



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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

June 4, 2009

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 Residence Inn, 5865 Boboli Lane requesting a class I liquor license.

David Wheaton has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

David Wheaton was born in Rock Island, Illinois. He attended the University of Kansas graduating in 1993.

David Wheaton employment history is as follows:

2003 - Present	GM, Kinseth Hospitality	Lincoln, NE.
2002 - 2003	GM, Heartland Hotels	Cedar Rapids, IA.
2001 - 2002	GM, Ramada Inn	Lawrence, KS.
1998 - 2000	Accountant, Kantel	Lawrence, KS.

Mr. Wheaton will take the required training on July 9th 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



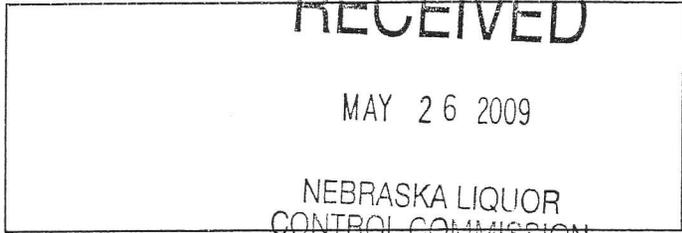
A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

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

45 days = 7/13/09



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

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

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

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

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

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

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

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

Name Michelle Schultz Phone number: 319-626-8343
Firm Name Kinseth Hotel Corporation

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PREMISE INFORMATION

Trade Name (doing business as) Residence Inn MAY 26 2009

Street Address #1 5865 Boboli Lane

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68516

Premise Telephone number 402-423-1555

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

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

Name Kinseth Hotel Corporation

Street Address #1 2 @ Mail Creek Circle

Street Address #2 _____

City North Liberty State Ia Zip Code 52317

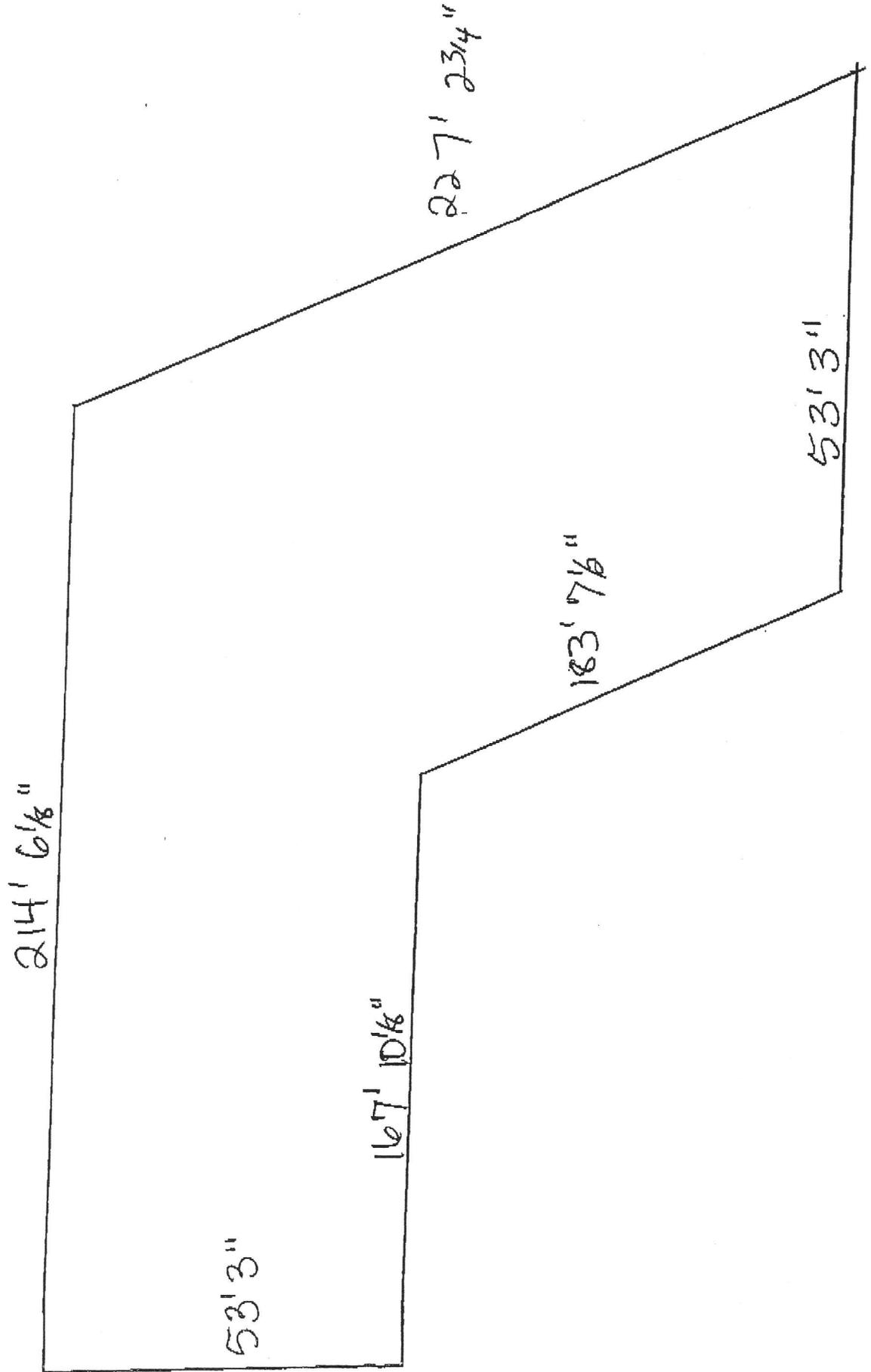
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

