CITY OF LINCOLN NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

October 24, 2014

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 a class I-110071 liquor license.

Hong Zheng, President of Savor Restaurant, LLC, has completed the required management training. Mr. Hong already has several class I liquor licenses in Lincoln and the Omaha area.

Yvette Cordell is requesting that she be approved as the manager of their liquor license.

No areas of concern were found.

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.

JIM PESCHONG, 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.ne.gov

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| | | |
|---|---|---|
| QA | New | |
| I | 110071 | mp |

Applicant name Savor Restaurant LLC

Trade name Ginger

Previous trade name

Contact email address jeffreysilver@silver-law.net

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 state.

Hong Zheng —
Liu Huan —
Yvette Cordell —
Steve Cordell —

## REQUIRED ATTACHMENTS

Attached Receipt Sifatrol

Each item must be checked and included with application or marked N/A (not applicable)

_____ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of $38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office. See fingerprint brochure

X OK 2. Enclose application fee of $400, check made payable to the Nebraska Liquor Control Commission.

| | |
|---|---|
| PAYMENT TYPE CK 14252 | 1400024500 |
| AMOUNT $400 | |
| RECEIPT # | |
| Received mm | |

Needs training

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X OK 3) Enclose the appropriate application forms:

Individual license (requires insert form 1- form number 104)
Partnership license (requires insert form 2- form number 105)
Corporate license (requires insert form 3a & 3c- form number 101 and 103)
Limited liability company (LLC) (requires form 3b & 3c- form number 102 and 103)

X OK 4. If building is being leased send a copy of signed lease. Lease must be in the name of the individual, corporation or limited liability company making application. Lease term must run through the license year being applied for (see page 3). Need comm date w/address

✓ 5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

N/A 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).

N/A 7. If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).

N/A 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

OK 9. For citizenship enclose copy of U.S. birth certificate; U.S. passport or naturalization paper
For residency enclose proof of registered voter in Nebraska
See guideline for further assistance http://www.lcc.nebraska.gov/brochures.html

X OK 10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode stamp.

X OK 11. Submit a copy of your business plan.

**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**

October 2, 2014

**Date**

~~corp~~ ~~tax~~ % ?
~~$10~~
~~desc~~.
lease comm date
training

**APPLICATION FOR LIQUOR LICENSE**
**RETAIL**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
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PHONE (402) 471-2571
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**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES**
**CHECK DESIRED CLASS**

**RETAIL LICENSE(S)** **Submit $400 Non Refundable Application Fee**

- ☐ A BEER, ON SALE ONLY
- ☐ B BEER, OFF SALE ONLY
- ☐ C BEER, WINE, DISTILLED SPIRTS, ON AND OFF SALE
- ☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- ☒ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- ☐ AB BEER, ON AND OFF SALE
- ☐ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- ☐ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ☐ ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

☐ Class K Catering license (requires catering application form 106) $100.00

**Additional fees will be assessed at city/village or county level when license is issued**

**LICENSE YEAR**

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING**
**(CHECK ONLY ONE)**

- ☐ Individual License (requires insert form 1- form number 104)
- ☐ Partnership License (requires insert form 2- form number 105)
- ☐ Corporate License (requires insert form 3a & 3c- form number 101 and 103)
- ☒ Limited Liability Company (LLC) (requires form 3b & 3c- form number 102 and 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)**
**Commission will call this person with any questions we may have on this application**

Name Jeffrey A. Silver Phone number: 402-393-1984

Firm Name Jeffrey A. Silver

## PREMISE INFORMATION

Trade Name (doing business as) Ginger

Street Address #1 6055 Apples Way

Street Address #2

City Lincoln County Lancaster Zip Code 68516

Premise Telephone number 402-250-9132

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Business e-mail address

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

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

NEBRASKA LIQUOR CONTROL COMMISSION

Name Savor Restaurant LLC

Street Address #1 6055 Apples Way

Street Address #2

City Lincoln State Nebraska Zip Code 68516

## 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

Building: length 128'.4" x width 61' 11" in feet

Is there a basement to be licensed? Yes____ No X If yes, length _____x width _____ in feet

