

September 16, 2015

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation is being made regarding the application of MVPV AND ME - Lincoln, LLC, DBA BurgerFi, 300 Canopy Street, Suite 150, requesting a class I-114731 liquor license and an accompanying class E-114775 license, due to the premises being located within the Entertainment district.

Kenneth Ratliff is requesting that he be approved as the manager of the liquor license. Mr. Ratliff completed the required management training on August 13, 2015.

The applicant reported he was convicted of speeding in Franklin, TN on approximately 10/2009, and in Murfreesboro, TN on approximately 09/1987.

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 ENTERTAINMENT  
DISTRICT LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH, 5<sup>TH</sup> FLOOR  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814 OR (402) 471-2374  
Website: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

Office Use  0 0
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**114775**

**Application:**

- Must include local governing body's designated area to be used as a common area for consumption
- Must include simple sketch showing existing licensed area and area to be used as commons area include feet (not square feet), direction north. No blue prints.
- Must include picture of logo used on containers serving alcohol (containers must prominently displays the licensee's trade name or logo or some other mark that is unique to the licensee)

CLASS OF LICENSE AND NUMBER (if any) \_\_\_\_\_

NAME OF LICENSEE MVPZ and ME - LINCOLN LLC

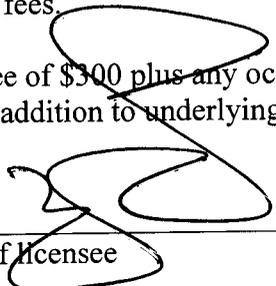
TRADE NAME BURGERFI LINCOLN

PREMISE ADDRESS 300 CANOPY ST STE 150

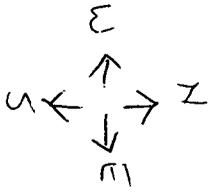
CITY/STATE/ZIP CODE LINCOLN, NE 68508

A copy of this application will be forwarded to the local governing body for their recommendation as per Neb Rev Stat §53-132. Upon receipt of recommendation issuance shall be held for a 10 day protest period, if no protests received license will be issued and mail to the clerk's office for pick up and payment of fees.

A license fee of \$300 plus any occupation tax shall be paid to the local governing body at time of issuance in addition to underlying liquor license costs.

  
\_\_\_\_\_  
Signature of licensee

Office use only  PAYMENT TYPE _____ AMOUNT: _____ Received: _____	 1500021152
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← CANOPY STREET →

74'-5<sup>1</sup>/<sub>4</sub>"

49'-7<sup>3</sup>/<sub>4</sub>"

8'-1<sup>1</sup>/<sub>4</sub>"

59'-4"

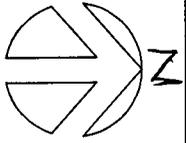
8'-9"

53'-1<sup>3</sup>/<sub>4</sub>"

63'-0<sup>3</sup>/<sub>4</sub>"

112'-1<sup>3</sup>/<sub>8</sub>"