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

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

3 floors in building

Residence Inn Lincoln NE - Entire Building



Residence Inn Lincoln NE - 1st Floor

214' 6 1/8"

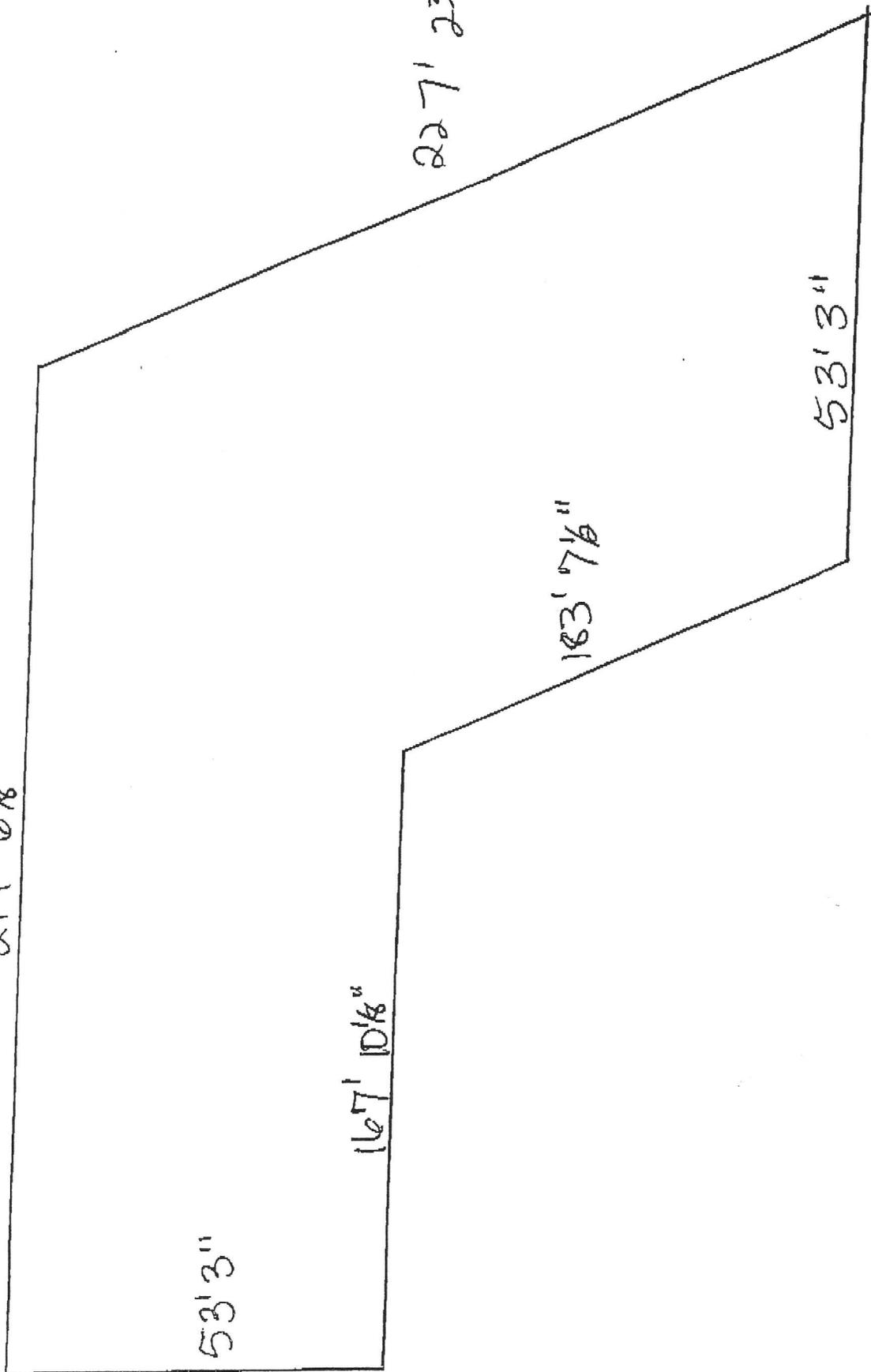
227' 2 3/4"

