

October 27, 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 Schmick's Market Inc., DBA Schmick's Market, 1340 West O Street, requesting a class C-110052 liquor license. This location was previously Sun Mart Foods which held a class DK liquor license.

Schmick's Market Inc. holds liquor licenses within the State of Nebraska in McCook, Broken Bow and Lincoln.

Cody Schmick is requesting that he be approved as the manager of their liquor license. Mr. Schmick has completed the required management training.

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

RECEIVED		
SEP 23 2014		
NEBRASKA LIQUOR CONTROL COMMISSION		
QA	New	
C Restricted	110052	JM

Applicant name Schmick's Market, Inc.

Trade name Schmick's Market

Previous trade name _____

Contact email address schmicksmarket@gmail.com

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.

no crim not reported on application

REQUIRED ATTACHMENTS

*prints on file
10-21-14 entered into database
Ag, Enf, Fire & Local sent*

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

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

PAYMENT TYPE <u>OK 4206</u> AMOUNT <u>\$1400 - mm</u> RECEIPT # _____ RECEIVED _____	 1400023557
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MP

- ✓ 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)
- ✓ 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).
- N/A 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).
- ✓ 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- ✓ 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>
- ✓ 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.
- ✓ 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. *10-15-14 Returned fingerprints and fees all prints were already submitted in June*


Signature

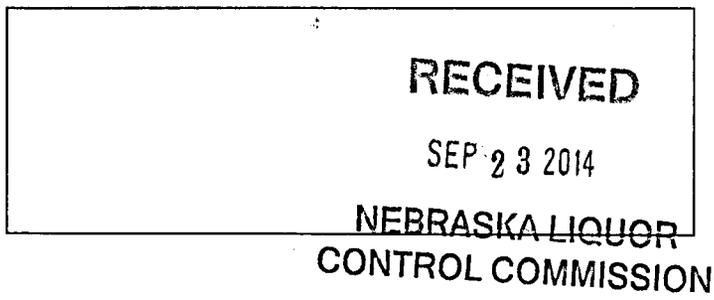
9-21-2014
Date

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CONTROL COMMISSION

~~1) Corporate Manager Page / signature - email 10-15-14~~
~~2) Need signed valid amendment - email 10-15-14~~

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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 SPIRITS, ON AND OFF SALE *(with restrictions for in store tastings)*
- 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 Tyler Schmick Phone number: 308-737-7362

Firm Name Schmick's Market

PREMISE INFORMATION

Trade Name (doing business as) Schmick's Market

Street Address #1 1340 West "O" St.

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68528

Premise Telephone number 402-476-9833

Business e-mail address schmicksmarket@gmail.com

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

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

Name Schmick's Market

Street Address #1 212 Westview Plaza

Street Address #2 _____

City McCook State NE Zip Code 69001

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 177' x width 110 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

**See attached*

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NEBRASKA LIQUOR
CONTROL COMMISSION

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.

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
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				SEP 23 2014
				NEBRASKA LIQUOR CONTROL COMMISSION

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 _____

DK 31121
Sun Mart, (cannot get license number)

did not renew in April 2014

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) Ed Copple and Spartan Nash

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)

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CONTROL COMMISSION

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. Some existing refrigerated cases belong to the landlord, Ed Copple.

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.

Westgate Bank 1204 West "O" St., Tyler Schmick, Cody Schmick and Debbie Schmick

All part of corporation

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.

Schmick's Market, Inc. 212 Westview Plaza, McCook NE 69001 - IDK 084561

Schmick's Market, Inc. 1110 South "B" St., Broken Bow, NE 68822 - IDK 086907

Schmick's Market, Inc. 2727 North 11th St., Lincoln, NE 68521 - CK 107571

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

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Cody Schmick	05/2014	Hospitality Risk Seminar

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
Tyler Schmick / Owner	12/2005 to Present	Schmick's Market in McCook, Broken Bow, Lincoln

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 October 2024 11/8-1-2024
- Deed
- Purchase Agreement

14. When do you intend to open for business? 11/01/2014

15. What will be the main nature of business? Grocery Store

16. What are the anticipated hours of operation? 6a-11p

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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
see attached					

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If necessary attach a separate sheet.