Is there an outdoor area? Yes_____ No X If yes, length____ x width_____ in feet

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

One story bldg approx 128' x 62'

OK per Email atty 10/18

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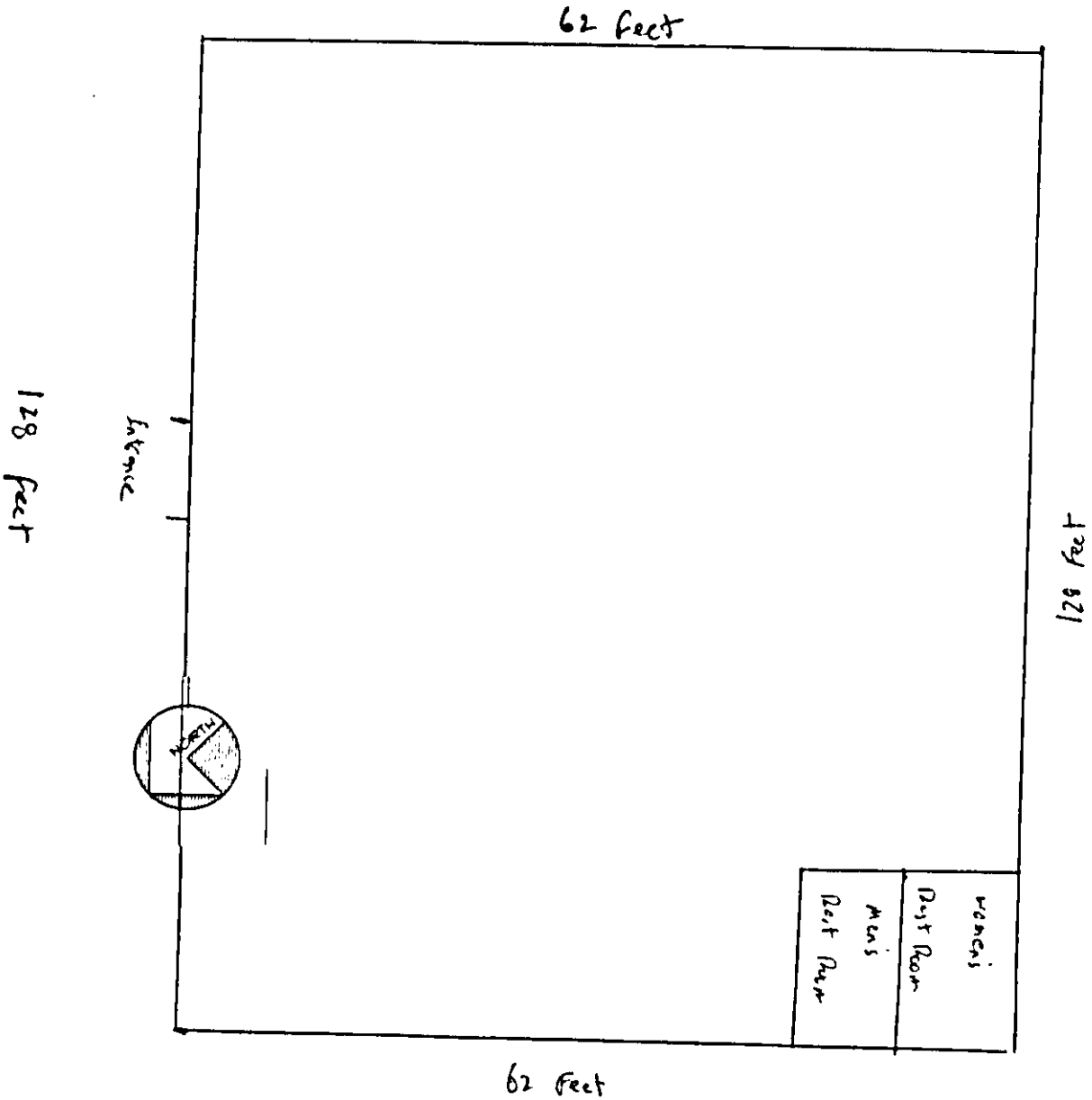
**ADDENDUM TO LIQUOR LICENSE APPLICATION**
**OF SAVOR RESTAURANT LLC d/b/a GINGER**
**CLASS I LICENSE; 6055 Apples Way, Lincoln, Nebraska 68516**