183' 7 1/8"

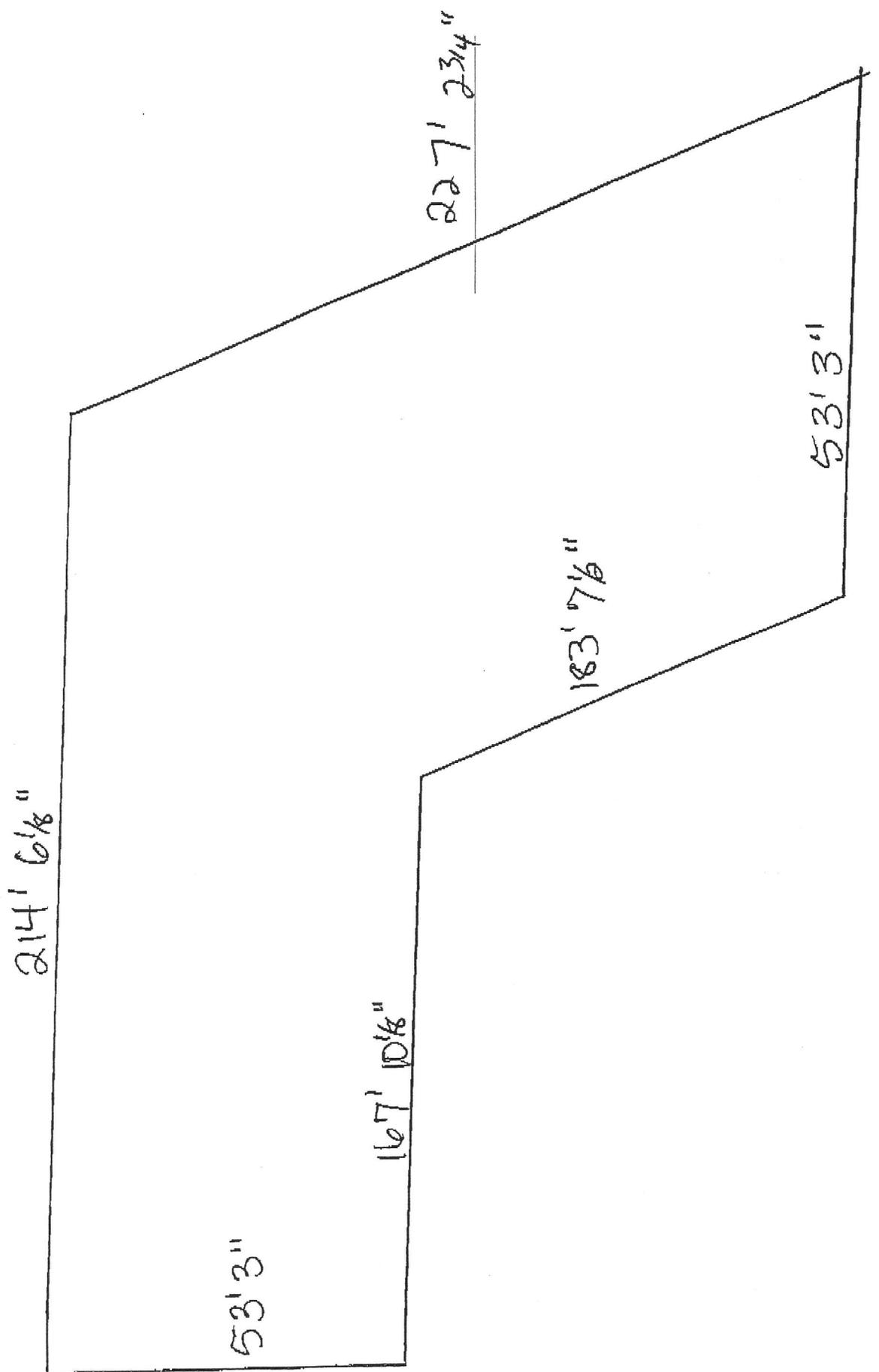
53' 3"