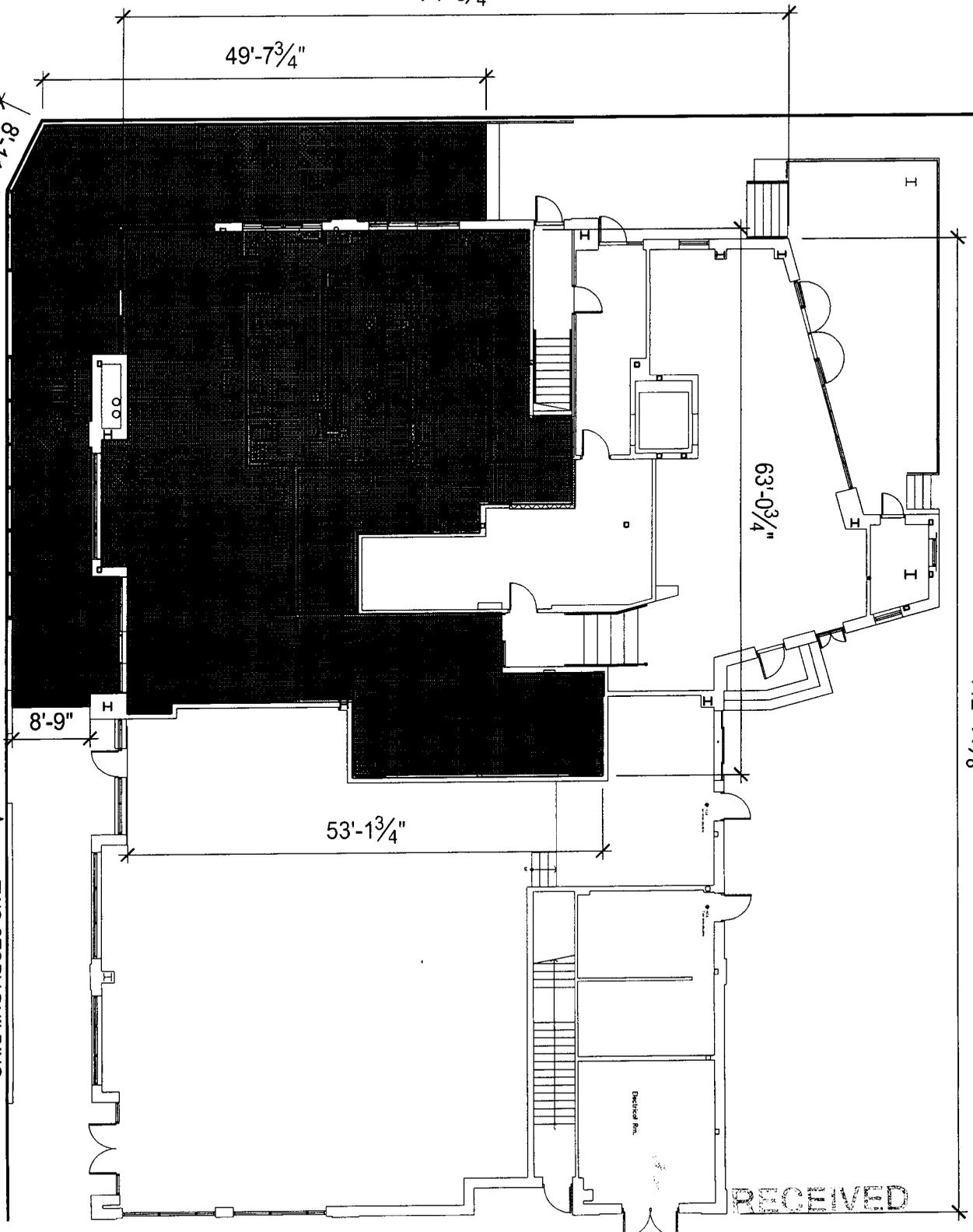
← Q STREET →



TWO STORY BUILDING

# FLOOR PLAN

SCALE: 1/16" = 1'-0"



