

PREMISE INFORMATION

Trade Name (doing business as) Pho Factory

Street Address #1 940 N. 26th St. Suite 206

Street Address #2 _____

City Lincoln County _____ Zip Code 68503

Premise Telephone number ~~###~~ cell: (402) 770-0679

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

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

Name Khanh Thi My Nguyen

Street Address #1 2020 Indigo Ct.

Street Address #2 _____

City Lincoln State NE Zip Code 68503

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

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

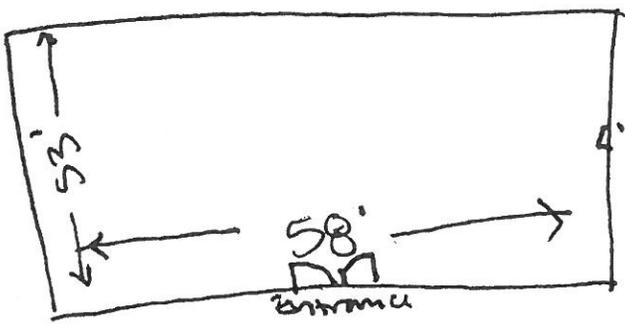
Length 58 feet
Width 53 feet

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

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MAR 20 2012

NEBRASKALIQUOR
CONTROL COMMISSION



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

Office Use
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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 (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse(s) (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

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

Name of Registered Agent: Khanh Thi My Nguyen

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

LLC Address: 2020 Indigo Ct.

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: (402) 770-0679 LLC Fax Number N/A

Name of Managing/Contact Member

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

Last Name: Nguyen First Name: Khanh MI: Thi

Home Address: 2020 Indigo Ct. City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: N/A

[Signature]
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER
8th day of March, 2012
Date
[Signature]

The foregoing instrument was acknowledged before me this

by KHANH THI MY NGUYEN
name of person acknowledge

Affix Seal
GENERAL NOTARY - State of Nebraska
HOLLY ERICKSON
My Comm. Exp. Sept. 27, 2014

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

Last Name: Nguyen First Name: Khanh MI: Thi

FP
Sign

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

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CONTROLLED
MISSION

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 _____

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

Office Use

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CONTROL COMMISSION

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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) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

010158374

Name of Corporation/LLC: Mykhanh Restaurants, LLC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Pho Factory

Premise Street Address: 940 N. 26th St. Suite 200

City: Lincoln State: NE Zip Code: 68503

~~Premise Phone Number:~~ N/A (402) 770-0679

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

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Manager's information must be completed below PLEASE PRINT CLEARLY

MAR 20 2012

NEBRASKA ALCOHOL CONTROL COMMISSION

FFP Sign Citizen

Gender: MALE FEMALE

Last Name: Nguyen First Name: Khankh MI: Thi

Home Address (include PO Box if applicable): 2020 Indigo Ct
City: Lincoln County: _____ Zip Code: 68521

Home Phone Number: N/A Business Phone Number: N/A
(cell) (402) 770-0679

Social Security _____ Drivers License Number & Stat _____ NE

Date Of Birth _____ Place Of Birth: Colorado, USA

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: _____ First Name: _____ MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

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

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2001	2012	N/A		



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

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NEBRASKA LIQUOR CONTROL COMMISSION

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MAR 20 2012

NEBRASKA LIQUOR CONTROL COMMISSION

DE ANGUIEM KKHANUICHTHIMY
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