53' 3"

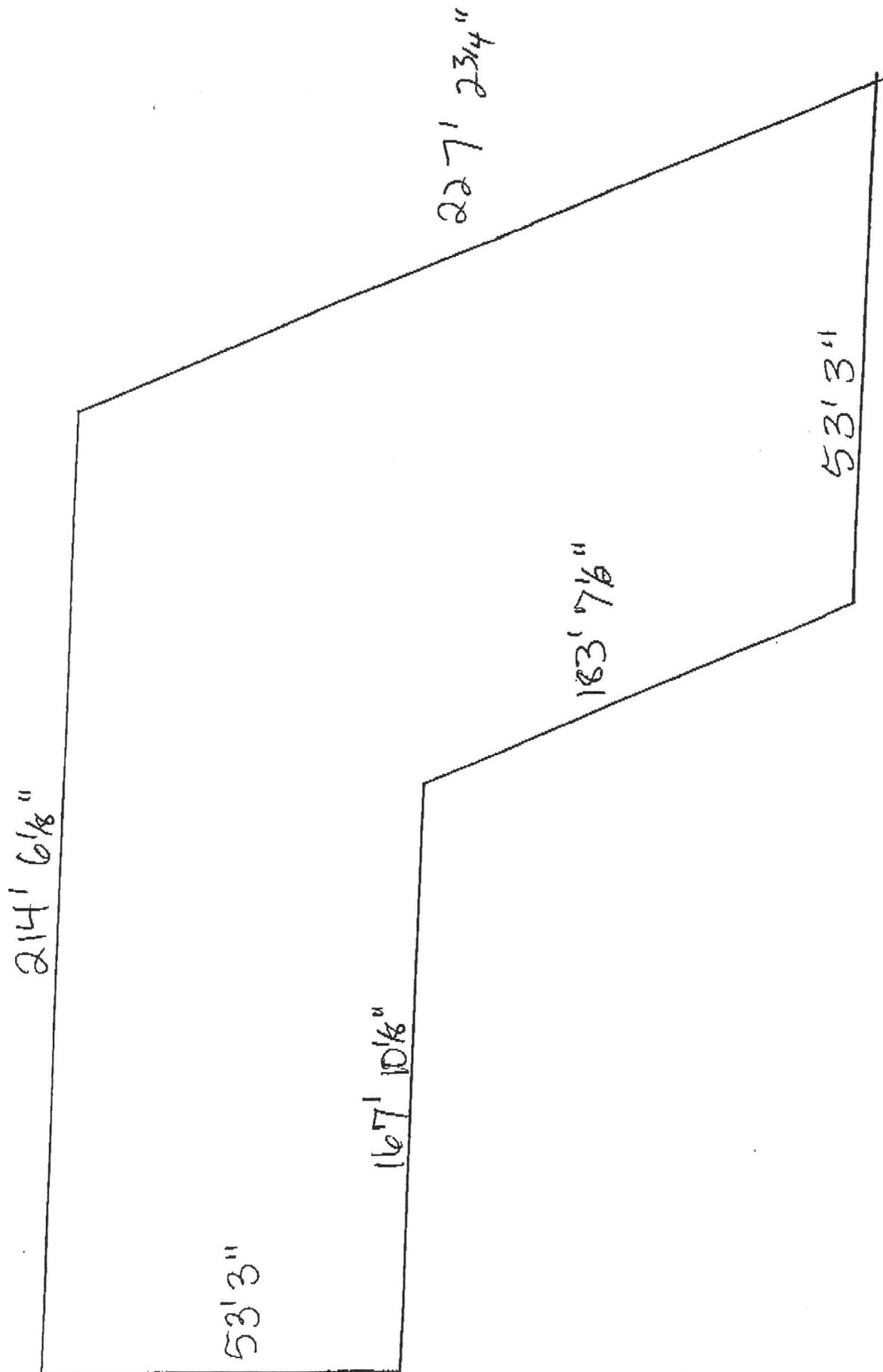
167' 10 1/8"



