

March 26, 2015

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 Serrano Brothers LLC, DBA Leaf and Hops, 1332 P Street, requesting a class C-111554 liquor license.

This is the former location of Sam & Louie's, which held a class I liquor license.

Marco Serrano, a corporate member, is requesting that he be approved as the manager of the liquor license. He has not yet completed the required management training. He is scheduled to attend the training on May 14, 2015.

Mr. Serrano's criminal and traffic history is as follows:

SPEEDING 21-35 MPH, infraction (Otoe Co/NSP)
Disposition: 12-12-2011, Found Guilty, Fined \$200

NO VALID REGISTRATION, class 3 misd. (Otoe Co/NSP)
Disposition: 1-30-2012, Found Guilty, Fined \$25

LICENSE VEHICLE W/O LIABILITY INSURANCE, class 4 misd. (Douglas Co/OPD)
Disposition: 5-12-2014, Found Guilty, Fined \$100

FAIL TO APPEAR/COMPLY W/CITATION/warrant issued, class 3 misd. (Douglas Co/OPD)
Disposition: 5-12-2014, Found Guilty, Fined \$25

DRIVING UNDER SUSPENSION, class 3 misd. (Douglas Co/OPD)
Disposition: 5-27-2014, Found Guilty, Fined \$50

1/2



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


JIM PESCHONG, Chief of Police

**APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL**

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

<p>RECEIVED</p> <p>FEB 10 2015</p> <p>NEBRASKA LIQUOR CONTROL COMMISSION</p>	
Hot List: YES <input type="radio"/> NO <input checked="" type="radio"/>	<input checked="" type="radio"/> New/Replacing #
Class Type <u>C</u>	<p style="font-size: 2em; font-weight: bold;">111554</p> <p>Initial <u>RS</u></p>

Applicant name Serrano Brothers LLC

Trade name Leaf and Hops

Previous trade name N/A

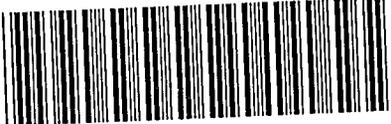
Contact email address stephanserrano@gmail.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

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CONTROL COMMISSION

<p>Office use only</p> <p>PAYMENT TYPE <u>CK 1096</u></p> <p>AMOUNT: <u>\$400</u> <i>nt</i></p> <p>Received: <u>mm</u></p>	 <p>1500005650</p>
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FORM 100
REV JAN 2015
PAGE 1

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NEBRASKA LIQUOR CONTROL COMMISSION

REQUIRED ATTACHMENTS

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

1. Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application.
2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.
3. Enclose the appropriate application forms;
 - Individual License (requires insert form 1)
 - Partnership License (requires insert form 2)
 - Corporate License (requires insert form 3a & 3c)
 - Limited Liability Company (LLC) (requires form 3b & 3c)
4. If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for.
5. N/A If building is owned or being purchased send a copy of the deed or purchase agreement in the name of in name of applicant.
6. N/A 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. N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).
8. N/A Enclose a list of any inventory or property owned by other parties that are on the premise.
9. For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
 - a. For residency enclose proof of registered voter in Nebraska
 - b. 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.
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.

Megan Ferraro
Signature

01/12/2015
Date

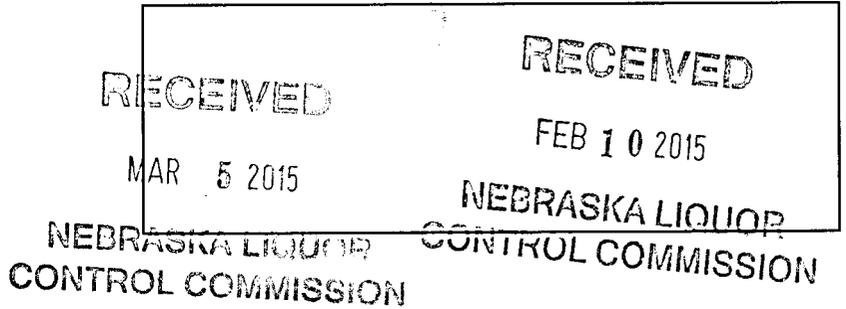
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NEBRASKA LIQUOR CONTROL COMMISSION

**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/



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S)

Application Fee \$400 (non refundable)

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, 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

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

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

**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 Robert B. Creager Phone number: 402-477-8800

Firm Name ACW Law

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PREMISE INFORMATION

FEB 10 2015

Trade Name (doing business as) Leaf and Hops NEBRASKA LIQUOR
CONTROL COMMISSION
Street Address #1 1332 P Street