## APPLICANT INFORMATION

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. Include traffic violations. 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. The 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

| Name of Applicant | Date of Conviction (mm/yyyy) | Where Convicted ( city & state) | Description of Charge | Disposition |
|---|---|---|---|---|
| Yvette Cordell | 2012 | Omaha, NE | Speeding | Paid Fine |
| Steve Cordell | 2013 | Omaha, NE | Speeding | Paid Fine |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 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, including family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) Enterprise Bank

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)

**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 premise 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.

Enterprise Bank Yvette Cordell ; Hong Zheng per Email 10/23

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.

Hong Zheng through his entities owns the following entities which have liquor licenses Hong's I d/b/a China Buffet 2 locations, Omaha NE, Hong's II d/b/a China Buffet 1 location, Bellevue NE Hong's III China Buffet 1 location Lincoln NE

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:

a) Individual, applicant only (no spouse)
b) Partnership, all partners (no spouses)
c) Corporation, manager only (no spouse) as listed on form 3c
d) Limited Liability Company, manager only (no spouse) as listed on form 3c

Needs training

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NLCC certified training program completed:

| Applicant Name | Date (mm/yyyy) | Name of program (attach copy of course completion certificate) |
|---|---|---|
| Yvette D. Cordell | | See Addendum No. 1 |
| | | |
| | | |

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.**

- [x] Lease: expiration date_____
- [ ] Deed
- [ ] Purchase Agreement

14. When do you intend to open for business? Mid November, 2014

15. What will be the main nature of business? Food

16. What are the anticipated hours of operation? 11:00 to 10:00 weekdays; 11:00 to 11:00 weekends

17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, including spouses.

| RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE | | | | | |
|---|---|---|---|---|---|
| APPLICANT CITY & STATE | YEAR FROM | TO | SPOUSE CITY & STATE | YEAR FROM | TO |
| Omaha, NE | 2006 | Present | Omaha, NE | 2006 | Present |
| Rancho Cucamonga, CA | 2004 | 2006 | Rancho Cucamonga, CA | 2004 | 2006 |
| | | | | | |
| | | | | | |
| | | | | | |

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 guidelines for required signatures

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| | |
|---|---|
| Signature<br>Yvette D. Cordell<br>Print Name | Signature<br>Steve Cordell<br>Print Name |
| Signature of Spouse<br>Hong Zheng<br>Print Name | Signature of Spouse<br>Huan Liu<br>Print Name |

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## ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

October 3, 2014 (date) by Yvette Cordell, Steve Cordell, Hong Zheng, Huan Liu (name of person(s) acknowledged (individual(s) signing))

The foregoing instrument was acknowledged before me this

Linda S. Davis
Notary Public Signature

GENERAL NOTARY - State of Nebraska
LINDA S. DAVIS
My Comm. Exp. Sept. 1, 2015

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.ne.gov

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Manager must:

- Complete all sections of the application – make sure it is signed by a **corporate officer***
  *corporate officer must be an individual on file with the Liquor Control Commission

- Include two signed, completed fingerprint cards with a check for $38 payable to the NE State Patrol (unless you have fingerprints on file with us that are less than two years old, you must indicate that on the application). If fingerprints were rolled at Nebraska State Patrol indicate cards to be mailed by NSP.

- 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

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

- Sign the application

- Include two signed, completed fingerprint cards with a check for $38 payable to the NE State Patrol (unless you have fingerprints on file with us that are less than two years old, you must indicate this on the application). If fingerprints were rolled at Nebraska State Patrol indicate cards to be mailed by NSP.

