CITY OF LINCOLN NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

March 24, 2016

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 Chhibbane Restaurant Group, LLC, dba Chef Karim's Mediterranean Grill, requesting a class IK-116936 liquor license. Abdel-Karim Chhibbane, President of Chhibbane Restaurant Group, LLC, is requesting he be approved as the manager of the liquor license.

This is the former location of Boulevard Bistro, which held a class IK liquor license as of December 23, 2014, however, the restaurant never opened. Mr. Chhibbane was the approved liquor license manager on the Boulevard Bistro liquor license. Mr. Chhibbane completed the required alcohol management training on October 9, 2014.

Chhibbane Restaurant Group, LLC Corporate Officers/Stockholders/Members:

Member 1: Abdel-Karim Chhibbane – President (50%)
Member 2: Dwight Thomas – Member (50%)

No areas of concern were found.

The application is 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.

BRIAN JACKSON, Interim Chief of Police

APPLICATION FOR LIQUOR LICENSE CHECKLIST - RETAIL

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

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Hot List: YES (NO) | (New)/Replacing #

Class Type 1K | **116936** | Initial mp

Applicant name Abdel Karim Chhibbane & Dwight Thomas

Trade name Chhibbane Restaurant Group, LLC

Previous trade name Boulevard 333 Bistro

Contact email address chhibbanecatering@gmail.com

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

RECEIPT

DATE 3-18-16 No. 168714

FROM Abdel Chhibbane

FOR Chef Karim Mediterranean Grill

☐ CASH
☒ CHECK # 1076 $500.00
☐ MONEY ORDER #

Received by Michelle Poster

Office use only
PAYMENT TYPE CR 1076
AMOUNT: $500
Received: MM

1600005328

RECEIVED

RECEIVED

2X MP Rec #168714

Karim Chhibbane - on file 12/3/14

Dwight Thomas

1. Yes 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. Told Karim Chhibbane's fingerprints on file & recent enough. ~~Need Form #147~~ - Dwight printed: 28.75pd

2. Yes OK Enclose application fee of $400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport.

3. Yes OK Enclose the appropriate application forms; +100 catering LLC
   - ~~Individual License (requires insert form 1)~~
   - ~~Partnership License (requires insert form 2)~~
   - ~~Corporate License (requires insert form 3a & 3c)~~
   - OK Limited Liability Company (LLC) (requires form 3b & 3c) ✓

4. Yes 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 (LLC) making application. Lease term must run through the license year being applied for.

5. No If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. No 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. No If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).

8. ~~No~~ Yes Enclose a list of any inventory or property owned by other parties that are on the premises. - part of lease

9. Yes 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. Yes OK Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

11. Yes 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.

D Thomas Member Chhibbane Restaurant Group, LLC

Signature

3/8/2016

Date

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MAR 14 2016

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- ~~Form #147 - Dwight printed~~
- ~~agmt list leased~~ ?
- ~~question #5~~
- ~~training cert~~ ?
- ~~lease not signed~~
- ~~need comm document~~
- ~~Resign all forms notary~~
- ~~correct to A bde~~
- ~~dese.~~
- ~~business plan~~

APPLICATION FOR CATERING (K)
TO LIQUOR LICENSE

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

Office Use

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Include application fee of $100 check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport

- **Copy of this application will be forwarded to your local governing body for recommendation per Neb. Rev. Stat. §53-134(7), after receipt of recommendation there is a 10 day holding period for any citizen protests**
- **Processing may take approx. 45-60 days from receipt of application by the Nebraska Liquor Control Commission**
- **The holder of a catering license may deliver, sell, or dispense alcoholic liquor, including beer, for consumption at premises designed in a special designed license (SDL) issued pursuant to section §53-124.11**
- **SDL must be applied for and received 10 working days prior to the day of each event**
- **A holder of a catering license shall not cater an event unless such licensee receives a SDL**
- **SDL application form 108 may be found at this link: http://www.lcc.nebraska.gov/LicensingForms/108%20SDL%206-2013a.pdf**
- **Only twelve (12) SDLs will be issued at any specific location that could otherwise hold a liquor license Rules and Regulations Chapter 2-013.06**
- **Renewal fee is $100 payable at time of underlying liquor license**