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 254-205-8909

Business e-mail address stephanserrano@gmail.com

Is this location inside the city/village corporate limits: YES

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

Name Serrano Brothers LLC

Street Address #1 312 S 72nd St

Street Address #2 _____

City Omaha State NE Zip Code 68114

**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 64' 10" x width 38' 2" in feet
Is there a basement? Yes ___ No ___ If yes, length ___ x width ___ in feet
Is there an outdoor area? Yes ___ No ___ If yes, length ___ x width ___ in feet

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

62' x 38'

PLAN LEGEND

	WALL
	DOOR
	WINDOW
	DOOR WITH HANDLE
	DOOR WITH LOCK
	DOOR WITH HANDLE AND LOCK
	DOOR WITH HANDLE AND LOCK AND WINDOW
	DOOR WITH HANDLE AND LOCK AND WINDOW AND DOOR
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REVISIONS/PLAN SET NOTES

1. REVISIONS/PLAN SET NOTES
2. REVISIONS/PLAN SET NOTES

SCHEMATIC PLAN SET NOTES

1. REVISIONS/PLAN SET NOTES
2. REVISIONS/PLAN SET NOTES

LEAF AND HOPS
 Ground Floor
 1332 S. P. Street
 Lincoln, NE 68508

Project Information:

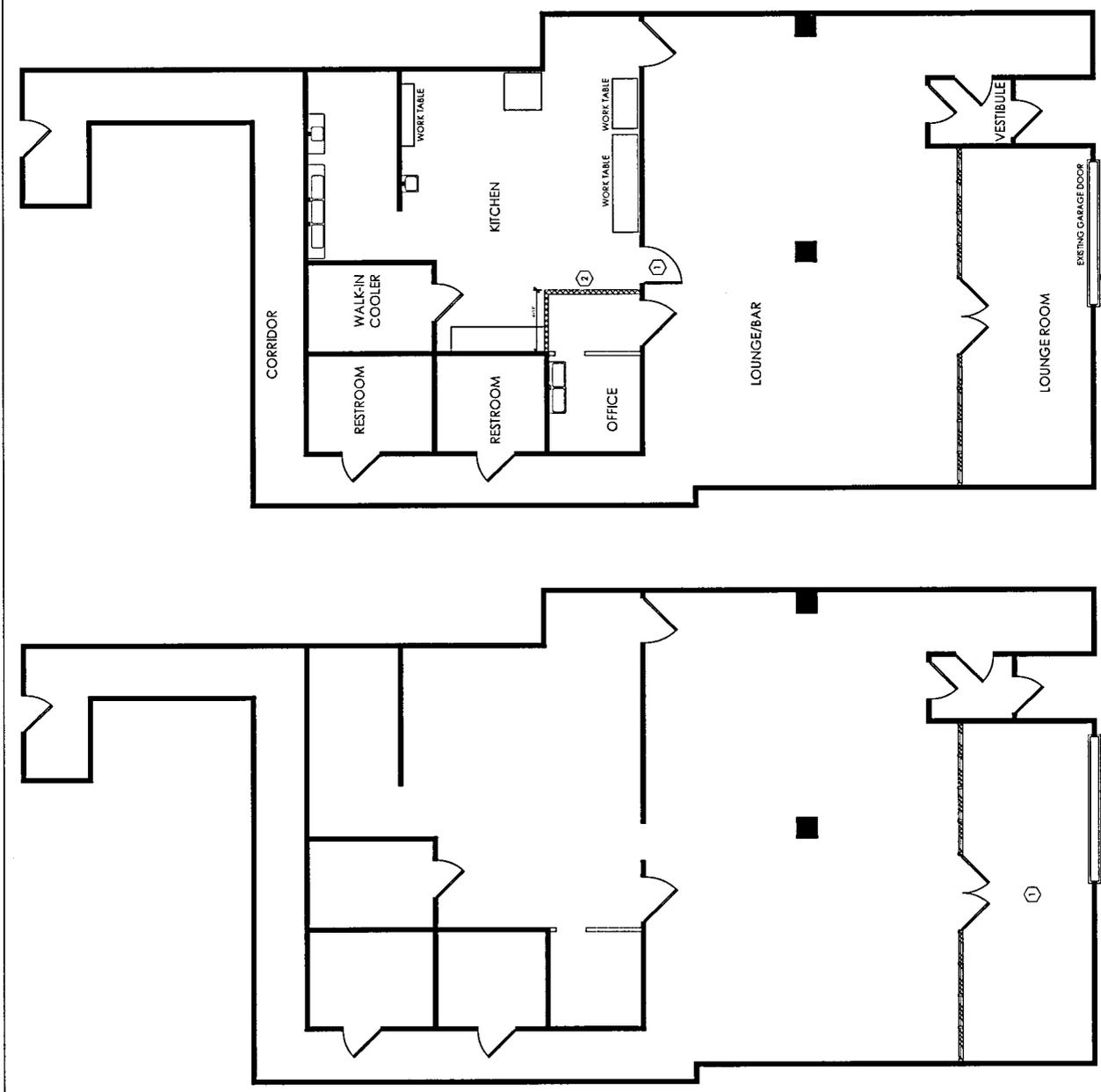
No.	Description	Date
01	Schematic Plan	01/17/13
02	Schematic Plan	01/12/13
03	Schematic Plan	11/21/14
04	Schematic Plan	10/28/14
05	Schematic Plan	10/28/14
06	Schematic Plan	10/28/14
07	Schematic Plan	10/28/14
08	Schematic Plan	10/28/14
09	Schematic Plan	10/28/14
10	Schematic Plan	10/28/14
11	Schematic Plan	10/28/14
12	Schematic Plan	10/28/14
13	Schematic Plan	10/28/14
14	Schematic Plan	10/28/14
15	Schematic Plan	10/28/14