NEBRASKA LIQUOR CONTROL COMMISSION

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 guideline for required signatures

[Signature]
Signature
Tyler Schmick
Print Name

[Signature]
Signature
Robert W. Schmick
Print Name

[Signature of Spouse]
Signature of Spouse
Brandi Schmick
Print Name

[Signature of Spouse]
Signature of Spouse
Debbie Schmick
Print Name

ACKNOWLEDGEMENT

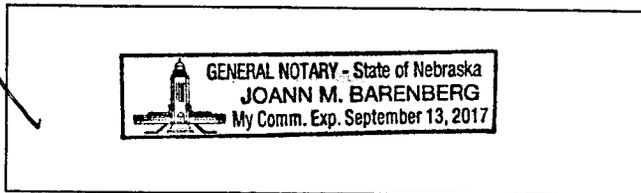
State of Nebraska
County of Red Willow

9-23-2014
date

The foregoing instrument was acknowledged before me this

by Tyler Schmick, Brandi Schmick
name of person(s) acknowledged (individual(s) signing)
Robert Schmick, Debbie Schmick

[Signature]
Notary Public Signature



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SEP 23 2014

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.

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.

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Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures

✓ Cody L. Schrick
Signature

Cody L. Schrick
Print Name

Signature

Print Name

✓ CS
Signature of Spouse

Christin Schrick
Print Name

Signature of Spouse

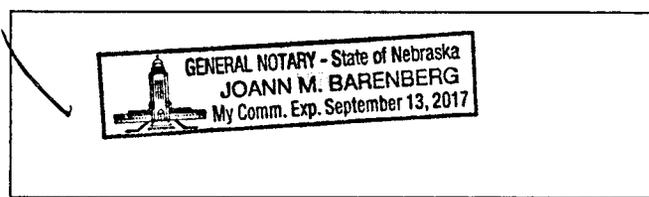
Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of Red Willow
9-22-14
date

The foregoing instrument was acknowledged before me this
by Cody L. Schrick & Christin Schrick
name of person(s) acknowledged (individual(s) signing)

Joann M. Barenberg
Notary Public Signature



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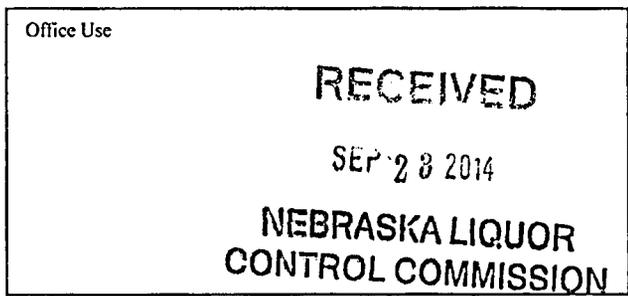
SEP 23 2014

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

**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



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: Schmick's Market, INC.

Premise information

Liquor License Number: _____ Class Type C (with restrictions)
(if new application leave blank)

Premise Trade Name/DBA: Schmick's Market

Premise Street Address: 1340 West "O"

City: Lincoln County: Lancaster Zip Code: 68528

Premise Phone Number: (402) 476-9833

Email address: schmicksmarket@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. 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)

signed, voter reg, passport, prints on file 6-12-14

Manager's information must be completed below - PLEASE PRINT CLEARLY

Last Name: Schmick First Name: Cody MI: L

Home Address (include PO Box if applicable): 1324 South "B" St

City: Broken Bow County: Custer Zip Code: 68822

Home Phone Number: 308-737-0639 Business Phone Number: 308-872-6110

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

Date Of Birth: _____ Place Of Birth: Scottsbluff, NE

Email address: codyschmick@gmail.com

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

YES NO

signed, voter reg, BC, prints on file 6-17-14

Spouse's information

Spouses Last Name: Schmick First Name: Christin MI: M

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

Date Of Birth: _____ Place Of Birth: O'Neill, NE

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
Broken Bow, NE	2011	present	Broken Bow, NE	2011	present
McCook, NE	2009	2011	McCook, NE	2009	2011
Omaha, NE	2006	2009	Omaha, NE	2005	2009
McCook, NE	2005	2006	Grand Island, NE	2003	2005
Grand Island, NE	2003	2004			

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Form 103
Rev 9/2013
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NEBRASKA LIQUOR
CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2006	2009	Whole Foods	Bob Learch	402-889-9101
2005	2006	Schmick's Market	Bob Schmick	308-345-7711

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.

