October 5, 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 Stop N Shop, 5640 South 16th Street requesting a class D liquor license.

This location was previously known as Fast Break which held a class D liquor license

Jason Laessig, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager/owner of several liquor licenses.

Mr. Laessig completed the required training on May 14th 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
APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2934
Website: www.lcc.ne.gov

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

<table>
<thead>
<tr>
<th>RETAIL LICENSE(S)</th>
<th>Application Fee</th>
<th>Bond Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>A BEER, ON SALE ONLY</td>
<td>$45.00</td>
<td>none</td>
</tr>
<tr>
<td>B BEER, OFF SALE ONLY</td>
<td>$45.00</td>
<td>none</td>
</tr>
<tr>
<td>C BEER, WINE &amp; DISTILLED SPIRITS, ON &amp; OFF SALE</td>
<td>$45.00</td>
<td>none</td>
</tr>
<tr>
<td>D BEER, WINE &amp; DISTILLED SPIRITS, OFF SALE ONLY</td>
<td>$45.00</td>
<td>none</td>
</tr>
<tr>
<td>I BEER, WINE &amp; DISTILLED SPIRITS, ON SALE ONLY</td>
<td>$45.00</td>
<td>none</td>
</tr>
<tr>
<td>Class K Catering license (requires catering application form)</td>
<td>$100.00</td>
<td>none</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MISCELLANEOUS</th>
<th>Application Fee</th>
<th>Bond Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>L Craft Brewery (Brew Pub)</td>
<td>$295.00</td>
<td>$1,000 minimum</td>
</tr>
<tr>
<td>O Boat</td>
<td>$95.00</td>
<td>none</td>
</tr>
<tr>
<td>V Manufacturer</td>
<td>$1,045.00</td>
<td>$1,000 minimum</td>
</tr>
<tr>
<td>Beer &amp; Spirits</td>
<td>$145.00</td>
<td>$1,000 minimum</td>
</tr>
<tr>
<td>Beer (excluding produced by a craft brewery)</td>
<td>$245.00</td>
<td>$1,000 minimum</td>
</tr>
<tr>
<td>Beer (excluding produced by a craft brewery)</td>
<td>$395.00</td>
<td>$1,000 minimum</td>
</tr>
<tr>
<td>Beer (excluding produced by a craft brewery)</td>
<td>$545.00</td>
<td>$1,000 minimum</td>
</tr>
<tr>
<td>Beer (excluding produced by a craft brewery)</td>
<td>$695.00</td>
<td>$1,000 minimum</td>
</tr>
<tr>
<td>Beer (excluding produced by a craft brewery)</td>
<td>$745.00</td>
<td>$1,000 minimum</td>
</tr>
<tr>
<td>W Wholesale Beer</td>
<td>$545.00</td>
<td>$5,000 minimum</td>
</tr>
<tr>
<td>X Wholesale Liquor</td>
<td>$795.00</td>
<td>$5,000 minimum</td>
</tr>
<tr>
<td>Y Farm Winery</td>
<td>$295.00</td>
<td>$1,000 minimum</td>
</tr>
<tr>
<td>Z Micro Distillery</td>
<td>$295.00</td>
<td>$1,000 minimum</td>
</tr>
</tbody>
</table>

☐ 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 Jason Laessig Phone number: (413) 7960

Firm Name
**PREMISE INFORMATION**

<table>
<thead>
<tr>
<th>Trade Name (doing business as)</th>
<th>Stop 'N Shop #7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address #1</td>
<td>5640 South 16th St.</td>
</tr>
<tr>
<td>Street Address #2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Lincoln</td>
</tr>
<tr>
<td>County</td>
<td>NE</td>
</tr>
<tr>
<td>Zip Code</td>
<td>68512</td>
</tr>
<tr>
<td>Premise Telephone number</td>
<td>402-420-2252</td>
</tr>
<tr>
<td>Is this location inside the city/village corporate limits:</td>
<td>yes</td>
</tr>
<tr>
<td>Mail address (where you want receipt of mail from the commission)</td>
<td>Stop 'N Shop #7</td>
</tr>
<tr>
<td>Name</td>
<td>Of Shop #7</td>
</tr>
<tr>
<td>Street Address #1</td>
<td>PO Box 5546</td>
</tr>
<tr>
<td>Street Address #2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Lincoln</td>
</tr>
<tr>
<td>County</td>
<td>NE</td>
</tr>
<tr>
<td>Zip Code</td>
<td>68505</td>
</tr>
</tbody>
</table>

**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**

![Diagram of single story building with dimensions 50 x 50]
1. **READ CAREFULLY. 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.