Drawn By: RLU
 Checked By: RLU
 Scale: AS NOTED
 Project No.: 140302
 Schematic Plan

SK-1
 Sheet No.:
 Page No.: 01 of 01

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 NEBRASKA LIQUOR
 CONTROL COMMISSION



2. SCHEMATIC PLAN
 SCALE: 1/4" = 1'-0"

1. EXISTING/DEMOLITION PLAN
 SCALE: 1/4" = 1'-0"

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. 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. Include traffic violations. 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
on separate page				
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			NEBRASKA LIQUOR CONTROL COMMISSION	NEBRASKA LIQUOR CONTROL COMMISSION

2. Are you buying the business of a current retail liquor license?

YES NO

If yes, give name of business and liquor license number Sam and Louie's Pizza

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

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

YES NO

If yes, give name and license number Sam and Louie's Pizza 86828

4. Are you filing a temporary operating permit (TOP) 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, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) Dan Ajamian (Friend) Wesley Skold (friend)

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. _____

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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)

Maybe close to UNL Campus Downtown

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.

US Bank Marco Seccano Stephen Seccano

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.

None

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:

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- 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

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NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Stephan Serrano	07/2013	completed to become server at Buffalo Wild Wings
Marco Serrano	09/2014	Rservering.com

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
Stephan Serrano, Server	07-11/2013	Buffalo Wild Wings 205 N 76th St. Omaha, NE

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 Oct. 31st 2019
- Deed
- Purchase Agreement

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14. When do you intend to open for business? Feb. 2015

15. What will be the main nature of business? Pub and Restaurant

NEBRASKA LIQUOR CONTROL COMMISSION

16. What are the anticipated hours of operation? 5pm - 2am

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

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
<u>on separate sheet</u>					

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 <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>

[Signature]
Signature of Applicant

Stephan Serrano
Print Name

[Signature]
Signature of Applicant

Mario Serrano
Print Name

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Signature of Spouse MAR 5 2015
NEBRASKA LIQUOR CONTROL COMMISSION
Print Name

Signature of Spouse RECEIVED
FEB 10 2015
Print Name
NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

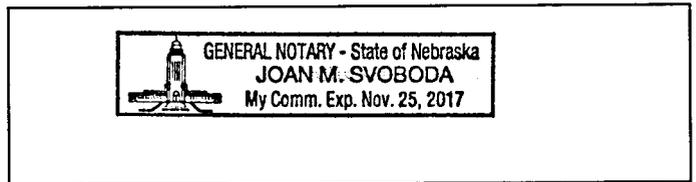
State of Nebraska
County of Dancaster

26th day of January 2015
day

The foregoing instrument was acknowledged before me this

by Stephan Serrano and Mario Serrano
name of person(S) acknowledged (individual(s) signing)

[Signature]
Notary Public signature



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.

