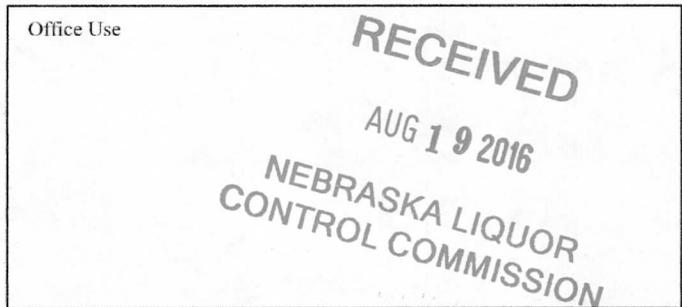


**MANAGER APPLICATION
INSERT - FORM 3c**

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: YIN FAMILY, LLC.

Premise information

Liquor License Number: 103346 Class Type C (if new application leave blank)

Premise Trade Name/DBA: HIRO 88

Premise Street Address: 601 R. ST SUITE #100

City: LINCOLN County: LANCASTER Zip Code: 68508

Premise Phone Number: 402-261-9388

Premise Email address: CHADWICK@HIRO88.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.



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

RECEIVED

Last Name: FISHER First Name: CHADWICK MI: W

AUG 19 2016

Home Address: 7826 BROADVIEW DR.

City: LINCOLN County: LANCASTER NEBRASKA LIQUOR CONTROL COMMISSIONERS Zip Code: 68504

Home Phone Number: 402-312-0243

Driver's License Number & State:

Social Security Number:

Date Of Birth: Place Of Birth: LINCOLN, NE

Email address: CHADWICK@HIRO88.COM

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

[] YES [X] NO

Spouse's information

Spouses Last Name: First Name: MI:

Social Security Number:

Driver's 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	2013	PRESENT			
OMAHA, NE	2000	2013			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	PRESENT	HIRO 88	CHARLES YIN	402-875-5588
2012	2013	RED LOBSTER	DEB	402-391-5970

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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
CHADWICK FISHER	?/2000	OMAHA, NE	SPEEDING	
CHADWICK FISHER	?/2002	OMAHA, NE	TICKET-FOLLOWING TO CLOSE	
CHADWICK FISHER	00/2016	LINCOLN, NE	PARKING 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

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

*NLCC Training Certificate Issued: #RB-0068405 Name on Certificate: CHADWICK FISHER

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
CHADWICK FISHER	07/2009	C.A.R.E.
CHADWICK FISHER	08/2016	RESPONSIBLE BEVERAGE SERVICE TRAINING
RECEIVED		
AUG 19 2016		
NEBRASKA LIQUOR CONTROL COMMISSION		

*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
CHADWICK FISHER / GM	2013-PRESENT	HINO 88 LINCOLN, NE
CHADWICK FISHER / MANAGER	2012-2013	RED LOBSTER 72 ND + DODGE OMAHA, NE
CHADWICK FISHER / ^{F+B} OUTLET MANAGER	2008-2012	EMBASSY SUITES LAVISTA, NE
CHADWICK FISHER / BARTENDER	2006-2008	STIR COUNCIL BLUFFS, IA
CHADWICK FISHER / LEAD SERVER	2005-2006	FLATTOP GRILL EVANSTON, IL
CHADWICK FISHER / BARTENDER	2004-2005	STIR COUNCIL BLUFFS, IA
CHADWICK FISHER / SERVER	2000-2004	RED LOBSTER OAKVIEW MALL OMAHA, 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.

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

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

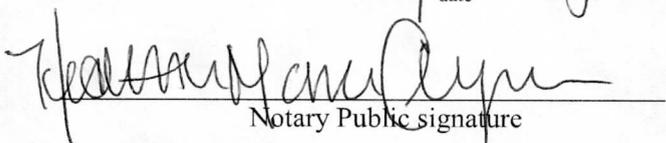

Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

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

18th day of August 2016 by Chadwick Fisher
date NAME OF PERSON BEING ACKNOWLEDGED


Notary Public signature

Affix Seal

State of Nebraska - General Notary HEATHER MARIE CLYMER My Commission Expires September 3, 2018
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In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**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

DATE RECEIVED	
RECEIVED	
AUG 19 2016	
Office Use Only	
NEBRASKA LIQUOR	
Class:	License #:

Applicant Name: Chadwick Fisher
(Corporation, LLC, Partnership or Individual)

Trade Name: Hino 88
(Doing Business As)

(402) 261-9388
Phone Number

Chadwick@Hino88.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
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
- 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.