRASKA LIQUOR CONTROL COMMISSION

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

7

Last Name: KARTHAUSER First Name: GARY 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: KARTHAUSER First Name: ANN 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 _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

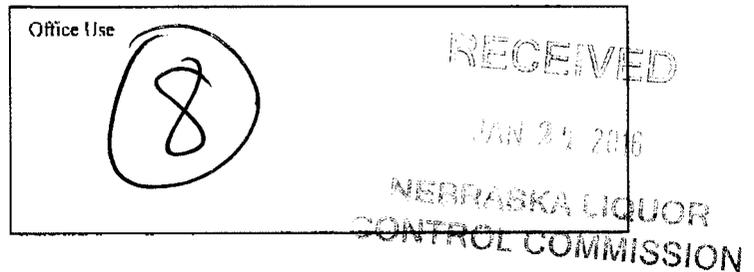
Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

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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- 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

Name of Registered Agent: DAVID O SPINAR

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

SPINMAN PROPERTIES, LLC

LLC Address: 9611 HOLLOW TREE DR

City: LINCOLN State: NE Zip Code: 68512

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: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ 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

8

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

Last Name: SPINAN First Name: DAVID 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: PERLMAN First Name: HARVEY 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 _____

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 _____