Serrano Brothers LLC
Liquor Application Form 100
January 13, 2015

Convicted Charges of Marco and Stephan Serrano

Marco Serrano

12/12/2011 Topeka, KS Speed over posted Maximum
04/04/2014 Omaha, NE Reason Failure to Comply, reinstated 05/14/2014
04/22/2014 Omaha, NE Driving During Suspension
12/22/2014 Omaha, NE Improper Tags on Plate (Citation Number 604018)

Stephan Serrano

10/03/2013 Topeka, KS Failure to Comply with Traffic Citation, WD
8/26/2013, Omaha, NE Cnt I - No valid Registration CntII - No City Registration

Living Residences of Marco and Stephan Serrano

Marco Serrano

120 S 36th St #5
Omaha, NE 68131
Dates: December 2013 - November 2013

120 S 36th St #4
Omaha, NE 68131
Dates: May 2012 - November 2013

1931 SW Meadow Ln.
Topeka, KS 66604
Dates: 2004 - 2012

Stephan Serrano

2247 E Susquehanna Ave
Philadelphia, PA 19125
Dates: 2014 - Present

604 S 22nd Street
Omaha, NE 68102
Dates: 2012 - 2014

20 S 39th Street Apt# S1
Philadelphia, PA 19104
Dates: 2010-2012

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Serrano Brothers LLC
Liquor Application Form 100
January 13, 2015

Mayer College Hall
3817 Spruce Street
Philadelphia, PA 19104
Dates: 2009-2010

Stouffer College House
3702 Spruce St Box 300
Philadelphia, PA 19104
Dates: 2008 - 2009

1931 SW Meadow Ln.
Topeka, KS 66604
Dates: 2004 - 2008

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CONTROL COMMISSION

**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: www.lcc.ne.gov

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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. See Form 147 for further information, this form MUST be included with your application.
- 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 (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Michael S. Weaver

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

Serrano Brothers LLC 010187402

LLC Address: 312 S 72nd Street

City: Omaha State: NE Zip Code: 68114

LLC Phone Number: 254-205-8909 LLC Fax Number N/A

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Serrano First Name: Stephan MI: R

Home Address: 2047 E Susannah Ave City: Philadelphia

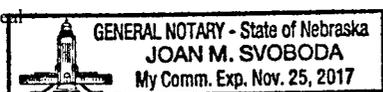
State: PA Zip Code: 19125 Home Phone Number: 254-205-8909

[Signature]
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Sarcaste
26th Day of January 2015
Date
[Signature]

The foregoing instrument was acknowledged before me this
by Stephan Serrano
name of person acknowledge

Affix Seal


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

Last Name: Secundo First Name: Marco MI: ✓

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____ RECEIVED

Percentage of member ownership 50%

MAR 5 2015

Last Name: Secundo First Name: Stephen MI: _____

NEBRASKA LIQUOR CONTROL COMMISSION

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

Last Name: _____ First Name: _____ MI: _____ RECEIVED

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____ FEB 10 2015

Spouse Social Security Number: _____ Date of Birth: _____ NEBRASKA LIQUOR CONTROL COMMISSION

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 _____

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

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

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Spouse Social Security Number: _____ Date of Birth: MAR 5 2015

Percentage of member ownership _____

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Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

FEB 10 2015

Spouse Social Security Number: _____ Date of Birth: _____

NEBRASKA LIQUOR
CONTROL COMMISSION

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 _____

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 1st Ending Date: December 31st

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

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FEB 10 2015

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.

**MANAGER APPLICATION
INSERT - FORM 3c**

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

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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: Serrano Brothers LLC

Premise information

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

Premise Trade Name/DBA: Leaf and Hops

Premise Street Address: 1332 P St.

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: 254-205-8909

Email address: marcovserrano@gmail.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals. http://www.lcc.ne.gov/license_search/licsearch.cgi

Applicant
SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

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

Last Name: Serrano First Name: Marco MI: V
 Home Address (include PO Box if applicable): 312 S 72nd St
 City: Omaha County: Douglas Zip Code: 68114
 Home Phone Number: 402-707-7356 Business Phone Number: " "
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Topeka, KS
 Email address: marcovserrano@gmail.com

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: _____ 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

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE RECEIVED	YEAR FROM	YEAR TO
Omaha, NE	2011	2015	MAR 5 2015		
Topeka, KS	1991	2011			
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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2014	2015	Self Employed	Stephan Serrano	254-205-8909
2012	2013	Stephan Serrano	Stephan Serrano	254-205-8909

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
On Seperate Page				

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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

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

*NLCC Training Certificate Issued: 09-17-2014 Name on Certificate: Marco Serrano

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Marco Serrano	09/2014	Reserving.com

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

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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

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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.

Marco Serrano

Signature of Manager Applicant

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Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of *Douglas*

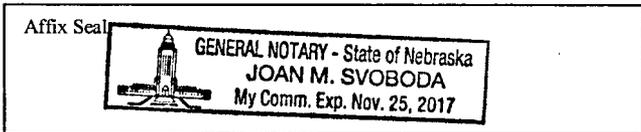
The foregoing instrument was acknowledged before me this

10th day of February, 2015
date

by *MARCO SERRANO*
name of person acknowledged

Joan M. Svoaboda

Notary Public signature



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.

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