RECEIVED

AUG 14 2015

NEBRASKA LIQUOR  
CONTROL COMMISSION



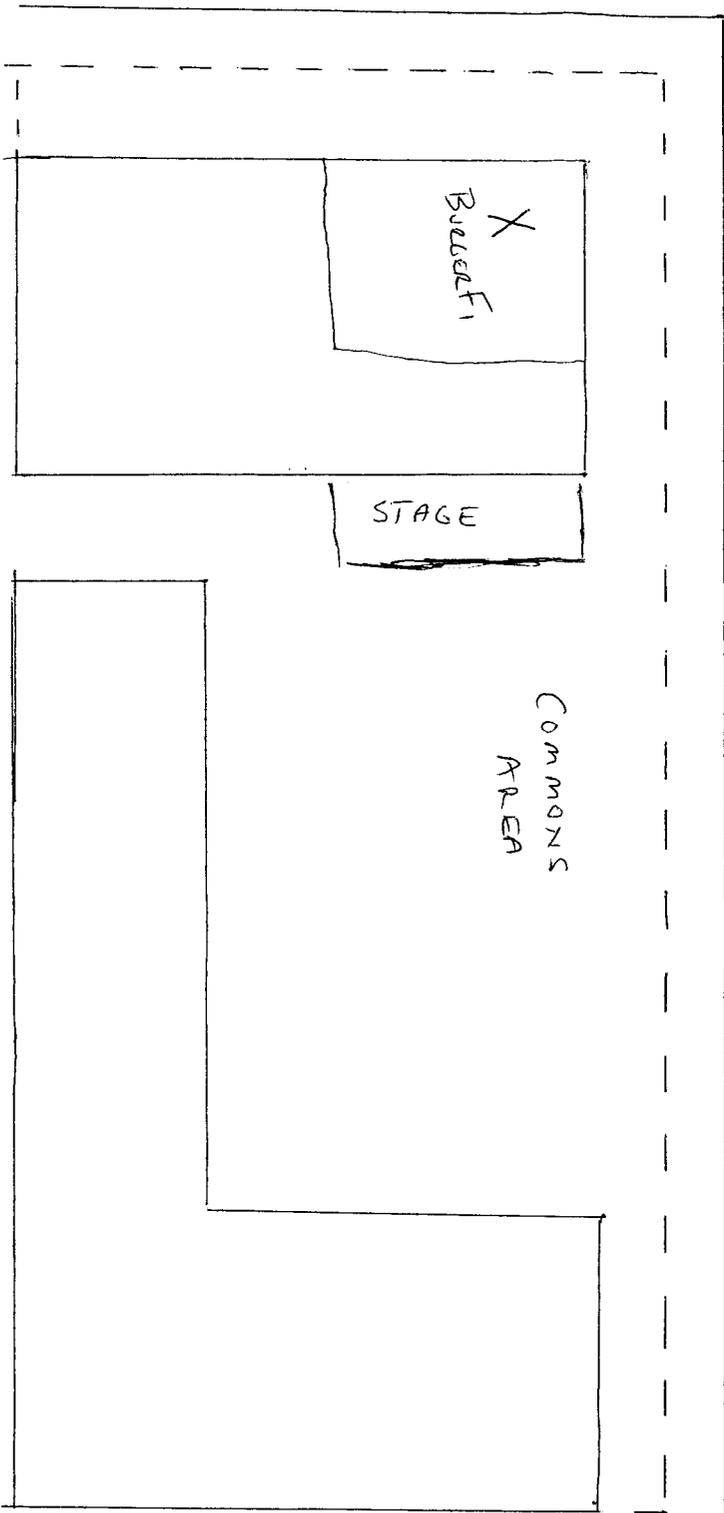
16 oz Cup

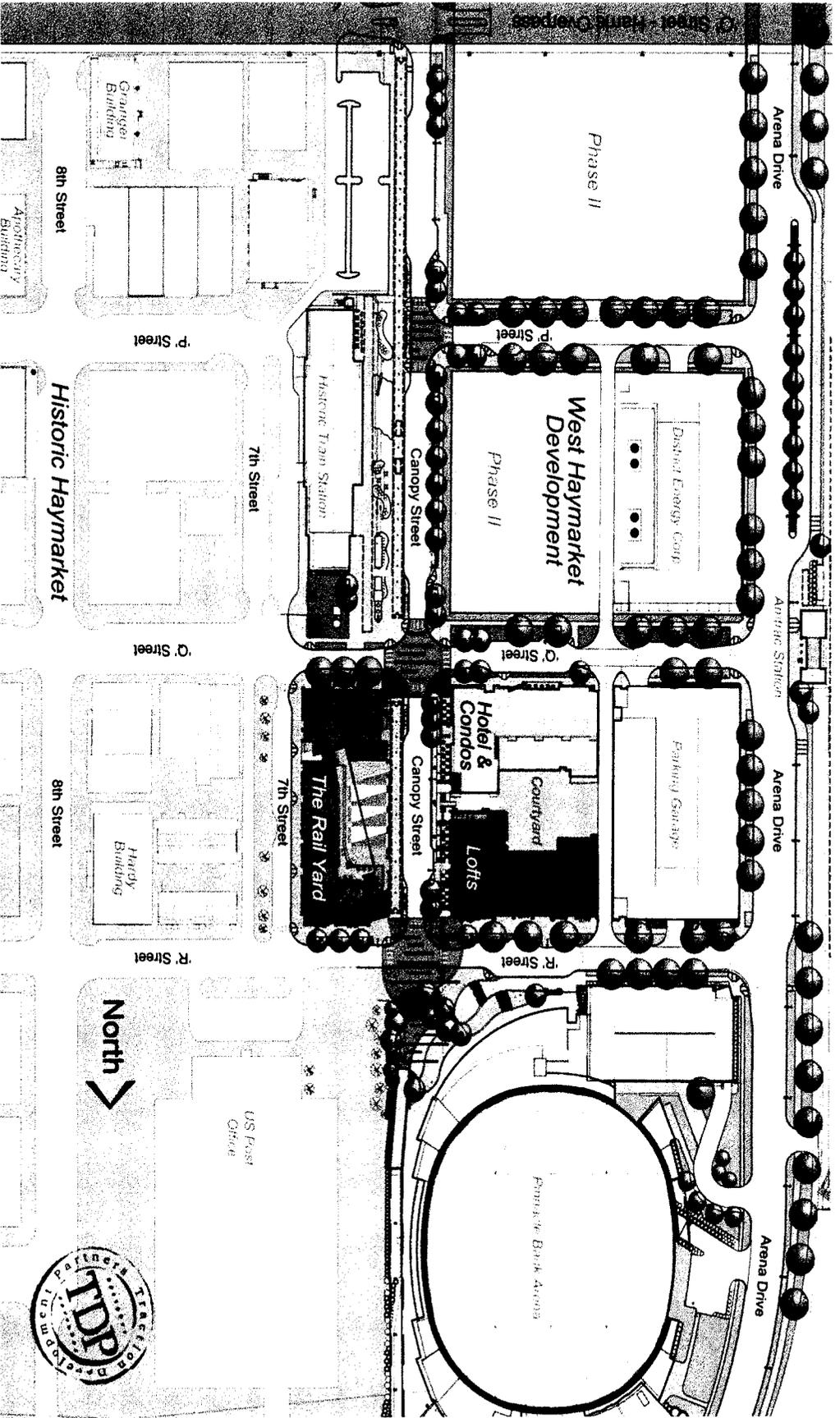
LINCOLN RAILYARD COMPLEX

CANOPY ST.

NORTH →

Q STREET





*Attachment for Form 100*

Dimensions for building at Lincoln Railyard are approximately 113' x 74.5'.

Building is currently subdivided into 3 spaces on the main floor. One is currently occupied by Gate 25 Restaurant, one by MVPZ and ME – Lincoln, LLC / dba BurgerFi, and the third space is currently unoccupied.

Second floor is currently only occupied by Chief Industries as office space.

**Space to be occupied by MVPZ AND ME – Lincoln, LLC / dba BurgerFi**

Main floor of 2 story building approximately 63' x 53', including outdoor area approximately 117' x 9'.

**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.nebraska.gov

RECEIVED		
AUG 14 2015		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	New/Replacing # <input checked="" type="checkbox"/>	
Class Type <u>I</u>	Number <b>114731</b>	Initial <u>MP</u>

Applicant name MVPZ AND ME - LINCOLN LLC

Trade name BurgerFi Lincoln

Previous trade name \_\_\_\_\_

Contact email address aturbeville@cbiz.com

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

*No money*

Office use only	PAYMENT TYPE <u>Pay part - Rct Enclosed</u>
AMOUNT: <u>\$400</u>	BARCODE
Received: <u>jm</u>	



1. X OK 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. ~~payment made?~~
2. OK Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission or you may pay online at [www.ne.gov/go/NLCCpayport](http://www.ne.gov/go/NLCCpayport) \* Payport
3. X Enclose the appropriate application forms;
  - Individual License (requires insert form 1) ~~notary not correct pg 1~~
  - Partnership License (requires insert form 2) ~~Kenneth president?~~
  - Corporate License (requires insert form 3a & 3c) ~~not completed~~
  - Limited Liability Company (LLC) (requires form 3b & 3c)
4. X 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. X If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the 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. X OK Enclose a list of any inventory or property owned by other parties that are on the premises.
9. X OK 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. X OK 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. X OK 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.