Residence Inn Lincoln NE - 2nd Floor



Residence Inn Lincoln Ne - 3rd Floor



MAY 26 2009

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.** NEBRASKA LIQUOR CONTROL BOARD
 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.

2. Are you buying the business and/or assets of a licensee?
 YES NO

If yes, give name of business and license number _____

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
- b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?
 YES NO

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

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

4. Are you borrowing any money from any source to establish and/or operate the business?
 YES NO

If yes, list the lender First National Bank, Omaha, Ne.

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?
 YES NO

If yes, explain. All involved persons must be disclosed on application. Profits are distributed at the end of the year. Attached is a copy of parties that have an investment in the property.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?
 YES NO

If yes, list such items and the owner. Furniture, fixtures, and equipment are owned by Village Gardens Hotel Associates, L.C. Attached is ownership disclosure

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?
 YES NO

If yes, explain. Indirect ownership/control through yearly board meetings; but not No silent partners involved in the daily operation of the business. Attached is ownership disclosure.

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

YES NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. § 31-117)

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MAY 26 2009

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

NEBRASKA LIQUOR CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdraw monies on accounts at the institution.

1. Depository account - US Bank (deposits only)

2. Property operation account - US Bank - Dave Wheaton, Sandy Vandenbosch, Bruce Kinseth

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.

Active - Kinseth Hotel Corporation, 17879 Chicago St., Omaha Ne. License C-7502C

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

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

Name:	Date:	Where:
David Wheaton (manager)	5/16/07 - current	General mgr of Hampton Inn ↳ Florissant, Mo.

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 June 1, 2019
 Deed see attachment # 763578
 Purchase Agreement

14. When do you intend to open for business? August 1, 2009

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

16. What are the anticipated hours of operation? open 24 hours a day

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet. — please see attached #1

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

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MAY 7 2009

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Bruce Kinseth
Bruce Signature of Applicant

Lisa Kinseth
Lisa Signature of Spouse

Leslie B. Kutt
Leslie Signature of Applicant

Alisa Kinseth
Alisa Signature of Spouse

Gary Kinseth
Gary Signature of Applicant

Darla Kinseth
Darla Signature of Spouse

Linda Skinner
Linda Signature of Applicant

Keith Waver Skinner
Keith Signature of Spouse

Dave Welke
Dave Signature of Applicant Manager

Signature of Spouse

State of ~~Nebraska~~ Iowa
County of Johnson

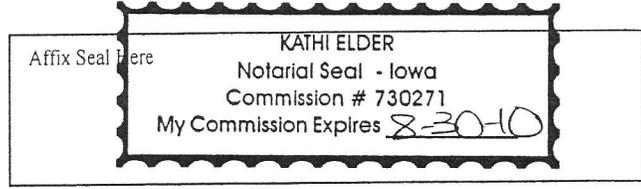
County of Johnson, State of Iowa

The foregoing instrument was acknowledged before me this May 7, 2009 by

The foregoing instrument was acknowledged before me this May 7, 2009 by

Kathi Elder
Notary Public signature

Kathi Elder
Notary Public signature



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

**APPLICATION FOR LIQUOR LICENSE 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

Office Use
RECEIVED
MAY 26 2009
NEBRASKA LIQUOR CONTROL COMMISSION

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

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

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

Name of Registered Agent: Bruce Kinseth

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

Corporation Address: 2 Quail Creek Circle

City: North Liberty State: Ia Zip Code: 52317

Corporation Phone Number: 319-626-5600 Fax Number: 319-626-8350

Total Number of Corporation Shares Issued: 6000

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

Last Name: Kinseth First Name: Bruce MI: A

Home Address: 420 Knowing Drive City: Coralville

State: Ia Zip Code: 52241 Home Phone Number: 319-351-0783

Bruce Kinseth
Signature of president

State of ~~Nebraska~~ Iowa
County of Johnson

The foregoing instrument was acknowledged before me this

5-18-09 by Bruce Kinseth
date name of person acknowledged

Kathi Elder
Notary Public signature

Affix Seal Here
KATHI ELDER
Notarial Seal - Iowa
Commission # 730271
My Commission Expires 8-30-10