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):

Schmick's Market in McCook, NE, Broken Bow, NE and Lincoln NE

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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Rev 9/2013
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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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)
Cody Schmick	05/2014	Responsible Hospitality Management Training

*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:
Cody Schmick / Owner, Operator	2009-present	Schmick's Market in McCook, Broken Bow, Lincoln

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

prints on file

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NEBRASKA LIQUOR
CONTROL COMMISSION

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.

Cody L Schmick

Signature of Manager Applicant

Christin Schmick

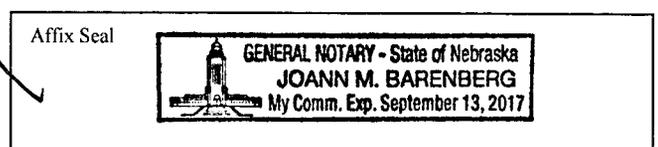
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Red Willow The foregoing instrument was acknowledged before me this 9-22-14 by Cody L Schmick & Christin Schmick
Cody L. Schmick date by Cody L Schmick & Christin Schmick
name of person acknowledged

Joann M Barenberg

Notary Public signature

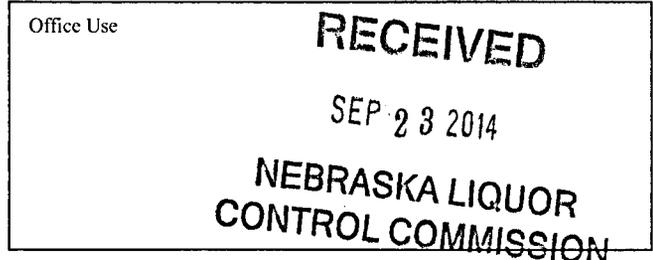


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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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



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

- 1) All officers, directors and stockholders must be listed
2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
3) Officers, directors and stockholders 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 Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Tyler Schmick

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

Schmick's Market, Inc.

Corporation Address: 212 Westview Plaza

City: McCook State: NE Zip Code: 69001

Corporation Phone Number: 308-345-7711 Fax Number: 308-345-7716

Total Number of Corporation Shares Issued: 3000

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

Last Name: Schmick First Name: Robert MI: W

Home Address: 1613 West 2nd St. City: McCook

State: NE Zip Code: 69001 Home Phone Number: 308-340-6899

Robert W. Schmick Signature of President/CEO

ACKNOWLEDGEMENT

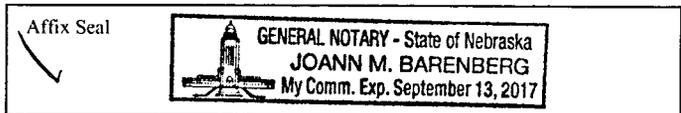
State of Nebraska County of Red Willow

Date 9-22-2014

The foregoing instrument was acknowledged before me this

by Robert W. Schmick name of person acknowledge

Joann M Barenberg



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

Last Name: Schmick First Name: Robert MI: W

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 1000

Spouse Full Name (indicate N/A if single): Debra E. Schmick

Spouse Social Security Number: _____ Date of Birth: _____

*signed
prints on file
6-12-14*

*signed
prints on file
6-12-14*

Last Name: Schmick First Name: Tyler MI: W

Social Security Number: _____ Date of Birth: _____

Title: Vice President/Secretary Number of Shares 1000

Spouse Full Name (indicate N/A if single): Brandi J. Schmick

Spouse Social Security Number: _____ Date of Birth: _____

*signed
BC
prints on file
6-12-14*

*signed
BC
prints on file
6-12-14*

Last Name: Schmick First Name: Cody MI: L

Social Security Number: _____ Date of Birth: _____

Title: Vice President Number of Shares 1000

Spouse Full Name (indicate N/A if single): Christin M. Schmick

Spouse Social Security Number: _____ Date of Birth: _____

*signed
passport
voter reg
prints on file*

*signed
BC
voter reg
prints on file*

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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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Is the applying corporation controlled by another corporation/company?

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

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

Starting Date: January Ending Date: December

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID # _____

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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.