



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

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



MAYOR COLEEN J. SENG

lincoln.ne.gov

August 10, 2004

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

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Gateau Enterprises LLC., d.b.a. Windsor Stables, 1024 L Street requesting a class I liquor license.

Gateau Enterprises has requested that Eric Lemke be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Eric Lemke was born in St Cloud, Minnesota. He attended the University of Nebraska graduating in 1991.

Eric Lemke employment history is as follows:

2001 – Present	Owner, Green Gateau	Lincoln, NE.
1997 – 2000	Chef, Cornhusker Hotel	Lincoln, NE.
1993 - 1997	Chef, Vincenzo's	Lincoln, NE

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

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) WINDSOR STABLES

Manager Owner Other _____

Name: ERIC LEMKE

US Citizen? Yes No

Has applicant ever been cited for liquor law violations? No Yes
Explain _____

Does applicant have an interest in another liquor license? No Yes
Explain _____

Is spouse qualified to hold a license? Yes No N/A

How is applicant if not an owner to be paid? Salary Hourly

How many hours will applicant be at the establishment? 20+

Any other employment? No Yes, explain _____

Any previous experience with a liquor license? Yes No

Any criminal convictions? No Yes
Comments _____

Is applicant a property owner in Lincoln? Yes No

Is applicant involved in any civil litigation? No Yes
Comments _____

*NONE.
MACHINE
BROKE*

Photo Records Check References

Comments _____

Interview Date 8 / 10 / 04

STATE OF NEBRASKA

Sel date 8/9

PH: 8/23/04



NEBRASKA LIQUOR CONTROL COMMISSION

Robert B. Rupe
Executive Director

301 Centennial Mall South, 5th Floor
P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

A4-085112
82

Mike Johanns
Governor July 29, 2004

City Clerk
County/City Bldg
555 South 10th Street
Lincoln NE 68508

Hateau Enterprises, LLC
dba Windsor Stables Reception Center
1024 L St 68508
Class I

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Michelle Porter
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FILED
CITY CLERKS OFFICE
2004 JUL 30 P 3:34
CITY OF LINCOLN
NEBRASKA

FORM 35-4001
REV. 12/99

New
I#65112

Local
RECEIVED
JUL 28 2004
NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in **Triplicate** 8. Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

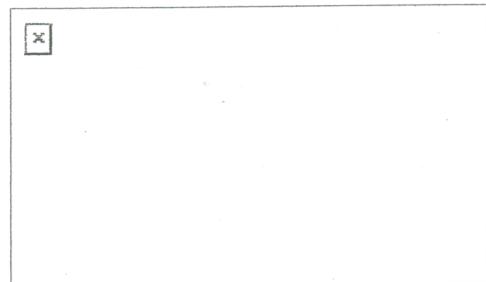
Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION
Type of application being applied for (check appropriate box) 1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	<div style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">JUL 28 2004</div> <div style="text-align: center; font-size: 0.8em; margin-top: 10px;"> Name _____ Firm Name _____ Address _____ CONTROL COMMISSION </div>

SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants			
Trade Name (name of business) Windsor Stables Reception Centre		Telephone Number at premise to be licensed 402/477-3444	
1) Street Address of Proposed licensed premise 1024 "L" Street		2) Mailing Address for receipt of Liquor Control Commission mailings 330 S. 10th Street	
City Lincoln	County Lancaster	City Lincoln	County Lancaster
Zip Code 58508	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No		Zip Code 68508

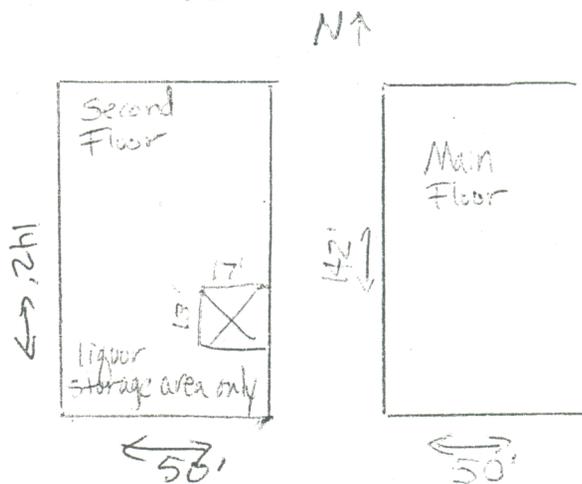
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided 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 where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