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NEBRASKA LIQUOR CONTROL COMMISSION

signed prints

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

Last Name: Kinseth First Name: Leslie MI: _____

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 1500

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

Spouse Social Security Number: _____ Date of Birth: _____

signed Spousa

Last Name: Skinner First Name: Linda MI: m

Social Security Number _____ Date of Birth: _____

Title: Vice-President Number of Shares 1500

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

Spouse Social Security Number: _____ Date of Birth: _____

signed prints

signed Spousa

Last Name: Kinseth First Name: Bruce MI: A

Social Security Number: _____ Date of Birth: _____

Title: Senior Vice-President Number of Shares 1500

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

Spouse Social Security Number: _____ Date of Birth: _____

signed prints

signed Spousa

Last Name: Kinseth First Name: Gary MI: _____

Social Security Number: _____ Date of Birth: _____

Title: Vice President Number of Shares 1500

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

Spouse Social Security Number: _____ Date of Birth: _____

signed prints

signed Spousa

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MAY 26 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

Is the applying Corporation controlled by another Corporation?

YES

NO

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

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

Starting Date: September Ending Date: August

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.



Village Gardens Hotel Associates, LLC
Ownership Breakdown

Investor / Address Information	Phone #	E-mail	Original Investment	# of Class A Units (\$100,000/unit)	# of Class B Units (\$100,000/unit)	Investment Paid	certificate #	SSN / EIN
Michael S. Brown 9141 Pioneer Court Lincoln, NE 68520	917-623-4270	mbrown9@chicagoGSB.edu	\$ 100,000.00	1		5/30/2008		
Susan L. Hansen, Trustee Susan L. Hansen Revocable Trust 5100 Trotter Rd. Lincoln, NE 68516	402-420-1763	suzlhan@aol.com	\$ 100,000.00	1		7/3/2008		
Toucan, LLC c/o Miles C. Tommeraasen, Mgr. 4411 Ash Hollow Court Lincoln, NE 68516	402-423-8448	toucan_llc@mac.com	\$ 100,000.00	1		5/8/2008		
Nathan Green 2223 South 116th St. Walton, NE 68461	402-489-3108	nate@teamgreenne.com	\$ 100,000.00	1		3/27/2008		
Clark W. & Rita L. Antonson 3101 Durado Ct. Lincoln, NE 68520	402-327-8010	cantonson@neb.rr.com	\$ 100,000.00	1		5/13/2008		
Elizabeth A. Hilsabeck 6211 Andrew Ct. Lincoln, NE 68512	402-420-0557	elizabeth.hilsabeck@gmail.com	\$ 100,000.00	1		5/12/2008		
Douglas E. Carper 1248 O St., Ste 778 Lincoln, NE 68508	402-476-7700	doug@deccapital.com	\$ 100,000.00	1		4/14/2008		
Robert E. Campbell 2342 South 40th St. Lincoln, NE 68506	402-488-9652	REC@campbellsnursery.com	\$ 200,000.00	2		to wire at closing		
Camie Living Trust Jack & Joan T. Camie, Custodian 2920 Mann's Ranch Road Vail, CO 81657	970-476-5140	icamie@netzero.net	\$ 100,000.00	1		6/10/2008		
Village Gardens Development Company, Inc. 5625 Pine Lake Rd. Lincoln, NE 68516-3612	402-423-4556	rbc@campbellsnursery.com	\$ 1,050,000.00		10.5	7/3/2008		
Kinseth West Omaha, LLC 2 Quail Creek Circle North Liberty, IA 52317	319-626-8321	bkinseth@kinseth.com	\$ 450,000.00		4.5	7/3/2008		
Phillip E. & Laura H.Essay 5233 Sawgrass Drive Lincoln, NE 68526	402-486-0406	pessay@nebpain.com	\$ 100,000.00	1		9/10/2008		
			\$ 2,600,000.00	11	15			