LIQUOR LICENSE # _____ CLASS TYPE I

LICENSEE NAME CHHIBBAN Restaurant Group LLC

TRADE NAME Chef KARM's Mediterracan Grill

PREMISE ADDRESS 333 NORTH Cotner Blvd

CITY Lincoln NE 68505

CONTACT PERSON ABDEL KARIM CHHIBBANE

PHONE NUMBER OF CONTACT PERSON 805 6987807

EMAIL ADDRESS OF CONTACT PERSON Chhibbanecartering@gmail.com

Signature of Licensee

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this

3/16/16 by Abdel Karim Chhibbane
Date name of person acknowledged signing document

Notary Public Signature

Affix Seal

GENERAL NOTARY - State of Nebraska
PERRY A. PIRSCH
My Comm. Exp. June 26, 2016

SUBMISSSION 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.nebraska.gov

Office Use Only	
Class:_____	License #:_____

Applicant Name: CHHIBBAN E RESTAURANT GROUP LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: CHEF KARIM'S MEDITERRANEAN GRILL
(Doing Business As)

(805) 698 78 07 — Phone Number

CHHIBBANECATERING@GMAIL.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
  or checks made payable to NSP should be mailed directly to the following address:

  The Nebraska State Patrol – CID Division
  3800 NW 12th 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.

APPLICATION FOR LIQUOR LICENSE
RETAIL

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

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

RETAIL LICENSE(S) Application Fee $400 (nonrefundable)

_____ A BEER, ON SALE ONLY
_____ B BEER, OFF SALE ONLY
_____ C BEER, WINE, DISTILLED SPIRTS, ON AND OFF SALE
_____ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
X 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

X 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)
X Limited Liability Company (LLC) (requires form 3b & 3c)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application

Name Perry A. Pirsch Phone number: 402-466-8444

Firm Name Berry Law Firm

PREMISES INFORMATION

Trade Name (doing business as) Chef Karim Mediterranean Gril

Street Address #1 333 N Cotner Blvd

Street Address #2

City Lincoln County Lancaster Zip Code 68505

Premises Telephone number 805-698-7807

Business e-mail address chhibbanecatering@gmail.com

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

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

Name ~~Karim Chhibbane~~ Abdel Karim Chhibbane

Street Address #1 333 N Cotner Blvd

Street Address #2

City Lincoln State Nebraska Zip Code ~~68510~~ 68505

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 96'4" x width 42'11.5" in feet

Is there a basement? Yes ~~X~~ No _____ If yes, length storage x width storage in feet

Is there an outdoor area? Yes ~~X~~ No _____ If yes, length 95 x width ca 8' in feet

See Attached

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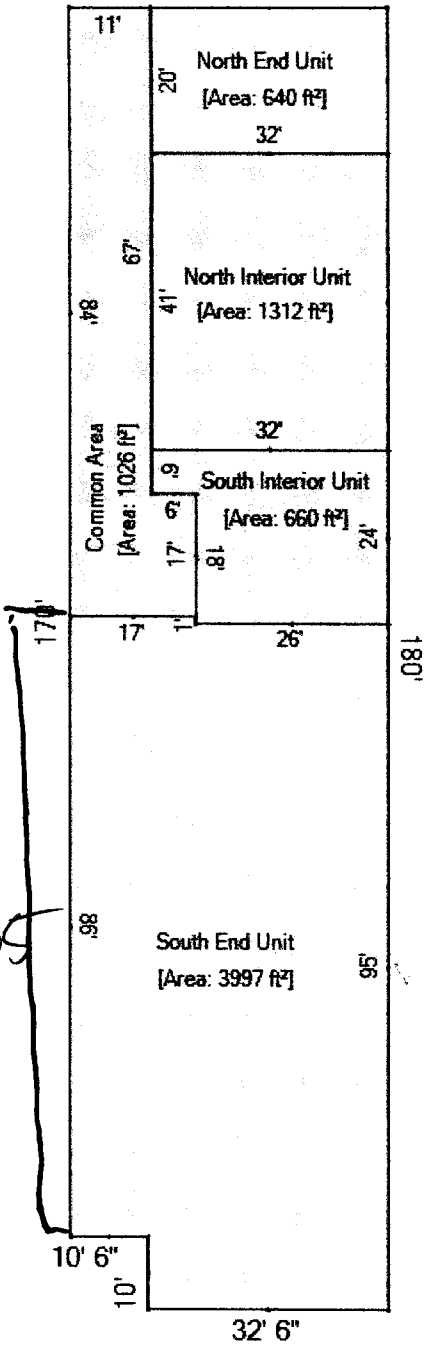
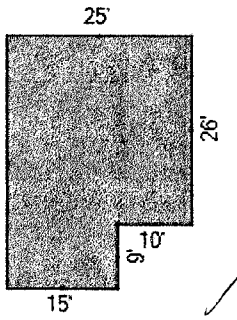
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