Two Story Building:
 1st floor: banquet area
 2nd floor: storage area
 ↓
 142' x 50' includes 17' + 13'



SECTION B OTHER INFORMATION REQUIRED *			
	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. 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.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>Pinnacle Bank (downtown branch) 1401 "N" St. Lincoln, NE 68508</p> <p>Eric A. Lemke Kelli R. Kerns</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p><i>none</i></p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Eric A. Lemke 40 hr./wk.</p>		

<p>13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.</p>	<p><i>none</i></p>
<p>14. 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 interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)</p>	
<p>15. When do you intend to open for business?</p>	<p>Windsor Stables is currently open for business but we hope to acquire a liquor liscense by Sept. 2004.</p>

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Kelli R. Kerns	1994	1996	Lincoln, NE
Kelli R. Kerns	1996	2004	Roca, NE
Eric A. Lemke	1994	2004	Lincoln, NE
<i>Stuart Kerns</i>	<i>1994</i>	<i>1996</i>	<i>Lincoln, NE</i>
<i>Stuart Kerns</i>	<i>1996</i>	<i>2004</i>	<i>Roca, NE</i>
<i>Cristi Lemke</i>	<i>1994</i>	<i>2004</i>	<i>Lincoln, NE</i>

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), 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 or 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 and/or inaccurate.

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. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign Here E. C. Zee

Sign Here **RECEIVED**

Sign Here Kelly Kays

Sign Here JUL 28 2004

Sign Here Seede

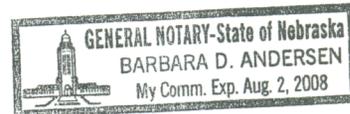
Sign Here **NEBRASKA LIQUOR CONTROL COMMISSION**

Sign Here Cristi Lemke

Sign Here _____

Subscribed in my presence and sworn to before me this 26 day of July, 2004

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

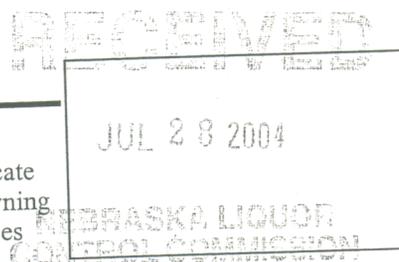
Sign here Barbara D. Andersen
Notary Public Signature

Verify & Print form

FORM 35-4010
1
REV 1/01

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission



INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
 - 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
 - 3) Information regarding spouses must be completed
- Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**

Total Number of Shares (if corporation)

*

*

Corporate Street Address

Mailing address for receipt of Liquor Control Commission Mailings

*

*

Corporate Telephone Number

City

County

State

Zip Code

*

*

*

*

* -

Name of Registered Agent

Name of Proposed Manager

*

*

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Title

Date of Birth

*

*

Social Security Number

Home Address (1)

City

*

*

State

Zip Code

Home Telephone Number

*

* -

*

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses.
Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Spouse Name

Partner Number of Shares / %

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses.

Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Kerns, Kelli Ranae, Livengood	7751	15-58	Member
Spouse Name Kerns, Stuart Lee	8-88 2240	6-1-62	
Partner Number of Shares / % 75%	Spouse Number of Shares / % 0		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

(If Necessary, Continue on Separate Sheet)



RECEIVED

NEBRASKA LIQUOR CONTROL COMMISSION JUL 28 2004
AFFIDAVIT OF NON PARTICIPATION

NEBRASKA LIQUOR
CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

Cristi Lemke

Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 19th day of July, 2004.



