



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

November 18, 2008

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 Blue Mountain Smokehouse Pizza, 8600 Amber Hill Court, suite 100 requesting a class I liquor license.

Kelvin Korver, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

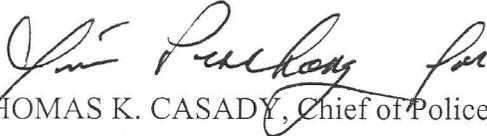
Kelvin Korver was born in Dallas, Texas. He attended Northwestern College graduating in 1972.

Mr. Korver has been self employed since 1974.

The required training was completed on November 13<sup>th</sup> 2008.

Stockholder information has been 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.

  
THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

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

**RECEIVED**  
 NOV 17 2008  
 NEBRASKA LIQUOR  
 CONTROL COMMISSION

**RECEIVED**  
 NOV 05 2008  
 NEBRASKA LIQUOR  
 CONTROL COMMISSION

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
 CHECK DESIRED CLASS(S)**

RETAIL LICENSE(S)		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS	Application Fee	Bond Required
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/> O Boat	\$ 95.00	none
<input type="checkbox"/> V Manufacturer		
<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/> W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/> X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/> Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/> Z Micro Distillery	\$295.00	\$1,000 minimum

Copy of TTB permit (if applying for L, V, W, X, Y or Z)

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>  
 All other licenses expire April 30<sup>th</sup>  
 Catering license (K) expires same as underlying retail license

**TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)**

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

**NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION  
 (commission will call this person with any questions we may have on this application)**

Name DaNay Kalkowski Phone number: 402-435-6000  
 Firm Name Seacrest & Kalkowski, PC, LLO (danay@sk-law.com)

**PREMISE INFORMATION**

Trade Name (doing business as) Raider, LLC d/b/a Blue Mountain Smokehouse Pizza

Street Address #1 8600 Amber Hill Court, Suite 100

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2 Zip Code 68516

Premise Telephone number number not assigned yet

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

Mail address (where you want receipt of mail from the commission)  
Name Kelvin Korver

Street Address #1 17381 Pella Road

Street Address #2 \_\_\_\_\_

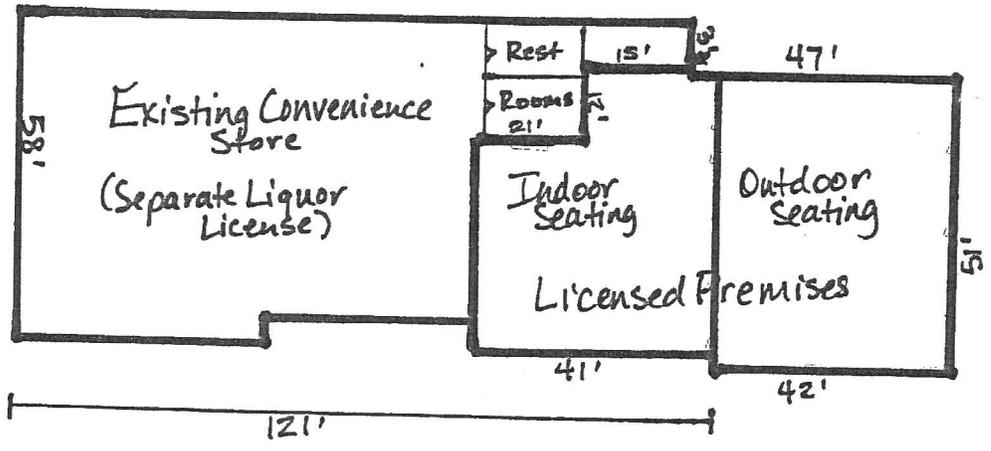
City Adams State NE Zip Code 68031

**DESCRIPTION AND 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, 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 in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

one story area approx 41' x 51'  
including sidewalk cafe 42' x 51'



The licensed premises will have access to the restrooms in the Convenience store.

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.ne.gov](http://www.lcc.ne.gov)

Office Use  
**RECEIVED**  
NOV 17 2008  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**RECEIVED**

NOV 05 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Kelvin Korver

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

Lumphanan LLC

LLC Address: 16934 Pella Road

City: Adams State: NE Zip Code: 68301

LLC Phone Number: 402-788-2202 Fax Number 402-778-2757

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Korver First Name: Kelvin MI: M

Home Address: 17381 Pella Road City: Adams

State: NE Zip Code: 68301 Home Phone Number: 402-788-2788



Signature of Contact Member

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

October 30, 2008

by Kelvin Korver, Member  
name of person acknowledged

Danay Kalkowski  
Notary Public signature

Affix Seal Here GENERAL NOTARY-State of Nebraska  
DANAY KALKOWSKI  
My Comm. Exp. May 18, 2010

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

Last Name: Korver First Name: Kelvin MI: M

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

---

Last Name: K & L Technologies, Inc. First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: Tax II Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**APPLICANT INFORMATION**

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

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

*see attached*

If yes, please explain below or attach a separate page.