K. Tuberville  
Signature

8/13/15  
Date

Kenneth Ratloff } prints  
 Michael Miller } prints  
 Jennifer Miller - affidavit

~~#10~~  
~~resign app~~

~~Trainer~~  
~~neg app resigned~~  
~~Affidavit Michael I~~

RECEIVED  
 Jennifer Miller  
 Partial

AUG 14 2015

NEBRASKA LIQUOR CONTROL COMMISSION

~~City limits~~  
~~Jose~~

**SUBMISSION OF FINGERPRINTS /  
PAYMENT OF FEES TO NSP-CID**

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

DATE RECEIVED  AUG 14 2015  NEBRASKA LIQUOR CONTROL COMMISSION <i>Office Use Only</i>	
Class: _____	License #: _____

Applicant Name: **MVPZ and ME - LINCOLN LLC**  
(Corporation, LLC, Partnership or Individual)

Trade Name: **BurgerFi Lincoln**  
(Doing Business As)

**(402) 435 - 2747**  
Phone Number

**aturbeville@cbiz.com**  
Contact E-mail Address

**DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;  
*Applicant(s) will not have cards to include with license application.*
- Fingerprints taken at local law enforcement offices will be released to the applicants;  
*Fingerprint cards should be submitted with the application.*
- Fee payment of **\$28.75 per person** must be made directly to the NSP;  
You may submit the payment through the NSP PayPort online system at [www.ne.gov/go/nsp](http://www.ne.gov/go/nsp)  
or checks made payable to NSP should be mailed directly to the following address:  
**The Nebraska State Patrol – CID Division**  
**3800 NW 12<sup>th</sup> Street**  
**Lincoln, NE 68521**
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;  
*Include a list of names covered by your payment to insure proper application of payment.*
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

**Please complete information on the following pages for EACH person fingerprinted.**

1. Name: KENNETH RATLIFF Title: MANAGER

How was payment made to NSP?  NSP PAYPORT  CHECK SENT TO NSP

2. Name: DAVID RODRIQUEZ Title: COO

How was payment made to NSP?  NSP PAYPORT  CHECK SENT TO NSP

3. Name: MICHAEL MILLER Title: OWNER

How was payment made to NSP?  NSP PAYPORT  CHECK SENT TO NSP

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_

How was payment made to NSP?  NSP PAYPORT  CHECK SENT TO NSP

RECEIVED

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_

AUG 14 2015

How was payment made to NSP?  NSP PAYPORT  CHECK SENT TO NSP

NEBRASKA LIQUOR CONTROL COMMISSION

6. Name: \_\_\_\_\_ Title: \_\_\_\_\_

How was payment made to NSP?  NSP PAYPORT  CHECK SENT TO NSP

7. Name: \_\_\_\_\_ Title: \_\_\_\_\_

How was payment made to NSP?  NSP PAYPORT  CHECK SENT TO NSP

8. Name: \_\_\_\_\_ Title: \_\_\_\_\_

How was payment made to NSP?  NSP PAYPORT  CHECK SENT TO NSP

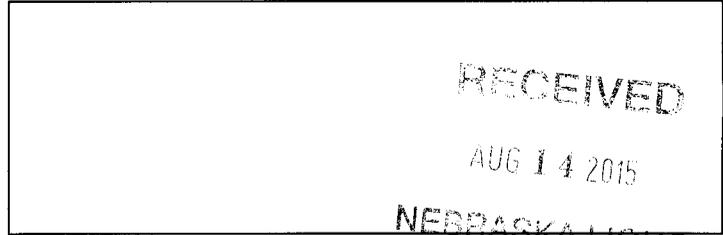
I hereby certify that fees of \$28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Alyssa Turbeville Title: \_\_\_\_\_

Signature: *Alyssa Turbeville* Date: 8/4/15

**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

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301 CENTENNIAL MALL SOUTH  
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NEBRASKA LIQUOR  
CONTROL COMMISSION

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

**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

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)

**ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)**  
If you are applying through an attorney or firm, please call this person with any questions we may have on this application.

Name Alyssa Turbeville Phone number: 901-842-2881

Firm Name CBIZ MHM, LLC

*\*Please contact me before rejecting if there are any problems.  
Thanks!*

**PREMISES INFORMATION**

Trade Name (doing business as) BurgerFi Lincoln

Street Address #1 300 Canopy Street Ste 150

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508

Premises Telephone number (402) 435-2747

Business e-mail address kenr@lincolnmvpz.com

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

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

Name BurgerFi Lincoln

Street Address #1 300 Canopy St Ste 150

Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68508

**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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length \_\_\_\_\_ x width \_\_\_\_\_ 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

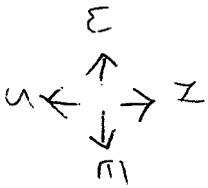
Please see attached.

Attachment for Form 100

MVPZ AND ME – Lincoln / dba BurgerFi



Main floor of 2 story building approximately 63' x 53', including outdoor area approximately 117' x 9'.