Ruta Dinsmore

Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

E. G. Zoller

Signature of Licensee/Applicant

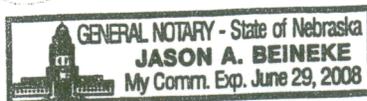
Eric Lemke

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 20 day of July, 2004.

Jason A. Beineke

Signature of Notary Public



FORM 35-4178
REV 2/01

RECEIVED

JUL 28 2004

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

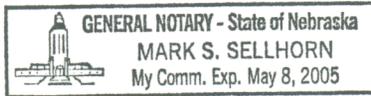
NEBRASKA LIQUOR
CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

[Handwritten Signature]

Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 23 day of JULY, 2004.



[Handwritten Signature]

Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

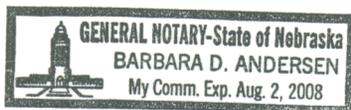
[Handwritten Signature]

Signature of Licensee/Applicant

Kelli R. Kerns

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 26th day of July, 2004.



[Handwritten Signature]

Signature of Notary Public

FORM 35-4178
REV 2/01

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

RECEIVED

JUL 28 2004

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

NEBRASKA LIQUOR CONTROL COMMISSION

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation Gateau Enterprises, LLC *	Class & License number *
Trade Name of Licensed Premise Windsor Stables Reception Centre *	
Street Address of Licensed Premise 1024 "L" Street *	City Lincoln *
	County Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden) Lemke, Eric Allan *	Sex * F <input type="radio"/> M <input checked="" type="radio"/>	Social Security Number 304 62-7413 *		
Date of Birth 5/7 *	Place of Birth St. Cloud, MN *			
Home Street Address 710 N. 73rd Street *	City Lincoln *	County Lanacaster *		
State NE *	Zip Code 68505 *	Home Telephone Number 402/488-6381 *		
Business Telephone Number 402/477-3444 *	<table border="1"> <tr> <td>Drivers License Number *</td> <td>State NE *</td> </tr> </table>		Drivers License Number *	State NE *
Drivers License Number *	State NE *			

Are You Married? * Yes No If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Lemke, Cristi Ann, Nelson

Social Security Number

9-99-780

Drivers License Number

State

NE

Date of Birth

1/1/80

Place of Birth

Lincoln, NE

* 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 criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or 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

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No

RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE

		Year	
		From	To
Applicant: City & State			
Lincoln, NE		93	04
Spouse: City & State			
Lincoln, NE		93	04

		Year	
		From	To
Applicant: City & State			
Tucson, AZ		91	93
Spouse: City & State			
Tucson, AZ		91	93

		Year	
		From	To
Applicant: City & State			
Spouse: City & State			

		Year	
		From	To
Applicant: City & State			
Spouse: City & State			

EMPLOYERS - LIST LAST TWO EMPLOYERS

		Year	
		From	To
Name of Employer			
The Green Gateau Cafe		1999	2004
Name of Supervisor		Telephone Number	
Bill Livengood		402/435-3567	

		Year	
		From	To
Name of Employer			
The Cornhusker Hotel		1998	1999
Name of Supervisor		Telephone Number	
Reese Hummel		402/474-7474	

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY

RECEIVED

APPLICANT & SPOUSE

JUL 28 2004

STATE OF NEBRASKA)
) SS
COUNTY OF)

NEBRASKA LIQUOR
CONTROL COMMISSION

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

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

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 and inaccurate.

[Handwritten Signature]

Signature of Applicant

[Handwritten Signature]

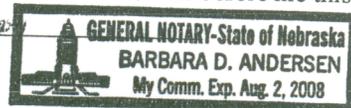
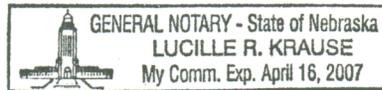
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this
22 day of July 2004

Subscribed in my presence and sworn to before me this
23 day of July 2004

[Handwritten Signature]

Notary Signature & Seal



[Handwritten Signature]

Notary Signature & Seal

Verify and Print