- 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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**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. Two cards per person, fees of $38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC: Savor Restaurant LLC

**Premise information**

Liquor License Number: _____ Class Type _____
(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: 402-250-9132

Email address: _____

**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**

Last Name: Cordell First Name: Yvette MI: D

Home Address (include PO Box if applicable): 828 S. 131st Street

City: Omaha County: Douglas Zip Code: 68154

Home Phone Number: 402-201-8510 Business Phone Number:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Canisteo, New York

Email address:

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

☒ YES ☐ NO

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**Spouse's Information**

Spouses Last Name: Cordell First Name: Steve MI: G

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Dallas, Texas

**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, NE | 2006 | Present | Omaha, NE | 2006 | Present |
| Rancho Cucamonga, CA | 2004 | 2006 | Rancho Cucamonga, CA | 2004 | 2006 |
| | | | | | |
| | | | | | |
| | | | | | |

## MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM | TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|---|---|---|---|---|
| 2012 | 2014 | Target | JT (Human Resources | 402-431-0060 |
| 2006 | 2013 | Montessori Education Centers | LaVonne Plambeck | 402-393-1311 |

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.

OCT 8 2014

☒ YES ☐ NO

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 |
|---|---|---|---|---|
| Yvette Cordell | 2012 | Omaha, NE | Speeding | Paid Fine |
| Steve Cordell | 2013 | Omaha, NE | Speeding | Paid FineYvet |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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.

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*NLCC Training Certificate Issued: _____ Name on Certificate: _____

| Applicant Name | Date (mm/yyyy) | Name of program (attach copy of course completion certificate) |
|---|---|---|
| Yvette Cordell | | See Addendum No. 1 |
| | | |
| | | |
| | | |
| | | |
| | | |

*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: |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |
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| | | |
| | | |

5. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable 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

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OCT 20 2014
NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

October 20, 2014 by Yvette Cordell and Steve Cordell

date — name of person acknowledged

Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
JEFFREY A. SILVER
My Comm. Exp. October 18, 2016

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.

**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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**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 (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 (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Jeffrey A. Silver

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

Savor Restaurant LLC #10187186

LLC Address: 6055 Apples Way

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402-250-9132 LLC Fax Number

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Zheng First Name: Hong MI:

Home Address: 14104 Jaynes Street City: Omaha

State: NE Zip Code: 68164 Home Phone Number: 402-250-9132

**Signature of Managing/Contact Member**

**ACKNOWLEDGEMENT**

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

October 3, 2014 **by** Hong Zheng
**Date** **name of person acknowledge**

Linda S. Davis

Affix Seal GENERAL NOTARY - State of Nebraska
LINDA S. DAVIS
My Comm. Exp. Sept. 1, 2015

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

Last Name: Zheng First Name: Hong MI: ____

Social Security Number: ____ Date of Birth: ____

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

Spouse Social Security Number: ____ Date of Birth: ____

Percentage of member ownership 65%

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OCT 16 2014
SKA LIQUOR COMMISSION

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Last Name: Cordell First Name: Steve MI: G

Social Security Number: ____ Date of Birth: ____

Spouse Full Name (indicate N/A if single): Yvette D. Cordell

Spouse Social Security Number: ____ Date of Birth: ____

Percentage of member ownership 35% jointly with Spouse Yvette D. Cordell

18 ~~17.5~~ OK per Att.

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Last Name: Cordell First Name: Yvette MI: D

Social Security Number: ____ Date of Birth: ____

Spouse Full Name (indicate N/A if single): Steve G. Cordell

Spouse Social Security Number: ____ Date of Birth: ____

Percentage of member ownership 35% Jointly with Spouse Steve G. Cordell

17 ~~17.5~~ OK per attached

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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 ____

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

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CONTROL COMMISSION

☐YES ☒NO

If yes, provide the following:

1) Name of corporation _____
2) Supply an organizational chart of the controlling corporation named above
3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: January Ending Date: December

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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.