

April 18, 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 Savor Restaurant, LLC, dba Ginger, 6055 Apples Way, requesting that Hong Zheng be approved as the manager of the class I-110071 liquor license.

Mr. Zheng is the president of the company. He attended the required alcohol management training on April 24, 2014.

Hong Zheng has several liquor licenses in Omaha and Lincoln. He owns the China Buffet in Lincoln.

Hong Zheng's criminal and driver history is as follows:

12-04-2014	Violate speed limit 6-10 MPH over	Infraction
07-10-2014	Speeding 11-15 MPH over	Infraction
06-19-2013	Violate speed limit 11-15 MPH over	Infraction
03-21-2013	Speeding 6-10 MPH over	Infraction
02-20-2012	Violate speed limit 11-15 MPH over	Infraction
08-05-2011	Violate speed limit 6-10 MPH over	Infraction
04-06-2010	Speeding 11-15 MPH over	Infraction
04-22-2008	Disobey stop lights	Infraction
08-14-2000	Speeding 16-20 MPH over	Infraction

The 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.

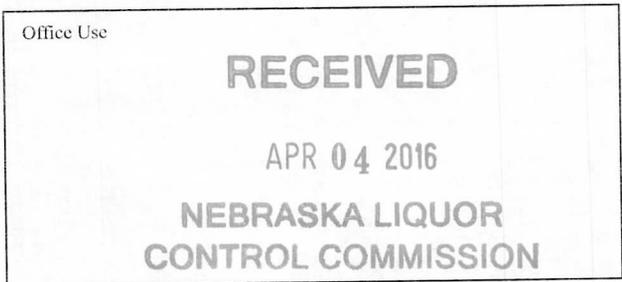


BRIAN JACKSON, Interim Chief of Police



**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



**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 card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- ✓ 21 years of age or older

**Corporation/LLC information**

Name of Corporation/LLC: savor restaurant LLC

**Premise information**

Liquor License Number: 110071 Class Type I (if new application leave blank)

Premise Trade Name/DBA: Ginger

Premise Street Address: 6055 Apples way

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: 402-904-4411

Premise Email address: hongz9132@gmail.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. To see authorized officers or members search your license information here.

*OK - owner / President is applicant*

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

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Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: zheng First Name: Hong MI: \_\_\_\_\_

Home Address: 13645 Cuming Street

City: Omaha County: douglas Zip Code: 68154

Home Phone Number: 402-250-9132

Driver's License Number & State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: china

Email address: hongz9132@gmail.com

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

YES

NO

Spouse's information

Spouses Last Name: liu First Name: huan MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: china, Changle

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
omaha Nebraska	2000	2016			

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NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2016	china buffet	self employee/ hong zheng	402-498-3868

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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. 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

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): china Buffet

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

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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)

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\*For list of NLCC Certified Training Programs see [www.icc.ne.gov/traininginfo.html](http://www.icc.ne.gov/traininginfo.html)

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Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Hong Zheng / owner	2010	China Buffet 120 N 66 St Lincoln, NE

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.

*[Handwritten Signature]*

Signature of Manager Applicant

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*[Handwritten Signature]*

Signature of Spouse

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ACKNOWLEDGEMENT

State of Nebraska  
County of Douglas

The foregoing instrument was acknowledged before me this

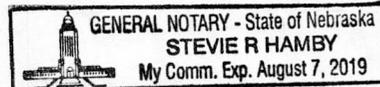
28<sup>th</sup> of March, 2016 by

date

Hong Zhong and Huan Liu  
NAME OF PERSON BEING ACKNOWLEDGED

*[Handwritten Signature]*  
Notary Public signature

Affix Seal



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.

**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

<b>RECEIVED</b> APR 04 2016 NEBRASKA LIQUOR CONTROL COMMISSION <small>Office Use Only</small>	
Class: _____	License #: _____

Applicant Name: **savor restaurant LLC**  
(Corporation, LLC, Partnership or Individual)

Trade Name: **Ginger**  
(Doing Business As)

**(402) 904 - 4411**  
Phone Number

**hongz9132@gmail.com**  
Contact E-mail Address

**DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Guidelines / Brochures". **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- 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).
- **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.*
- Fee payment of **\$28.75 per person** **must** be made **directly** to the NSP;  
It is recommended to make payment through the NSP PayPort online system at [www.ne.gov/go/nsp](http://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 12<sup>th</sup> Street**  
**Lincoln, NE 68521**
- 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.
- 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.*

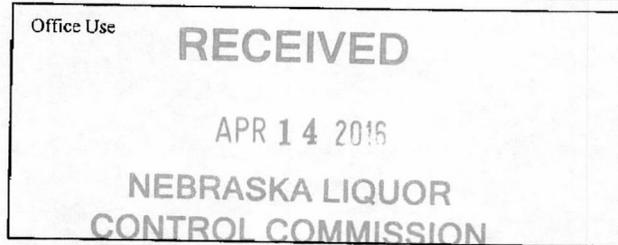
**Please complete information on the following pages for EACH person fingerprinted.**

Att: Shannon Nyhoff

Print Form

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
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Website: [www.lcc.ne.gov](http://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.

*[Handwritten Signature]*

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

Huan Liu

Printed name of spouse asking for waiver

State of NEBRASKA

County of DOUGLAS

The foregoing instrument was acknowledged before me this

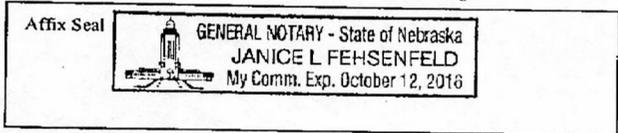
4-13-16

date

by HUAN LIU

name of person acknowledged

*[Handwritten Signature]*  
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.

*[Handwritten Signature]*

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

Hong zheng

Printed name of applying individual

State of NEBRASKA

County of DOUGLAS

The foregoing instrument was acknowledged before me this

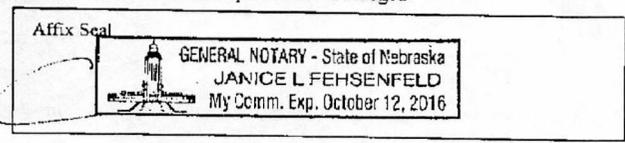
4-13-16

date

by HONG ZHENG

name of person acknowledged

*[Handwritten Signature]*  
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.