← CANOPY STREET →

74'-5<sup>1</sup>/<sub>4</sub>"

49'-7<sup>3</sup>/<sub>4</sub>"

8'-1<sup>1</sup>/<sub>4</sub>"

59'-4"

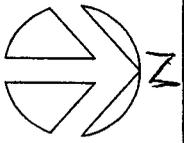
8'-9"

53'-1<sup>3</sup>/<sub>4</sub>"

63'-0<sup>3</sup>/<sub>4</sub>"

112'-1<sup>13</sup>/<sub>8</sub>"

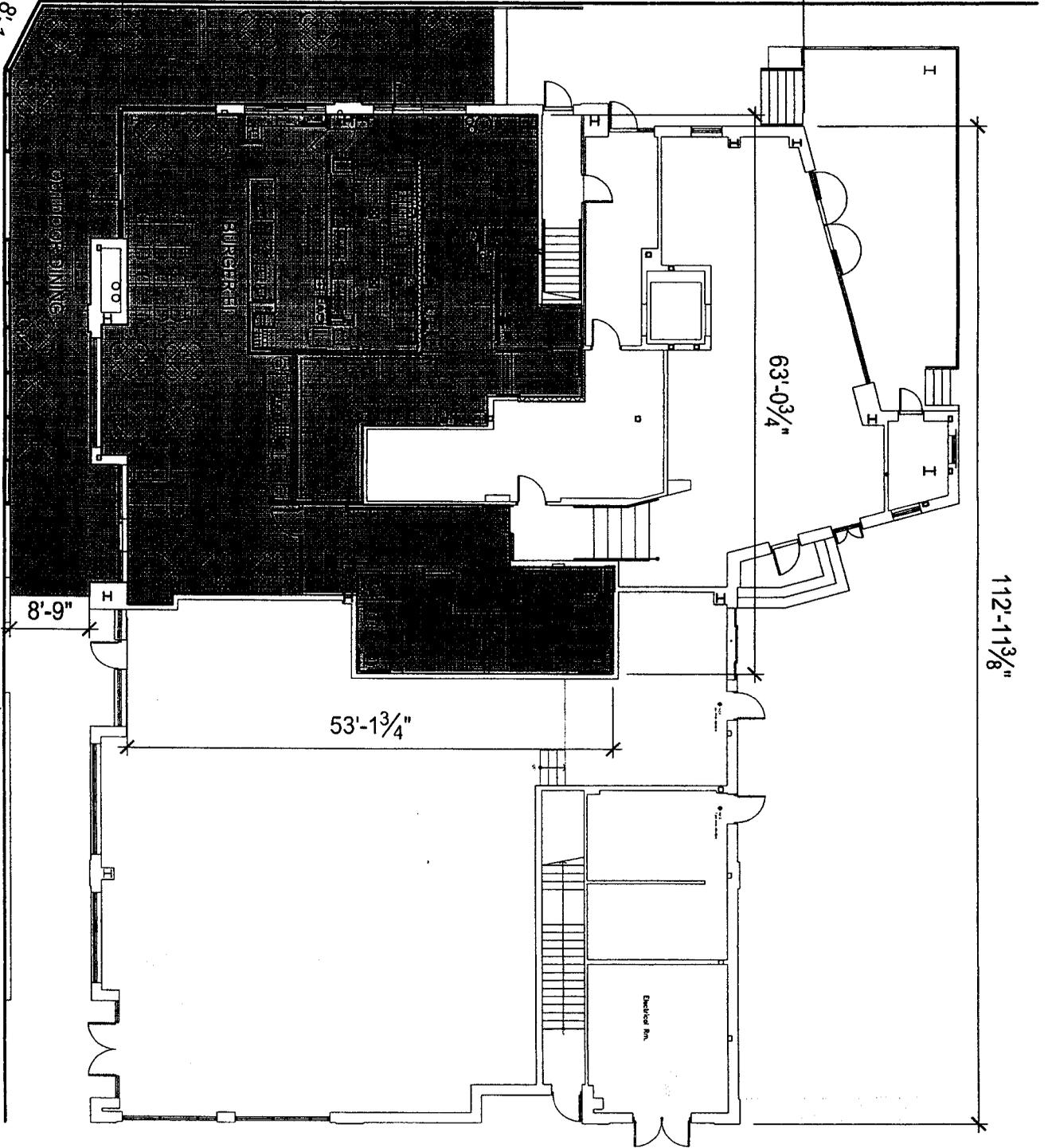
← Q STREET →



TWO STORY BUILDING

# FLOOR PLAN

SCALE: 1/16" = 1'-0"



AUG 17 2011

112'-1<sup>13</sup>/<sub>8</sub>"

**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
n/a				

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

YES  NO

If yes, give name of business and liquor license number \_\_\_\_\_

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

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

YES  NO

If yes, give name and license number Canopy Concepts, LLC

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) \_\_\_\_\_

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. Coca-Cola -2 Coke Freestyle Machines and Coke Bottle Cooler

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

YES  NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

YES  NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

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

First Dakota National Bank; Mike Miller, David Rodriguez. Aaron Ness- Bank VP.