NEBRASKA LIQUOR
CONTROL COMMISSION

MAY 26 2009

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Print Form

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.lec.ne.gov

Office Use

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

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

Corporation/limited liability Corporation (LLC) information

Name of Corporation/LLC: Kinseth Hotel Corporation DBA Residence Inn Lincoln Ne

Premise information

Premise License Number:
 (if new application leave blank)

Premise Trade Name/DBA: Residence Inn

Premise Street Address: 5865 Boboli Lane

City: Lincoln Zip Code: 68516

Premise Phone Number: 402-423-1555

The individual whose name is in the president or owner member category on either insert form 3c or 3b must sign their name below

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

MAY 26 2009

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

NEBRASKA LIQUOR CONTROL COMMISSION

Gender: MALE FEMALE

Last Name: WHEATON First Name: DAVID MI: M

Home Address (include PO Box if applicable): 5420 S. 84th St.

City: LINCOLN State: NE Zip Code: 68516

Home Phone Number: 402-489-2818 Business Phone Number: 402-423-1555

Social Security Number: [redacted] Drivers License Number & State: NE

Date Of Birth: [redacted] Place Of Birth: Rock Island IL

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: [redacted] First Name: [redacted] MI: [redacted]

Social Security Number: [redacted] Drivers License Number & State: [redacted]

Date Of Birth: [redacted] Place Of Birth: [redacted]

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

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
Lincoln, NE	03/09	-			
St. Louis, MO	05/07	03/09			
Cedar Rapids IA	04/02	05/07			
Lawrence KS	08/90	04/02			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
04/03	Present	KINSETH Hospital & Companies	LINDA Skinner	319-626-5600
04/02	04/03	Heartland Hotels	Steve Rackham	319-363-8613

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

MAY 26 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

YES NO If yes, please explain below or attach a separate page.

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

YES NO

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

YES NO

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

YES NO

5. Do you have any experience in selling alcohol in the State of Nebraska? **NO**
If so list training and/or experience (when and where)

Date:	Where:

MAY 26 2009

PERSONAL OATH AND CONSENT FOR INVESTIGATION NEBRASKA LIQUOR CONTROL COMMISSION

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.

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.

[Handwritten Signature]

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Sarpy

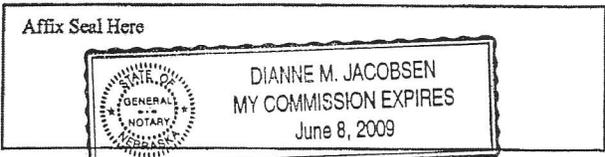
County of _____

The foregoing instrument was acknowledged before me this 4/17/09 by _____

The foregoing instrument was acknowledged before me this _____ by _____

[Handwritten Signature: Dianne M. Jacobsen]
Notary Public signature

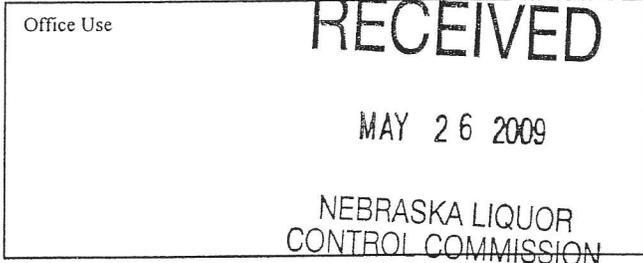
Notary Public signature



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

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Lisa Kinseth
Signature of spouse asking for waiver
(Spouse of individual listed below)

Lisa Kinseth
Printed name of spouse asking for waiver

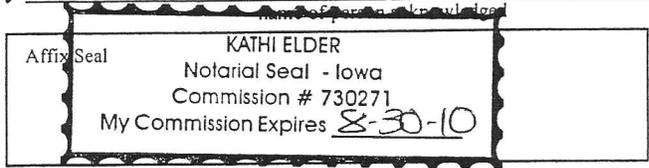
State of Iowa

County of Johnson

The foregoing instrument was acknowledged before me this

4-3-09 by _____

Kathi Elder
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Bruce Kinseth
Signature of individual involved with application
(Spouse of individual listed above)