Traffic violations. Please see attached report from Nebraska Department of Motor Vehicles.

*please list out on separate page  
dmv reports are not acceptable as list*

2. Are you buying the business and/or assets of a licensee?

YES  NO

If yes, give name of business and license number \_\_\_\_\_

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

YES  NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

YES  NO

If yes, list the lender \_\_\_\_\_

5. 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. \_\_\_\_\_

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

YES  NO

If yes, list such items and the owner. \_\_\_\_\_

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

YES  NO

If yes, explain. \_\_\_\_\_

**No silent partners**

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

YES  NO

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

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

Union Bank & Trust; Kelvin Korver or Cindy Holden

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.

Kelvin Korver, Shareholder of Eiger Corp., 8600 Amber Hill Court, Lincoln, NE 68512; License No. 70988

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

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Kelvin Korver	1975 - 1980	Owner of private club, Judge Bartons - Palistine, TX
Kelvin Korver	1972 - 1984	Owner of Pizza Emporium - Sheldon, IA
		Both of the above served food and liquor

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 April 30, 2010
- Deed
- Purchase Agreement

14. When do you intend to open for business? January 2, 2009

15. What will be the main nature of business? Sit down restaurant

16. What are the anticipated hours of operation? 10:00 am - 10:00 pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

**RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Adams, Nebraska	1982	2008	Adams, Nebraska	1982	2008

Is the applying Limited Liability Company controlled by another Corporation/Company?

YES

NO

If yes, provide the name of corporation/company and supply an organizational chart

---

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 #.

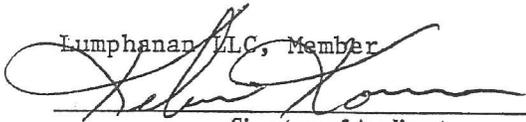
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In compliance with the ADA, this limited liability company insert form 3b is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format

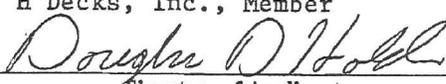
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) 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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Lumphanan, LLC, Member  
  
 \_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Spouse

A & H Decks, Inc., Member  
  
 \_\_\_\_\_  
 Signature of Applicant

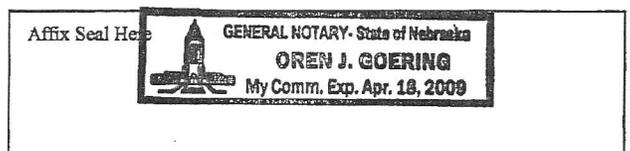
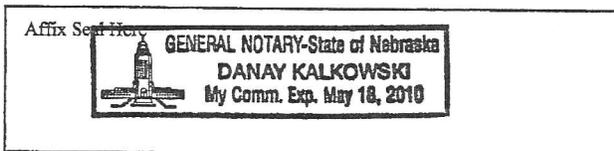
\_\_\_\_\_  
 Signature of Spouse

State of Nebraska  
 County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this October 30, 2008 by  
Kevin Kower, Member of Lumphanan, LLC  
Danay Kalkowski  
 \_\_\_\_\_  
 Notary Public signature

The foregoing instrument was acknowledged before me this October 31, 2008 by  
Douglas D Holden, President A+H Decks, Inc.  
Oren J Goering  
 \_\_\_\_\_  
 Notary Public signature



in compliance with the ADA, this manager insert form 3c 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  
Supplemental Information for Question 1**

**RECEIVED**

**NOV 17 2008**

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**Kelvin M. Korver**

Department of Motor Vehicle Charges:

1. Citation: 03-14-2008; Judgment: 04-03-2008 for Speeding 11 – 15 miles per hour;  
County Court, Lincoln, NE
2. Citation: 03-14-2008; Judgment: 04-03-2008 for no Occupant Protection System  
(seatbelt); County Court, Lincoln, NE

**Ardith J. Korver**

Department of Motor Vehicle Charges:

None.



Driver and Vehicle Records Division
301 Centennial Mall South, P.O. Box 94789
LINCOLN, NEBRASKA 68509-4789
(402) 471-3918
Fax (402) 471-8694

ABSTRACT OF RECORD

Print Date: 10/30/2008

Page: 01 of 01

KELVIN M KORVER

Driver License

KELVIN M KORVER
17381 PELLA RD
ADAMS NE 68301
Resident County: 02
DOB:
Sex: M Race: W
Height: 6'08" Weight: 300
Eyes: BLU Hair: BRO
Status: VALID
DLN/Permit/ID Card:
Issue County: 02
Restrictions: B
License Class: 0
Issued: 06-21-2006
Expir: -2011
Endorsements:

-- CONVICTION/ADMINISTRATIVE ADJUDICATIONS --

SPEEDING 11-15 MPH MUNICIPAL 40/25
Citation: 03-14-2008 Judgment: 04-03-2008 COUNTY COURT LINCOLN NE
Points: 3

NO OCCUPANT PROTECTION SYSTEM
Citation: 03-14-2008 Judgment: 04-03-2008 COUNTY COURT LINCOLN NE
Points: 0

\*\*\*\*\*4K9\*\*\*\*\*

RECEIVED

NOV 17 2008

NEBRASKA LIQUOR CONTROL COMMISSION

This is to certify that the above is a true and correct abstract of the operating record of the above-named individual as contained in our files. Any entry for an accident which may appear above is for statistical purposes only and does not indicate a determination of fault.

Betty Johnson (handwritten signature)

Betty Johnson
Driver and Vehicle Records Division



Driver and Vehicle Records Division

301 Centennial Mall South, P.O. Box 94789  
LINCOLN, NEBRASKA 68509-4789  
(402) 471-3918  
Fax (402) 471-8694

COMPLETE ABSTRACT OF RECORD

Print Date: 11/03/2008

Page: 01 of 01

ARDITH J KORVER

Driver License

ARDITH J KORVER  
8304 ROCKLEDGE RD APT 804  
LINCOLN NE 68506  
Resident County: 02

DOB:  
Sex: F Race: W  
Height: 5'03" Weight: 140  
Eyes: BRO Hair: BRO

Status: VALID

DLN/Permit/ID Card  
Issue County: 02  
Restrictions:

License Class: O  
Issued: 07-02-2008

Expir: -2013  
Endorsements:

----- ACCIDENTS -----

Reported: 08-09-2007

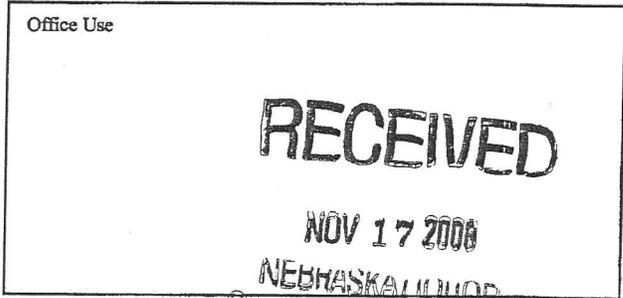
\*\*\*\*\*5K0\*\*\*\*\*

This is to certify that the above is a true and correct abstract of the operating record of the above-named individual as contained in our files. Any entry for an accident which may appear above is for statistical purposes only and does not indicate a determination of fault.

Betty Johnson  
Driver and Vehicle Records Division

**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.ne.gov](http://www.lcc.ne.gov)



All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Cindy Holden

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

Raider, LLC

LLC Address: 17500 Princeton Road

City: Adams State: NE Zip Code: 68301

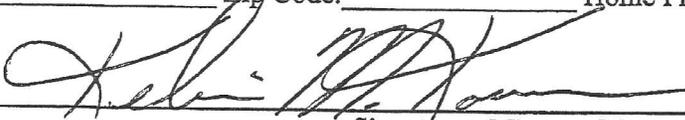
LLC Phone Number: 402-788-2725 Fax Number 402-788-2757

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Korver First Name: Kelvin MI: M

Home Address: 17381 Pella Road City: Adams

State: NE Zip Code: 68301 Home Phone Number: 402-488-2202



Signature of Contact Member

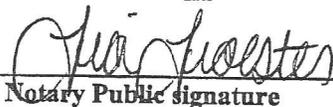
State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

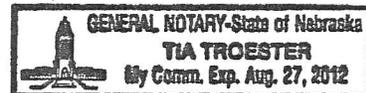
November 14, 2008  
date

by Kelvin Korver  
name of person acknowledged



Notary Public signature

Affix Seal Here



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

Last Name: A & H Decks, Inc. First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Lumphanan LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: Tax ID. -- -- -- Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Korver First Name: Kelvin MI: M

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

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: \_\_\_\_\_

---

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: \_\_\_\_\_

---

Is the applying Limited Liability Company controlled by another Corporation/Company?

YES

NO

If yes, provide the name of corporation/company and supply an organizational chart

Lumphanan LLC; Members: Kelvin Korver and K&L Technologies, Inc.

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 limited liability company insert form 3b is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format

REVISED 5/2007

APPLICANT

Raider, LLC,  
a Nebraska limited liability company

Members

75% Interest  
Lumphanan, LLC  
a Nebraska limited liability company

Members

99.98% Interest  
Kelvin Korver

.02% Interest  
K & L Technologies, Inc.  
a Nebraska corporation

25% Interest  
A & H Decks, Inc.  
a Nebraska corporation

Shareholders

1250 Shares  
Douglas P. Holden

1250 Shares  
Cindy L. Holden

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.ne.gov](http://www.lcc.ne.gov)

Office Use

RECEIVED  
NOV 17 2008  
NEBRASKA LIQUOR  
CONTROL COMMISSION

RECEIVED  
NOV 05 2008  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Cindy Holden

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

A & H Decks, Inc.