*on corp*

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.

n/a

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:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

*OL*

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
KENNETH RATLIFF	10/1996	TIPS (do not have certificate)
KENNETH RATLIFF	10/2001	SERVSAFE ALCOHOL (do not have certificate)
KENNETH RATLIFF	08/2015	RESPONSIBLE HOSPITALITY COUNCIL Course

For list of NLCC certified training programs see: [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

*attached to*

Experience:

*Mgr APP*

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
KENNETH RATLIFF	10/1996	LONGHORN STEAKHOUSE, NASVILLE, TN
KENNETH RATLIFF	04/2010	O'CHARLEY'S RESTAURANTS, NASHVILLE, TN

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 10 years from open date
- Deed
- Purchase Agreement

14. When do you intend to open for business? September 10, 2015 *OCTOBER 7, 2015*

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

16. What are the anticipated hours of operation? 11:00am - 10:00pm Sunday-Thursday; 11:00am - 11:00pm Friday-Saturday

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
See Attached.					

If necessary attach a separate sheet.

#17

RESIDENCES FOR THE PAST 10 YEARS

APPLICANT CITY & STATE	YEAR	
	FROM	TO
<b>David Rodriguez-COO:</b>		
1132 Jamestown Dr, Berea, KY 40403	2004	2007
4744 W.E. Ross Prkwy, Southaven, MS 38671	2007	2009
1191 Augusta Dr S., Hernando, MS 38632	2009	2013
245 Indian Lake Blvd, apt J-107, Hendersonville, TN 37075	2013	2014
365 Remington Ave, Gallatin, TN 37066	2014	2015
276 Chippendale Circle, Lexington, KY 40517	2015	Current
<b>Michael Miller - Owner:</b>		
5110 Reynolds Rd, Collierville, TN 38017	2005	2010
2308 Bay Drive, Pompano Beach, FL 33062	2010	2014
24752 Eagle Pointe, Columbia Station, OH 44028	2014	2015

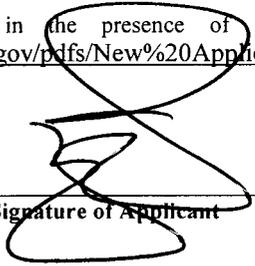
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AUG 14 2015  
NEBRASKA LIQUOR  
CONTROL COMMISSION

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

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

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>

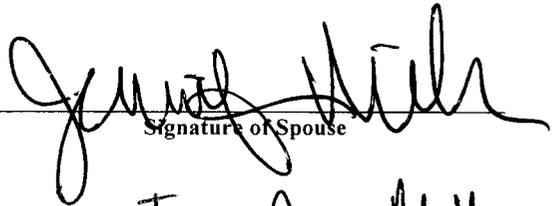
Signature of Applicant



Michael Miller

Print Name

Signature of Spouse



Jennifer Miller

Print Name

Signature of Applicant

Print Name

Signature of Spouse

Print Name

ACKNOWLEDGEMENT

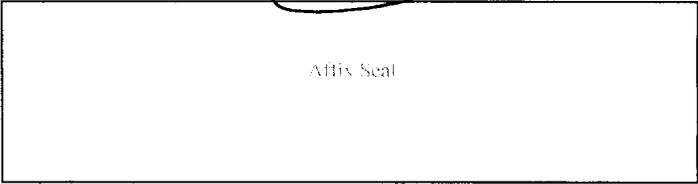
Ohio  
State of ~~Nebraska~~  
County of Cuyahoga  
9-4-15 date

The foregoing instrument was acknowledged before me this  
by Michael Miller  
name of person(s) acknowledged (individual(s) signing)

Notary Public signature

Bryan K. RAMSEY  
Attorney at Law, No Expiration Date  
S.C. # 0040616  
4402 785-3344

Affix Seal



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.

Notary Public

**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](http://www.lcc.ne.gov)

Office Use

**Manager must:**

- Complete all sections of the application. Be sure it is signed by a **corporate officer**, corporate officer must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card with application

Spouse who **will not** participate in the business, **spouse must:**

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the **spouse must:**

- Sign the application
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
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Office Use

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AUG 14 2015  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**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. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC: MVPZ AND ME - LINCOLN LLC

**Premise information**

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

Premise Trade Name/DBA: BurgerFi Lincoln

Premise Street Address: 300 CANOPY ST. STE 150

City: LINCOLN County: LANCASTER Zip Code: 68508

Premise Phone Number: (402) 435-2747

Email address: burgerfilincoln@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](http://www.lcc.ne.gov/license_search/licsearch.cgi)**



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

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

Last Name: RATLIFF First Name: KENNETH MI: B  
 Home Address (include PO Box if applicable): 8350 RENATTA DR #2102  
 City: LINCOLN County: LANCASTER Zip Code: 68516  
 Home Phone Number: (615)417-6287 Business Phone Number: (402) 435-2747  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: BRISTOL, PA  
 Email address: KENRATLIFF1127@GMAIL.COM

**Do you have a spouse? If yes, complete spouse's information (Even if a spousal affidavit has been filed)**

YES  NO

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**SPOUSE MUST REGISTER RESIDENCE(S) FOR THE PAST TEN (10) YEARS AS SPOUSE**

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
NASHVILLE, TN	1996	2015			
LINCOLN, NE	2015	CURRENT			

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NEBRASKA LIQUOR CONTROL COMMISSION

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	2015	O'CHARLEY'S RESTAURANT	DENNIS GREER	(615) 731-7606
1996	2010	LONGHORN STEAKHOUSE	KEITH KITTRELL	(615) 361-0457

**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
KENNETH RATLIFF	APPROX 10/2009	FRANKLIN, TN	SPEEDING TICKET	PAID FINE
KENNETH RATLIFF	APPROX 09/1987	MURFREESBORO, TN	SPEEDING TICKET	PAID FINE