Please use description from Boulevard 333, LLC
See attached.
Basement is only Storage. Chef Karim's Mediterranean Grill will occupy the South End of 333 N. Cotner, Lincoln, NE. Diagram attached w/ lease.
additional diagram is attached
1 Story Bldg approx. 44 x 94, with basement storage & outdoor patio 10x9



First Level Gross Area

[Area: 7635 ft²]



Basement Level Gross Area

[Area: 785 ft²]

Not Chef Karim's Mediterranean Grill.

333 N. Cotner, Lincoln, NE 68505

Chef Karim's Mediterranean Grill.

The Improvement Perimeter Sketch was completed by the analysts. The sketch is for illustration purposes only and is not considered to be at scale.

South End Unit Layout

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 ___X___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
NA - Abdel Karim				
NA - Dwight				

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

_____YES ___X___NO

If yes, give name of business and liquor license number NA

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?

___X___YES _____NO

If yes, give name and license number Boulevard 333 Bistro

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

_____YES ___X___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 X NO

If yes, list the lender(s) No/Just LLC Member Contributions. No borrowing.

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

X YES _____NO

If yes, explain. (all involved persons must be disclosed on application)

Landlord requests 20% of Net after, as in lease. See lease agreement w/ Weedpatch & Panama, LLC

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

X YES _____NO

If yes, list such item(s) and the owner. Restaurant equipment owned by Weedpatch & Panama LLC See Lease agreement, addendum.

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 X 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)

NA

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

_____YES X NO

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

NA

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.

UBT; a) Both Karim Chhibbane & Dwight Thomas

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.

*Karim Chhibbane - Boulevard 333, LLC, Lincoln, NE; Cancelled for lack of use, divorce prevented opening.

*Karim Chhibbane - Chef Karim's Restaurant, Santa Barbara, CA

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:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Abdel ~~Abdel~~ Karim Chhibbane,	ca. 3/2015	Lincoln Police Dept.
Member		
		See Attached

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

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

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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.**

x Lease: expiration date May 1, 2021
____ Deed
____ Purchase Agreement

14. When do you intend to open for business? May 1, 2016
15. What will be the main nature of business? Food & Drinks - Upscale Restaurant.
16. What are the anticipated hours of operation? ~~6:00 AM to~~ 6:00 - 12 pm, Tues - Sun.
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 FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Abdel Karim Chhibbane					
Santa Barbara California	1994	2013	NA		
Lincoln, NE	2013	2016	NA		
Dwight Thomas:					
Lincoln, NE	1/2013	present	NA		
~~Defense~~ Contractor Baghdad, Iraq	2009	2013	NA		
Contractor Mitrovica, Kosovo	2000	2009	NA		

If necessary attach a separate sheet.

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	**Signature of Spouse**
ABDEL KARIM Chhibbane	Dwight Thomas
Print Name	**Print Name**
NA	NA
Signature of Applicant	**Signature of Spouse**
NA	NA
Print Name	**Print Name**

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

3/16/16 by Abdel Karim Chhibbane / Dwight Thomas
date name of person(s) acknowledged (individual(s) signing)

Perry A Pirsch
Notary Public signature

GENERAL NOTARY - State of Nebraska
PERRY A. PIRSCH
My Comm. Exp. June 26, 2016

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.