Bruce Kinseth
Printed name of applying individual

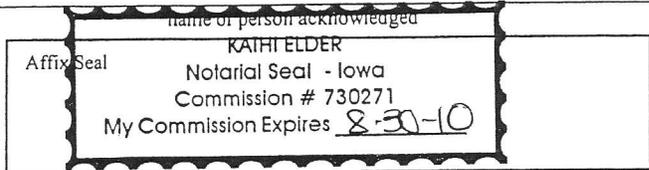
State of Iowa

County of Johnson

The foregoing instrument was acknowledged before me this

4-3-09 by _____

Kathi Elder
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Darla Kinseth
Signature of spouse asking for waiver
(Spouse of individual listed below)

Darla Kinseth
Printed name of spouse asking for waiver

State of Iowa

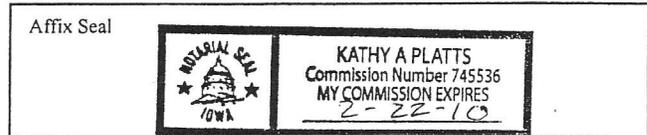
County of Cerro Gordo

4-22-2009
date

The foregoing instrument was acknowledged before me this

by Darla Kinseth
name of person acknowledged

Kathy Platts
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Gary Kinseth
Signature of individual involved with application
(Spouse of individual listed above)

Gary Kinseth
Printed name of applying individual

State of Iowa

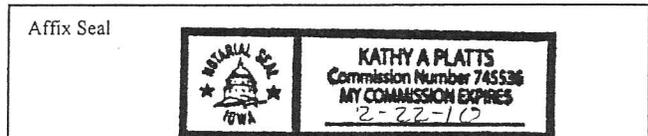
County of Cerro Gordo

April 17, 2009
date

The foregoing instrument was acknowledged before me this

by Gary Kinseth
name of person acknowledged

Kathy Platts
Notary Public signature



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**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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

Office Use
RECEIVED
MAY 26 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Keith Skinner

Signature of spouse asking for waiver
(Spouse of individual listed below)

Keith Skinner

Printed name of spouse asking for waiver

State of Iowa

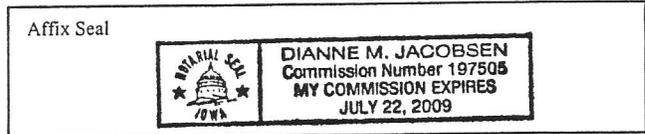
County of Pottawattomie

The foregoing instrument was acknowledged before me this

April 17, 2009
date

by Dianne M. Jacobsen
name of person acknowledged

Dianne M. Jacobsen
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Linda Skinner

Signature of individual involved with application
(Spouse of individual listed above)

Linda Skinner

Printed name of applying individual

State of Iowa

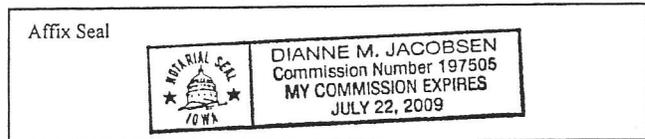
County of Pottawattomie

The foregoing instrument was acknowledged before me this

April 17, 2009
date

by Dianne M. Jacobsen
name of person acknowledged

Dianne M. Jacobsen
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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
RECEIVED
MAY 26 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Alisa Kinseth
Signature of spouse asking for waiver
(Spouse of individual listed below)

Alisa Kinseth
Printed name of spouse asking for waiver

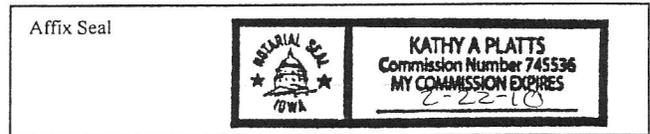
State of Iowa

County of Cerro Gordo

April 15, 2009
date

The foregoing instrument was acknowledged before me this
by Alisa Kinseth
name of person acknowledged

Kathy Platts
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Leslie Kinseth
Signature of individual involved with application
(Spouse of individual listed above)

Leslie Kinseth
Printed name of applying individual

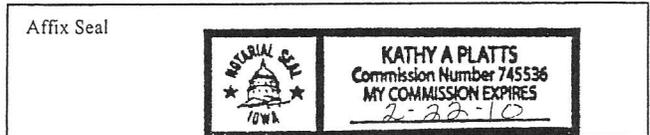
State of Iowa

County of Cerro Gordo

April 15, 2009
date

The foregoing instrument was acknowledged before me this
by Leslie Kinseth
name of person acknowledged

Kathy Platts
Notary Public signature



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