Various traffic violations(speeding) since receiving drivers license. Dates and exact locations unknown.

2. **Are you buying the business and/or assets of a licensee?**

[ ] YES [ ] NO

If yes, give name of business and license number: Fast Break Old Chaney 62354 Fast Break Inc.

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: City Bank & Trust, 2929 Pine Lake Rd.; Lincoln, NE 68516

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.

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: Walk In Coolers, Gas Pumps, Registers, Cooking Equip, Gas Canopy, Shelving, Safe, Security Equip, Tables, Car Wash Equip, Pop Machines, Coffee Machines, Office Equip

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.

No silent partners
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. 53-147).

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 and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

City Bank & Trust (South Point) 2929 Pine Lake Rd.; Lincoln, NE 68516 (Jason Laessig)

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.

   Stop ‘N Shop Inc. (Weeping Water 76139) (Crete 82133) (Lincoln 84843, 84841, 84843, 84844)

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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jason Laessig</td>
<td>1996-1999</td>
<td>Quik Trip; Kansas City, MO</td>
</tr>
<tr>
<td>Jason Laessig</td>
<td>2007-2009</td>
<td>Stop ‘N Shop; Crete/Lincoln/Weeping Water, NE</td>
</tr>
</tbody>
</table>

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 1st 2014
   ☑ Deed
   ☐ Purchase Agreement

14. When do you intend to open for business? October 1st 2009
15. What will be the main nature of business? Convenience Store
16. What are the anticipated hours of operation? 5am-11pm

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.

<table>
<thead>
<tr>
<th>RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICANT: CITY &amp; STATE</td>
</tr>
<tr>
<td>Kansas City, MO</td>
</tr>
<tr>
<td>Sun Prairie, WI</td>
</tr>
<tr>
<td>Omaha, NE</td>
</tr>
<tr>
<td>Aurora, CO</td>
</tr>
<tr>
<td>Lincoln, NE</td>
</tr>
<tr>
<td>Darien, CT</td>
</tr>
</tbody>
</table>
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 therein 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.

[Signatures]

State of Nebraska
County of [Name]

The foregoing instrument was acknowledged before me this [Date] by [Name].

Notary Public Signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
JEFFREY T. PEETZ

[Seal]

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

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: Craig Hoffman

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

Stop 'N Shop Inc.

Corporation Address: 5440 Valley Rd.
City: Lincoln
State: NE
Zip Code: 68510

Corporation Phone Number: 402-613-7960
Fax Number: 402-261-8457

Total Number of Corporation Shares Issued: 100

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

Last Name: Laessig
First Name: Jason
MI: K

Home Address: 5440 Valley Rd.
City: Lincoln
State: NE
Zip Code: 68510
Home Phone Number: 402-261-8457

Signature of president

The foregoing instrument was acknowledged before me this

9/29/09

by

name of person acknowledged

Notary Public signature

Affix Seal Here: GENERAL NOTARY - State of Nebraska
JEFFERY T. PEETZ
List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

<table>
<thead>
<tr>
<th>Last Name: Laessig</th>
<th>First Name: Jason</th>
<th>MI: K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Title: CEO/President</td>
<td>Number of Shares: 100</td>
<td></td>
</tr>
<tr>
<td>Spouse Full Name (indicate N/A if single): Michelle Leigh Laessig</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Social Security Number</td>
<td>Date of Birth: 03 30 2009</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Number of Shares</td>
<td></td>
</tr>
<tr>
<td>Spouse Full Name (indicate N/A if single):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Social Security Number</td>
<td>Date of Birth:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Number of Shares</td>
<td></td>
</tr>
<tr>
<td>Spouse Full Name (indicate N/A if single):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Social Security Number</td>
<td>Date of Birth:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Number of Shares</td>
<td></td>
</tr>
<tr>
<td>Spouse Full Name (indicate N/A if single):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Social Security Number</td>
<td>Date of Birth:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Number of Shares</td>
<td></td>
</tr>
<tr>
<td>Spouse Full Name (indicate N/A if single):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Social Security Number</td>
<td>Date of Birth:</td>
<td></td>
</tr>
</tbody>
</table>
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: January

Ending Date: December

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.

REVISED 5/2007
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

Name of Corporation/LLC: Stop 'N Shop Inc.

Premise License Number: (if new application leave blank)
Premise Trade Name/DBA: Stop 'N Shop #7
Premise Street Address: 5640 S. 16th St.
City: Lincoln Zip Code: 68512
Premise Phone Number: 402-420-2252

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)
Manager’s information must be completed below. PLEASE PRINT CLEARLY.