Corporation Address: Route 1, Box 86

City: Adams State: NE Zip Code: 68301

Corporation Phone Number: 402-788-2725 Fax Number 402-788-2757

Total Number of Corporation Shares Issued: 2500

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

Last Name: Holden First Name: Douglas MI: D

Home Address: Route 1, Box 86 City: Adams

State: NE Zip Code: 68301 Home Phone Number: 402-788-2725

*Douglas D Holden*

Signature of president

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

10-31-08

date

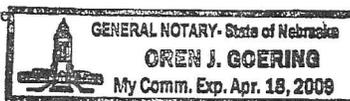
by Douglas Holden, President

name of person acknowledged

*Oren J Goering*

Notary Public signature

Affix Seal Here



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

Last Name: Holden First Name: Douglas MI: D

Social Security Numl \_\_\_\_\_ Date of Bir \_\_\_\_\_

Title: President Number of Shares 1250

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

Spouse Social Security Numbe: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Last Name: Holden First Name: Cindy MI: L

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title: Secretary/Treasurer Number of Shares 1250

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

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: \_\_\_\_\_

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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: \_\_\_\_\_

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Is the applying Corporation controlled by another Corporation?

YES

NO

If yes, provide the name of corporation and supply an organizational chart

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Indicate the Corporation'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 #.

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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.

REVISED 5/2007

**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.ne.gov](http://www.lcc.ne.gov)

**RECEIVED** Office Use  
NOV 17 2008  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**RECEIVED**  
NOV 05 2008  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Raider, LLC

Premise information

Premise License Number: \_\_\_\_\_

Premise Trade Name/DBA: Blue Mountain Smokehouse Pizza

Premise Street Address: 8600 Amber Hill Court, Suite 100

City: Lincoln State: NE Zip Code: 68516

Premise Phone Number: not assigned yet

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



Kelvin Korver

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: Korver First Name: Kelvin MI: M

Home Address (include PO Box if applicable): 17381 Pella Road

City: Adams State: NE Zip Code: 68301

Home Phone Number: 402-788-2788 Business Phone Number: 402-788-2202

Social Security Number \_\_\_\_\_ Drivers License Number & State \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Dallas, Texas

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: Korver First Name: Ardith  
MI: J

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Place Of Birth: Hickman, Nebraska

**APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS**

**APPLICANT**

**SPOUSE**

CITY & STATE	YEAR		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Adams, Nebraska	1982	2008	Adams, Nebraska	1982	2008

**MANAGER'S LAST TWO EMPLOYERS**

YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
1996	2008	Eiger Corporation	self-employed	402-432-8975
1974	1996	K & L Technologies, Inc.	self-employed	402-432-8975

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

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      If yes, please explain below or attach a separate page.

Traffic violations. Please see attached report from Nebraska Department of Motor Vehicles.

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES       NO

Shareholder of Eiger Corp.  
8600 Amber Hill Court - Convenience Store  
Lincoln, NE 68516      License No. 70988

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES       NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

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.

  
\_\_\_\_\_  
Signature of Manager Applicant

  
\_\_\_\_\_  
Signature of Spouse

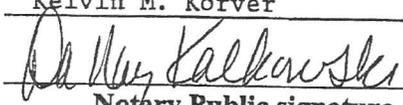
State of Nebraska

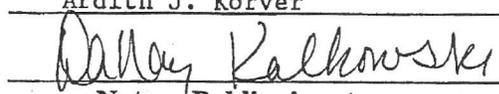
County of Lancaster

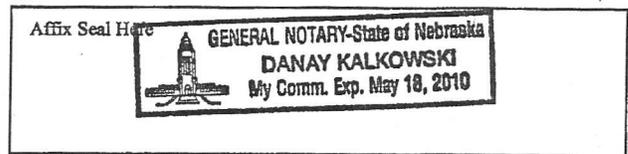
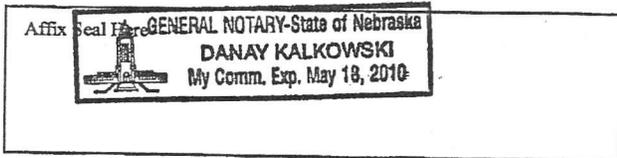
County of Lancaster

The foregoing instrument was acknowledged before me this October 30, 2008 by

The foregoing instrument was acknowledged before me this November 4, 2008 by

Kelvin M. Korver  
\_\_\_\_\_  
  
Notary Public signature

Ardith J. Korver  
\_\_\_\_\_  
  
Notary Public signature



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.



