

D

RESOLUTION NO. _____

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA RECOMMENDING TO THE NEBRASKA LIQUOR CONTROL COMMISSION, APPROVAL OF THE CLASS D LIQUOR LICENSE APPLICATION FOR FANTASY'S INC DBA SOUTHPORT FANTASY'S, IN LA VISTA, NEBRASKA.

WHEREAS, Fantasy's Inc dba Southport Fantasy's, 7828 S 123rd Plaza, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class D Liquor License, and

WHEREAS, the Nebraska Liquor Control Commission has notified the City of said application, and

WHEREAS, the City has adopted local licensing standards to be considered in making recommendations to the Nebraska Liquor Control Commission, and

WHEREAS, said licensing standards have been considered by the City Council in making its decision.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, hereby recommend to the Nebraska Liquor Control Commission approval of the Class D Liquor License application submitted by Fantasy's Inc dba Southport Fantasy's, 7828 S 123rd Plaza, La Vista, Sarpy County, Nebraska.

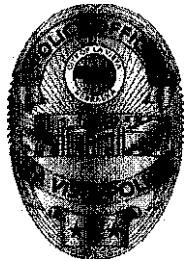
PASSED AND APPROVED THIS 21ST DAY OF MARCH, 2017.

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Mandy Garrod, CMC
Deputy City Clerk



**LA VISTA POLICE DEPARTMENT
INTER-DEPARTMENT MEMO**

TO: Pam Buethe, City Clerk

FROM: Chief Robert S. Lausten

DATE: March 16, 2017

RE: LOCAL BACKGROUND- LIQUOR LICENSE- MANAGER
FANTASY'S SOUTHPORT

CC:

The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Liquor License and Manager application. Karen Shramek has no criminal record.

As with all Nebraska Retail Liquor Licenses, I am asking that the applicant strictly conform to Nebraska Liquor Control Commission rules and regulations under (Sec 53-131.01) Nebraska Liquor Control Act.

**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	
MAR 01 2017	
NEBRASKA LIQUOR CONTROL COMMISSION	
Hot List: YES / NO	New/Replacing # <u>78004</u>
Class Type <u>D</u>	Initial <u>BK</u>
121590	

Applicant name Fantasy's, Inc.

Trade name Southport Fantasy's

Previous trade name _____

Contact email address diane@fantasys-carwash.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.

Office use only	PAYMENT TYPE <u>CK 56231</u>
AMOUNT: <u>400</u>	 1700003673
Received: <u>jm</u>	

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PAGE 1

1. Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application. **NSP**

2. Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at PAYPORT.

3. Enclose the appropriate application forms:

Individual License (requires insert form 1)

Partnership License (requires insert form 2)

*Corporate License (requires insert form 3a & 3c)

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

4. N/A 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. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. 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) Inherited
- 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. None Enclose a list of any inventory or property owned by other parties that are on the premises.

9. For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper

- a. For residency enclose proof of registered voter in Nebraska
- b. If permanent resident include Employment Authorization Card or Permanent Resident Card
- c. See guideline for further assistance

10. Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office.

11. Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Karen Shramel
Signature

8-24-2017

Date

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

CHOOSE THE TYPE OF LICENSE YOU ARE APPLYING FOR

RETAIL LICENSE(S)

Application Fee \$1400 (nonrefundable)

- 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
- J LIMITED ALCOHOLIC LIQUOR, OFF SALE - MUST INCLUDE SUPPLEMENTAL FORM 120
- 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

CHOOSE THE FORM OF BUSINESS ORGANIZATION YOU ARE APPLYING FOR

- Individual License (requires insert 1 FORM 104)
- Partnership License (requires insert 2 FORM 105)
- Corporate License (requires insert 3a FORM 101 & 3c FORM 103)
- Limited Liability Company (LLC) (requires form 3b FORM 102 & 3c FORM 103)

Name Diane Mills

Phone number: 402-891-9455

Firm Name Fantasy's

Trade Name (doing business as) Southport Fantasy's

Street Address #1 7828 S 123rd Plaza

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Street Address #2 _____

MAR 01 2017

City LaVista

County Sarpy

Zip Code 68128

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Premises Telephone number 402-934-4470

Business e-mail address diane@fantasys-carwash.com

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

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

Name Fantasy's

Street Address #1 8930 S 137th Circle

Street Address #2 _____

City Omaha

State NE

Zip Code 68138

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, form 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 129 x width 46 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