**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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AUG 14 2015

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

\*NLCC Training Certificate Issued: \_\_\_\_\_ Name on Certificate: \_\_\_\_\_

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
KENNETH RATLIFF	10/1996	TIPS (do not have certificate)
KENNETH RATLIFF	10/2001	BARCODE (do not have certificate)
KENNETH RATLIFF	10/2006	SERVSAFE ALCOHOL (do not have certificate)
KENNETH RATLIFF	08/2015	RESPONSIBLE HOSPITALITY COUNCIL Course
		<i>See Att.</i>

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
KENNETH RATLIFF	10/1996	LONGHORN STEAKHOUSE, NASVILLE, TN
KENNETH RATLIFF	04/2010	O'CHARLEY'S RESTAURANTS, NASHVILLE, TN

5. Have you enclosed Form 147 regarding fingerprints?

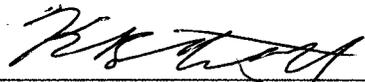
YES       NO

**PERSONAL OATH AND CONSENT OF INVESTIGATION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant

N/A

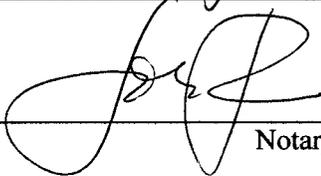
Signature of Spouse

**ACKNOWLEDGEMENT**

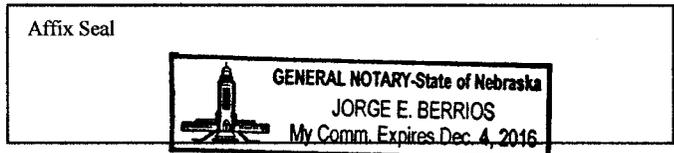
State of Nebraska  
County of lancaster

August 28<sup>th</sup>, 2015  
date

The foregoing instrument was acknowledged before me this  
by KENNETH B. RATLIFF  
name of person acknowledged



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.

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

Office Use

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](http://www.lcc.ne.gov)

*Corp*

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: C T CORPORATION SYSTEM

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
MVPZ and ME -LINCOLN LLC #10212644

LLC Address: 300 Canopy St Ste 150

City: LINCOLN State: NE Zip Code: 68508

LLC Phone Number: 402-435-2747 LLC Fax Number: \_\_\_\_\_

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

Last Name: MILLER First Name: MICHAEL MI: \_\_\_\_\_

Home Address: 24752 EAGLE POINTE City: COLUMBIA STATION

State: OH Zip Code: 44028 Home Phone Number: \_\_\_\_\_

*[Handwritten Signature]*

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of ~~Nebraska~~ Ohio  
County of Cuyahoga  
9-4-15  
Date

The foregoing instrument was acknowledged before me this  
by Michael Miller  
name of person acknowledge

Affix Seal

*Bryan K. Ramsey*  
Attorney at Law, No Expiration Date  
S.C. # 0040616  
(440) 785-3344  
Notary Public

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

Last Name: MILLER First Name: MICHAEL MI: \_\_\_\_\_

*Prints*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

*Affidavit*

→ Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 100%

Last Name: RODRIGUEZ ~~DAVID~~ First Name: DAVID MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 0%

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO CBA

If yes, provide the following:

- 1) Name of corporation MY PZ AND ME, LLC
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: January Ending Date: December

Is this a Non Profit Corporation?

YES

NO

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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.

**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](http://www.lcc.ne.gov)

Office Use

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 of in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will be required however, I am obligated to sign and disclose any information on all applications needed to process this application.

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

Jennifer C Miller  
Printed name of spouse asking for waiver

State of South Dakota  
County of Lincoln  
8/3/2015  
date

The foregoing instrument was acknowledged before me this  
by Jennifer C Miller  
name of person acknowledged

Kris Doorn  
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.

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

Michael Miller  
Printed name of applying individual

State of Ohio  
County of Cuyahoga  
9-4-15  
date

The foregoing instrument was acknowledged before me this  
by Michael Miller  
name of person acknowledged

[Signature]  
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.

S.C. #00110616, 3344  
(440) 785-3344  
Notary Public

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

Office Use

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

*Cont Corp*

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- 1) All members spouse(s) must be listed
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Name of Limited Liability Company that will hold license as listed on the Articles of Organization: MVPZ and ME LLC # 10211473