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.nebraska.gov

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MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. 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: Chhibbane Restaurant Group, LLC

Premise information

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

Premise Trade Name/DBA: Chef Karim's Mediterranean Grill

Premise Street Address: 333 N. Cotner Blvd

City: Lincoln County: NE Zip Code: 68505

Premise Phone Number: 805-698-7807

Email address: chhibbanecatering@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

D. Thomas Member Chhibbane Restaurant Group LLC

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

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
10/13	12/15	Boulevard 333 Bistro	Abdel Karim Chhibbane	805-698-7807
01/94	10/13	Chef Karim's Restaurant and Catering	Abdel Karim Chhibbane	805-698-7807

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
NA				

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

   ■ YES ☐ NO

   IF YES, list the name of the premise(s):
   Boulevard 333 Bistro, Lincoln, NE

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

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

Last Name: Chhibbane First Name: Abdel Karim MI: NA

Home Address (include PO Box if applicable): 6515 A Street

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: 805-698-7807 Business Phone Number: 805-698-7807

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Marrakach, Morocco

Email address: chhibbanecatering@gmail.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES ☒ NO

Spouse's information

Spouses Last Name: N/A First Name: N/A MI: N/A

Social Security Number: N/A Drivers License Number & State: N/A

Date Of Birth: N/A Place Of Birth: N/A

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, NE	10/13	Current			
Santa Barbara, CA	1994	10/13			

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CONTROL COMMISSION

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

*NLCC Training Certificate Issued: ca 3/2015 Name on Certificate: Abdel Karim Chhibbane

OK

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Boulevard 333 Bistro	3/2015	Will submit separately when copy
Karim Chhibbane,		located
Liquor Manager		

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Abdel Karim Chhibbane	1994-10/13	Chef Karim's, Santa Barbara, CA
Executive Chef		
& Owner		
Executive Chef	10/13 - ca 12/15	Boulevard 333, LLC, Lincoln, NE
		(Divorce. Restaurant Never opened)

5. Have you enclosed Form 147 regarding fingerprints? Yes.

☒ YES ☐ NO Abdel Karim On file from Boulevard 333. Was told they are current enough to avoid reprinting. Please call if not correct. Dwight Thomas fingerprints previously were included. Form 147 included.

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PERSONAL OATH AND CONSENT OF INVESTIGATION

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

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

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

Karim Chhibbane, Member — NA

Signature of Manager Applicant — Signature of Spouse

Chhibbane Restaurant Group, LLC

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster — The foregoing instrument was acknowledged before me this

3/16/16 — by Abdul Karim Chhibbane

date — name of person acknowledged

Perry A Pirsch

Notary Public signature

Affix Seal — GENERAL NOTARY - State of Nebraska PERRY A. PIRSCH My Comm. Exp. June 26, 2016

GENERAL NOTARY - State of Nebraska
PERRY A. PIRSCH
My Comm. Exp. June 26, 2016

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

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

Office Use

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: Perry A Pirsch, Esq.

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

Chhibbane Restaurant Group, LLC #10221693

LLC Address: 333 N. Cotner

City: Lincoln State: NE Zip Code: 68505

LLC Phone Number: 805-698-7807 LLC Fax Number

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

Last Name: Chhibbane First Name: Abdel Karim MI:

Home Address: 6515 A Street City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 805-698-7807

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

3/16/16
Date

Perry A Pirsch

The foregoing instrument was acknowledged before me this
by Abdel Karim Chhibbane
name of person acknowledge

Affix Seal

GENERAL NOTARY - State of Nebraska
PERRY A. PIRSCH
My Comm. Exp. June 26, 2016

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

Printed

Last Name: Chhibbane First Name: Abdel Karim MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 50%

Printed

Last Name: Thomas First Name: Dwight MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: NA Date of Birth: NA

Percentage of member ownership 50%

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 _____

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Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

☐YES ☒NO

If yes, provide the following:
1) Name of corporation NA
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: 01/01/2016 Ending Date: 12/31/2016

Is this a Non Profit Corporation?

☐YES ☒NO

If yes, provide the Federal ID #. NA

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MAR 14 2016
NEBRASKA LIQUOR
CONTROL COMMISSION

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.