



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

December 20, 2012

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 Kong Liquor, 1401 North 56th Street requesting a class D liquor license.

Fiseha Tesfazion has purchased this business and requests that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he has previously been approved by Council.

The required training was completed on October 14th 2010.

Stockholder information has been included for your review.

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

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Selama, LLC

Street Address #1 1401 North 56th Street, Suite 105 & 106

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68504

Premise Telephone number _____

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

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

Name Fiseha Tesfazion

Street Address #1 1827 J Street, Apt. #A

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

Length _____ feet
Width _____ feet

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

See attached

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

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

YES NO

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

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Fiseha Tesfazion	05/2010	Colorado	Speeding	
Fiseha Tesfazion	01/2007	Lincoln, NE	Reckless driving	
Fiseha Tesfazion	02/2006	Temple TX	Speeding	
Fiseha Tesfazion	10/2006	Geneva, NE	Speeding	
Fiseha Tesfazion	05/1999	Dallas, TX	No insurance card	
Tesfailem M. Desta	2003	Lincoln, NE	Urinate in public	

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

YES NO

If yes, give name of business and liquor license number Kong's Liquor; License #D54552

- 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 Kong's Liquor, License #D54552

4. Are you filing a temporary operating permit to operate during the application process?

YES NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. 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) Miss Kokob Fissahaye

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)

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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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NEBRASKA DEPARTMENT OF REVENUE
SACRAMENTO, CALIFORNIA

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)

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.

West Gate Bank

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.

South Street Liquor, Lincoln, NE; BNW Corp.; License #D75044; sold business

19th Street Liquor, Lincoln, NE; License #D91393

Temple TX; Fiseha Tesfazion; License #BQ579720; sold bar

Dallas, TX: Semirna Corp; License #O25710550; sold bar

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:

- 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

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Fiseha Tesfazion	09/2008	Lincoln, Responsible Hospitality Manager Course
Fiseha Tesfazion	01/2007 to present	Owner/Manager South Street Liquor
Fiseha Tesfazion	2005-2006	Texas-Owner/Manager two liquor stores

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 April 30, 2018
- Deed
- Purchase Agreement

14. When do you intend to open for business? Upon signing of temporary operating agreement

15. What will be the main nature of business? Sell alcoholic beverages

16. What are the anticipated hours of operation? 9:00 a.m. to 1:00 a.m. seven days a week

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
Lincoln, Nebraska	2006	2012			
Temple, Texas	2005	2006			
Dallas, Texas	1997	2005			

If necessary attach a separate sheet.

**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

Office Use

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JAN 13 2012
LIQUOR CONTROL COMMISSION

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 (2 cards per person)
- 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 (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Patrick T. O'Brien

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

Selama, LLC

010168726

LLC Address: 1827 J Street, Apt. A

City: Lincoln

State: NE

Zip Code: 68508

LLC Phone Number: 402-477-0208

LLC Fax Number _____

Name of Managing/Contact Member

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

Last Name: Tesfazion

First Name: Fiseha

MI: _____

Home Address: 1827 J Street, Apt. #A

City: Lincoln

State: NE

Zip Code: 68508

Home Phone Number: 402-601-1547

[Handwritten Signature]

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Lincoln

The foregoing instrument was acknowledged before me this

12-13-12

Date

by FISEHA TESFAZION
name of person acknowledge

[Handwritten Signature]

Affix Seal

[Handwritten Seal: Commissioner of Liquor Control, Fife 2016]

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

Last Name: Tesfazion First Name: Fiseha MI: _____

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 _____

Last Name: Desta First Name: Tesfaalem MI: M

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 _____

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 _____

**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

Office Use



Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Selama, LLC

Premise information

Premise License Number: _____
(if new application leave blank)

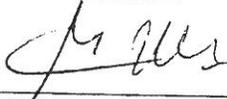
Premise Trade Name/DBA: Kong's Liquor

Premise Street Address: 1401 North 56th Street, Suite 105 and 106

City: Lincoln State: NE Zip Code: 68504

Premise Phone Number: 402-464-5616

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



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

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE
 Last Name: Tesfazion First Name: Fiseha MI: _____
 Home Address (include PO Box if applicable): 1827 J St., Apt. #A
 City: Lincoln County: Lancaster Zip Code: 68508
 Home Phone Number: 402-601-1547 Business Phone Number: _____
 Social Security Number: _____ Drivers License Number & State: _____ NE
 Date Of Birth: _____ Place Of Birth: Asmara, Eritrea

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

APPLICANT **SPOUSE**

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, Nebraska	2006	2012			
Temple, Texas	2005	2006			
Dallas, Texas	1998	2005			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2006	2011	South Street Liquor	Myself	402-476-9463
2011	2012	19th Street Liquor	Myself	402-477-0208

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.

NOV 18 2012
NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Fiseha Tesfazion	05/2010	Colorado	Speeding	
Fiseha Tesfazion	01/2007	Lincoln, NE	Reckless driving	
Fiseha Tesfazion	02/2006	Temple, TX	Speeding	
Fiseha Tesfazion	10/2006	Geneva, NE	Speeding	
Fiseha Tesfazion	05/1999	Dallas, TX	No insurance card	
Tesfaalem M. Desta	2003	Lincoln, NE	Urinate in public	

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.
 See attached _____

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

4. 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

5. List any alcohol related training and/or experience (when and where).
 See attached _____

UNITED STATES OF AMERICA



No. 1
NATURALIZATION

OPRENTICAMPOR

Personal description of holder
as of date of naturalization:

Date of birth:

Sex: MALE

Height: 5 feet 7 inches

Marital status: MARRIED

Country of former nationality:

ERITREA

CIS Registration No. 1

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

FISEHA TESFAZION
(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: OMAHA, NEBRASKA

The Secretary, having found that:

FISEHA TESFAZION

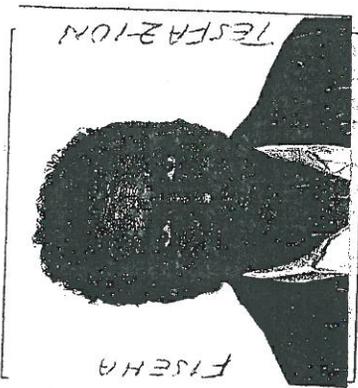
then residing in the United States, intends to reside in the United States when so required by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the

US DISTRICT COURT STATE OF NEBRASKA

at: LINCOLN, NEBRASKA

on: MARCH 13, 2009

that such person is admitted as a citizen of the United States of America.



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Director, U. S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY



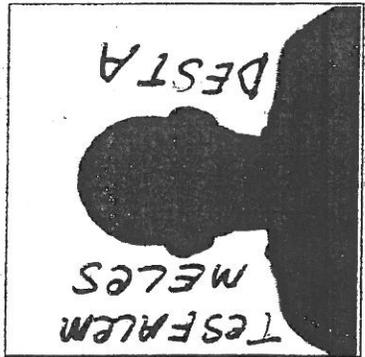
Personal description of holder as of date of naturalization.
Date of birth: *6/25/1978*
Sex: **MALE**
Height: *5* feet *6* inches
Marital status: **MARRIED**
Country of former nationality: **ERITREA**

Tesfalem Meles
(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: **OMAHA, NEBRASKA**

The Secretary, having found that:
TESFALEM MELES DESTA



then residing in the United States, intends to reside in the United States when so required by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the

US DISTRICT COURT STATE OF NEBRASKA

at: **BEATRICE, NEBRASKA** on: **SEPTEMBER 18, 2006**

that such person is admitted as a citizen of the United States of America.

Amihoff

Director, U.S. Citizenship and Immigration Services

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