Gender: [ ] MALE [ ] FEMALE

Last Name: Laessig  First Name: Jason  MI: 

Home Address (include PO Box if applicable): 5440 Valley Rd.

City: Lincoln  State: NE  Zip Code: 68510

Home Phone Number: 402-261-8457  Business Phone Number: 402-613-7960

Social Security Number:  Drivers License Number & State: NE

Date Of Birth:  Place Of Birth: Lyons, KS

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: Laessig  First Name: Michelle  MI: 

Social Security Number:  Drivers License Number & State: NE

Date Of Birth:  Place Of Birth: Columbus, NE

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

<table>
<thead>
<tr>
<th>CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
<th>CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun Prairie, WI</td>
<td>2001</td>
<td>2003</td>
<td>Sun Prairie, WI</td>
<td>2001</td>
<td>2003</td>
</tr>
<tr>
<td>Omaha, NE</td>
<td>2003</td>
<td>2004</td>
<td>Omaha, NE</td>
<td>2003</td>
<td>2004</td>
</tr>
<tr>
<td>Aurora, CO</td>
<td>2004</td>
<td>2005</td>
<td>Aurora, CO</td>
<td>2004</td>
<td>2005</td>
</tr>
</tbody>
</table>

MANAGER’S LAST TWO EMPLOYERS

<table>
<thead>
<tr>
<th>YEAR FROM</th>
<th>YEAR TO</th>
<th>NAME OF EMPLOYER</th>
<th>NAME OF SUPERVISOR</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/2007</td>
<td></td>
<td>Current</td>
<td>Self Employed</td>
<td>402-613-7960</td>
</tr>
</tbody>
</table>
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.**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please explain below or attach a separate page.

<table>
<thead>
<tr>
<th>Various traffic violations (speeding) since receiving drivers license. Dates and locations unknown.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP 09 2000</td>
</tr>
<tr>
<td>NEBRASKA LIQUOR CONTROL COMMISSION</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Stop 'N Shop Inc

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Do you have any experience in selling alcohol in the State of Nebraska? If so list training and/or experience (when and where)

<table>
<thead>
<tr>
<th>Date</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2009</td>
<td>Stop 'N Shop Inc. (Crete &amp; Weeping Water) Lincoln, NE</td>
</tr>
</tbody>
</table>
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.

Signature of Manager Applicant  
SEP 30 2009  
Signature of Spouse

State of Nebraska  
County of Lancaster  
NEBRASKA LIQUOR CONTROL COMMISSION  
County of Lancaster

The foregoing instrument was acknowledged before me this September 29, 2009 by Jason Laessig  
Notary Public signature

The foregoing instrument was acknowledged before me this September 29, 2009 by Michelle Laessig  
Notary Public signature

Affix Seal Here  
GENERAL NOTARY - State of Nebraska  
JEFFERY T. PEETZ  

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.
**KANSAS STATE DEPARTMENT OF HEALTH**

Division of Vital Statistics

**CERTIFICATE OF LIVE BIRTH**

<table>
<thead>
<tr>
<th>CHILD-- NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>DATE OF BIRTH (M/D/Y)</th>
<th>HOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jason</td>
<td>Keith</td>
<td>Laessig</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SEX**

<table>
<thead>
<tr>
<th>Male</th>
<th>Single</th>
<th></th>
</tr>
</thead>
</table>

**COUNTY OF BIRTH**

| Rice |

**CITY, TOWN, OR LOCATION OF BIRTH**

| Lyons |

**HOSPITAL--NAME**

| Hospital Dist. No. 1 Of Rice County |

**MOTHER--MAIDEN NAME**

<table>
<thead>
<tr>
<th>Debra</th>
<th>Ann</th>
<th>Huffman</th>
</tr>
</thead>
</table>

**FATHER--NAME**

<table>
<thead>
<tr>
<th>Harold</th>
<th>Kay</th>
<th>Laessig</th>
</tr>
</thead>
</table>

**STATE OF BIRTH**

| Kansas |

**AGE AT TIME OF THIS BIRTH**

| 24 |

**DATE SIGNED**

| 02/23/73 |

**ATTENDANT--M.D., D.O., MIDWIFE, OTHER (SPECIFY)**

| M.D. |

**MAILING ADDRESS**

| 510 E. Ave. S. Lyons, Kansas 67554 |

**REGISTRAR--SIGNATURE**

| Effie Owens |

**DATE RECEIVED BY LOCAL REGISTRAR**

| 3 16 1973 |
I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will 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.

