CITY OF LINCOLN NEBRASKA

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

November 18, 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 Big Red Tacos LLC, DBA Fuzzy's Taco Shop, 1442 O Street, requesting a class C-110686 liquor license.

Big Red Tacos LLC recently purchased Fuzzy's Taco Shop from HCF Taco Co #1 LLC, placing the business under new ownership.

Christeen Jackson has requested that she be approved as the manager of the liquor license. Ms. Jackson 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

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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NEBRASKA LIQUOR CONTROL COMMISSION

QA	Replacing #100006 / TOP	
C	110686	jm

Applicant name Big Red Tacos LLC

Trade name dba Fuzzy's Taco Shop

Previous trade name

Contact email address DarlJay@yahoo.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. Darl Heffelbower 11-17-14 entered into database
crim hist reported on application submitted prints w/ fees Ag, FM, Enf, local reports sent
info to Mary Messman 11-17-14 **REQUIRED ATTACHMENTS**

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.

CK 001583 $400 168233 mm	1400025936

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NEBRASKA LIQUOR CONTROL COMMISSION

_____ 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).

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

_____ 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).

_____ 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.

[signature]
Signature

11/10/14
Date

RECEIPT

DATE 11/12/14 No. 168233

FROM Big Red Tacos LLC

FOR application

☐ CASH
☑ CHECK # 001583 $400.—
☐ MONEY# ORDER

Received by CG

APPLICATION FOR LIQUOR LICENSE 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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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_____ Phone number:_____

Firm Name_____

PREMISE INFORMATION

Trade Name (doing business as) Fuzzy's Taco Shop

Street Address #1 1442 O St.

Street Address #2

City Lincoln County Lancaster #2 Zip Code 68508

Premise Telephone number (402) 904-4752

Business e-mail address dylan.atteberry@fuzzystacoshop.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 Darl Heffelbower

Street Address #1 2809 N FOX POINTE CIRCLE

Street Address #2

City Wichita State Kansas Zip Code 67226

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

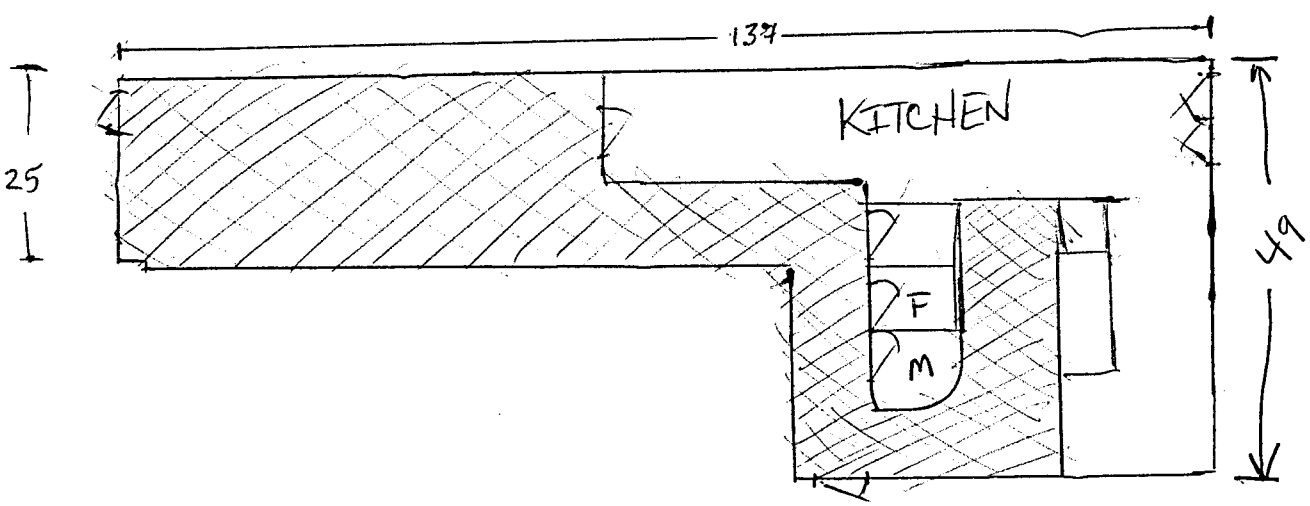
Building: length 137 x width 25 in feet

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

one story building

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



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
DARL HEFFELBOWER	APPROX. 3/1/2011	DERBY, KS	SPEEDING 10 OVER	PAID FINE
Joseph Atteberry	APPROX 5/5/2004	BelAire, KS	Non-moving Violation	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 HCF Taco Company No. 1, LLC & 100006 100006

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 – inside business purchase agreement

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number HCF Taco Company No. 1, LLC & ~~10006~~ 100006

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)_____

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. Surfboard Digital Voice Modem
Coca-Cola Freestyle Bev dispenser
Coca-Cola Bib system
Touch Tones Music Player & controller (Jukebox)

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.