LLC Address: 300 Canopy St Ste 150

City: LINCOLN State: NE Zip Code: 68508

LLC Phone Number: 402-435-2747 LLC Fax Number: \_\_\_\_\_

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

Last Name: MILLER First Name: MICHAEL MI: \_\_\_\_\_

Home Address: 24752 EAGLE POINTE City: COLUMBIA STATION

State: OH Zip Code: 44028 Home Phone Number: \_\_\_\_\_

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

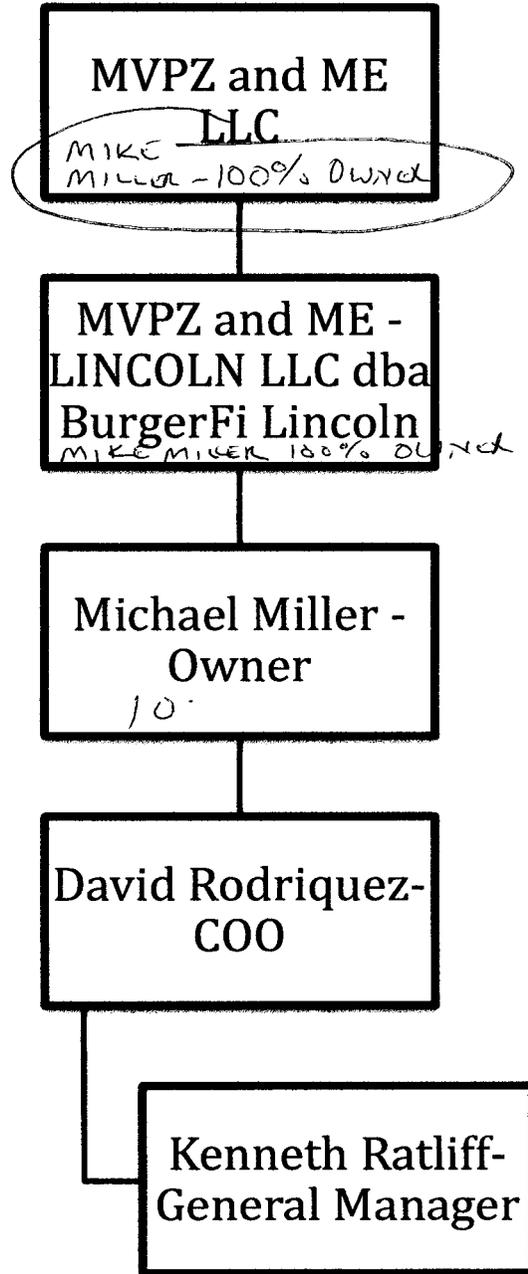
State of Ohio  
County of Cuyahoga  
Date 9-4-15

The foregoing instrument was acknowledged before me this  
by Michael Miller  
name of person acknowledge

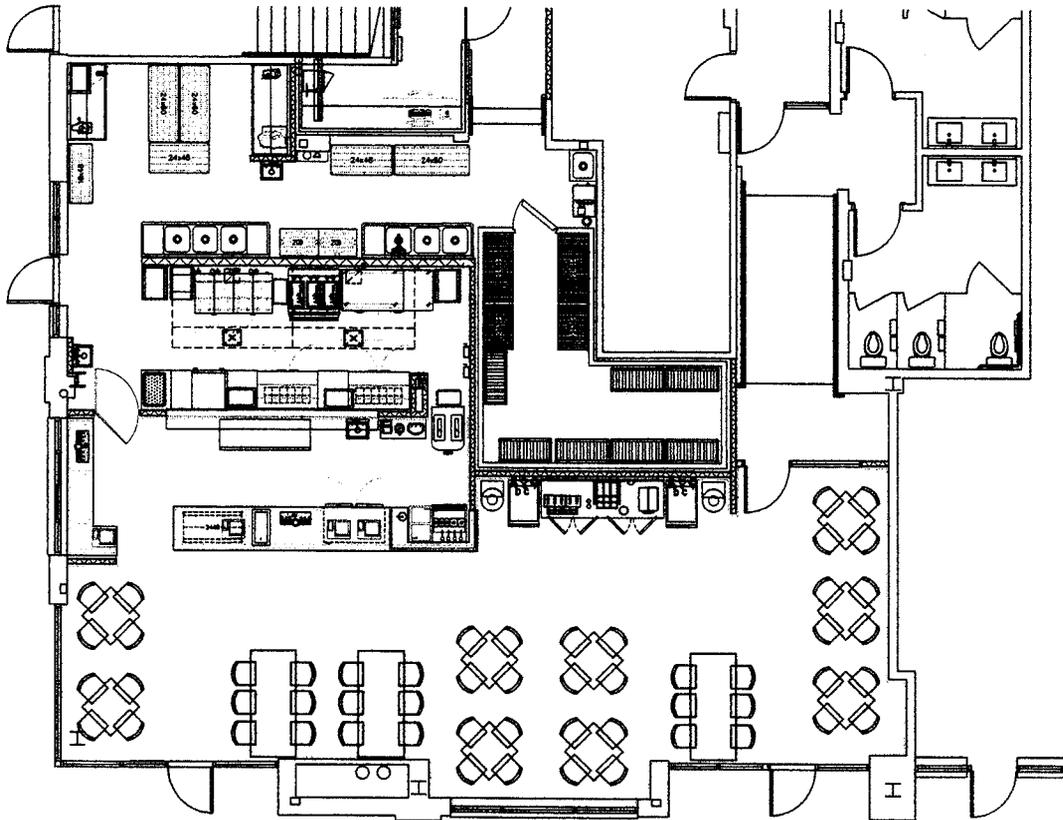
Affix Seal

*Bryan K. Ramsey*  
Attorney at Law, No Expiration date  
S.C. # 0040616  
(440) 785-3344  
Notary Public

ORGANIZATIONAL CHART



PRODUCED BY AN AUTODESK EDUCATIONAL PRODUCT



**FLOOR PLAN**

SCALE: 1/8" = 1'-0"

PRODUCED BY AN AUTODESK EDUCATIONAL PRODUCT

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**CONSULTANTS:**

NOTE: Original drawing size 11x17. Any other sheet size will affect drawing scale.

BURGER FI

LINCOLN, NE

PRELIMINARY DESIGN

DATE: 5.15.15



**ERICKSON  
ARCHITECTS  
SULLIVAN**

**ESCOLINER**  
Food Service Design Consultants

209 South 9th Street  
Lincoln, NE 68508  
Telephone 402.475.1787

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