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

State of NEBRASKA

County of LANCaster

9/29/09

The foregoing instrument was acknowledged before me this date by MICHELLE LAESSIG
name of person acknowledged

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.

Jason Laessig
Printed name of applying individual

State of NEBRASKA

County of LANCaster

9/29/09

The foregoing instrument was acknowledged before me this date by JASON LAESSIG
name of person acknowledged

Notary Public signature

FORM 35-4178
Revised 1/2008
APPLICATION FOR TEMPORARY AGENCY AGREEMENT

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

- This application may be submitted along with a completed application for liquor license
- Must include a copy of the signature card from the financial institution where account has been set up
- Agreement is effective upon processing of the application and the three digit number has been issued to applicant
- Agreement is effective up to 120 days from issuance of ID number

ID#

On (date) 9/29/09 seller and buyer entered into a contract for sale of the business known as Fast Break - Old Name, which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 120 days subsequent to 7/29/09, the date of filing the application with NLCC.

Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

Buyer will at all times be the agent of the seller, but buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when buyer is acting as seller’s agent; it is specifically understood that seller shall have no liability for the operation of the business during this period of time, and buyer agrees to indemnify and hold seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the seller and seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as seller’s license is canceled;

At time of closing, certain funds will be held in escrow pending issuance of the license.

Name of financial institution (Name, address, account number) of where escrow account is being held (SEND COPY OF SIGNATURE CARD)

OVER
All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the buyer shall receive no profits from the operation of the business until the liquor license has been issued to buyer, but shall have the right to direct the investment of profit funds by escrow agent.

This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.

Signature of seller

Signature of buyer

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledge before me this 9/29/09

Date

Notary Public Signature

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledge before me this 9/29/09

Date

Notary Public Signature

Affix Seal Here

G E N E R A L N O T A R Y - S t a t e o f N e b r a s k a
JACI JONES

Affix Seal Here

G E N E R A L N O T A R Y - S t a t e o f N e b r a s k a
JACI JONES
OWNERSHIP OF ACCOUNT - PERSONAL (Select One and Initial):
- Single-Party Account
- Multiple-Party Account
- Other:

RIGHTS AT DEATH (Select One and Initial):
- Single-Party Account
- Multiple-Party Account With Right of Survivorship
- Multiple-Party Account Without Right of Survivorship
- Single-Party Account With Pay On Death
- Multiple-Party Account With Right of Survivorship and Pay On Death
- PAY-ON-DEATH BENEFICIARY: To Add Pay-On-Death Beneficiaries Name One or More:

Jason [Signature]

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE
- Sole Proprietorship
- Partnership
- CORPORATION: X FOR PROFIT □ NOT FOR PROFIT
- LIMITED LIABILITY COMPANY

BUSINESS:
COUNTY & STATE OF ORGANIZATION:

AUTHORIZATION DATED:

DATE OPENED 03/26/09 BYKS
INITIAL DEPOSIT $200.00
- CASH □ CHECK
HOME TELEPHONE #
BUSINESS PHONE # (402) 613-7960
DRIVER'S LICENSE #
E-MAIL
EMPLOYER
MOTHER'S MAIDEN NAME
Name and address of someone who will always know your location:

BACKUP WITHHOLDING CERTIFICATIONS
- TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
- BACKUP WITHHOLDING - I am not subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- EXEMPT RECIPIENT - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and enter a U.S. social security number.


ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS
STOP 'N SHOP, INC. 5440 VALLEY ROAD LINCOLN, NE 68510
Dec 3, 2009
NEBRASKA LIQUOR CONTROL COMMISSION

PO BOX 550
Lincoln NE 68505

NEW □ EXISTING

TYPE OF ACCOUNT □ CHECKING □ SAVINGS □ CERTIFICATE OF DEPOSIT □ NOW

Account Name: Basic Business Checking

This is a Temporary account agreement.

Number of signatures required for withdrawal 1
FACSIMILE SIGNATURE(S) ALLOWED? □ YES □ NO

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):
- Deposit Account □ Funds Availability □ Truth in Savings
- Electronic Fund Transfers □ Privacy □ Substitute Checks

(1):

Charles R. Salem
I.D. # D.O.B.

(2):

(3):

(4):

AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents

(Select One and Initial):
- Agency Designation Survives Disability or Incapacity of Parties
- Agency Designation Terminates on Disability or Incapacity of Parties

SEE ADDENDUM (page 1 of 2)