Wells Fargo - Darl Heffelbower, Joseph Heberm, Cathy Went, - gm at the store
Andy Verbil → consultant for Darl

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.

Darl Heffelbower, 8343 E 32nd St. N, # 32960

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)
Christeen Jackson	05/2013	FBST/RBST
Christeen Jackson	05/2013	RBST/FBST

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
Christeen Jackson/	01/2013 -	Fuzzy's Taco Shop
Shift Mgr	current	1442 O st Suite C

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 April 20. 2017
- [ ] Deed
- [ ] Purchase Agreement

14. When do you intend to open for business? Currently Open

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

16. What are the anticipated hours of operation? M-W: 7Am-12Am; Th-Sat: 7Am-3Am; Sun: 7Am-10pm

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	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Darl Heffelbower: Wichita, KS	2004	2014			
Christeen Jackson: [redacted]					
Lincoln, NE	2010	2014			
Sitka, AK	2008	2010			
Ketchikan, AK	2004	2008			

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 guideline for required signatures

Signature DARL J. HEFFELBOWER Print Name	Signature Print Name
Signature of Spouse Print Name	Signature of Spouse Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

Nov 10, 2014 by Darl J. Heffelbower
date name of person(s) acknowledged (individual(s) signing)

Notary Public Signature

GENERAL NOTARY-State of Nebraska
ANDERSON A DELGADO
My Comm. Exp. Nov. 20, 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.

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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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: Big Red Tacos LLC

Premise information

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

Premise Trade Name/DBA: Fuzzy's Taco Shop

Premise Street Address: 1442 O St. Suite C.

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: (402) 904-4752

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)

signed, BC, voter reg, prints on file

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

Last Name: Jackson First Name: Christeen MI: M

Home Address (include PO Box if applicable): 612 Eastborough Lane

City: Lincoln County: Lancaster Zip Code: 68505

Home Phone Number: 402-219-1434 Business Phone Number: — 402-904-4752

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Ketchikan, AK

Email address: christeenjackson@gmail.com

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

☐ YES ☒ NO Not Married

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	2010	current			
Sitka, Alaska	2008	2010			
Ketchikan, Alaska	1991	2008			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	2013	Chipotle	Dan Jones	402-474-1133
2011	2011	Lazlo's		402-323-8500

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):

_____

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

☒YES ☐NO

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

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

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Christeen Jackson	05/2013	FBST ~~RBST~~ OJ
Christeen Jackson	05/2013	RBST

*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:
Christeen Jackson	01/2013-	Fuzzys Taco Shop
Shift Manager	current	1442 O St. Suite C

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

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

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

November 8, 2014 (date) by Christeen M Jackson (name of person acknowledged)

Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
ANDERSON A DELGADO
My Comm. Exp. Nov. 20, 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
FAX: (402) 471-2814
Website: [illegible]

Office Use

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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: Darl Heffelbower

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

BIG RED TACOS LLC

LLC Address: 2809 N FOX POINTE CIRCLE

City: Wichita State: KANSAS Zip Code: 67226

LLC Phone Number: (316) 371-7123 LLC Fax Number

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

Last Name: Heffelbower First Name: Darl MI: J

Home Address: 2809 N FOX POINTE CIRCLE City: Wichita

State: Kansas Zip Code: 67226 Home Phone Number: (316) 371-7123

Signature of Managing/Contact Member

OK

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

Nov 10, 2014
Date

by Darl J Heffelbower
name of person acknowledge

Affix Seal

GENERAL NOTARY-State of Nebraska
ANDERSON A DELGADO
My Comm. Exp. Nov. 20, 2016

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

signed prints

Last Name: Heffelbower First Name: Darl MI: J

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): N/A Not Married

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 100%

Last Name: Atteberry First Name: Joseph MI: D

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): N/A Not Married

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 0%

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

Is the applying Limited Liability Company 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 company'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.