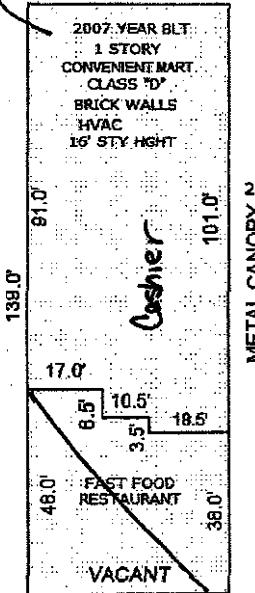
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

See attached diagram

7828 S 123rd Plaza
LaVista

8 PUMPS TOTAL
1 PUMP 3 HANDLES
1 PUMP 4 HANDLES
6 TWIN

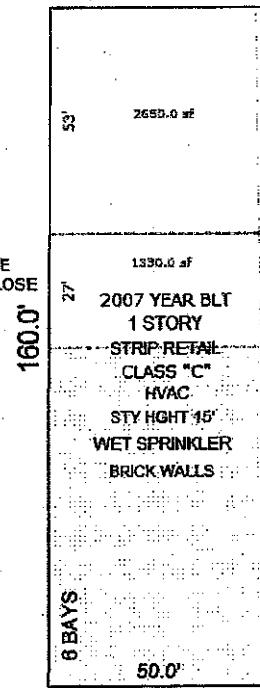
Beer coolers



YEAR BUILT 2007
1 STORY
COFFEE KIOSK

15.5'
20.0'
CLASS D
BRICK WALLS
HVAC
STY HGT 14'

48 LF 9 HGT CEMENT PROPANE ENCLOSE
22 LF 6 HGT METAL PROPANE METAL ENCLOSE
38 LF 9 HGT CONCRETE TRASH X 2
10 LF 6 HGT METAL TRASH
38 LF 4 HGT METAL FENCE
CONCRETE PAVING - 37,074 SF
CONCRETE CURB - 892 LF
5-30' LIGHT POLES
6 LIGHT FIXTURES



Sketch by Apex Sketch

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

EXTRA 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. **RECEIVED**
MAP 01/2011
NEBRASKA LIQUOR
CONTROL COMMISSION

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

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

YES NO

If yes, give name of business and liquor license number 078004

- 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 078004

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) **Great Western Bank**

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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)

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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.

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)

Provide letter of support or opposition, see FORM 134 – church or FORM 135 - campus

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.

Great Western Bank, Karen Shramek, authorized signer

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

None

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12. List the alcohol related training and/or experience (when and where) of the person(s) making application. **MAP 01/2017** These 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.

**NEBRASKA LIQUOR
CONTROL COMMISSION**

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

List of NLCC certified training programs

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Karen Shramek	8/15/99	Fantasy's Convenience 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 _____
 Deed
 Purchase Agreement

14. When do you intend to open for business? Currently open

15. What will be the main nature of business? Convenience Store with Gasoline and Car Wash

16. What are the anticipated hours of operation? 6 AM - 11PM

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

RESIDENCE FOR THE PAST 10 YEARS					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Omaha, NE	1981	current			

If necessary attach a separate sheet.

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

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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.

MAP 01/2017
Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures

Karen Shramel
Signature of Applicant

Signature of Spouse

Karen Shramek
Print Name

Print Name

Signature of Applicant

Signature of Spouse

Print Name

Print Name

ACKNOWLEDGEMENT

State of Nebraska

County of Douglas

24th of February 2017

date

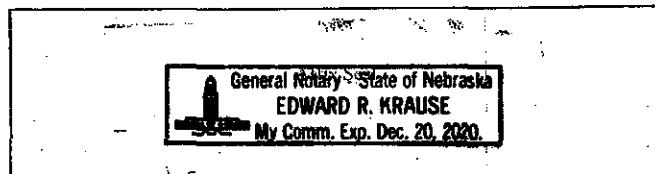
by

Karen Shramek

name of person(s) acknowledged (individual(s) signing)

EDWARD R. KRAUSE

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
CORPORATION
INSERT - FORM 3a**

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.licc.nebraska.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Officers, directors and stockholders 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 Incorporation (must show electronic stamp or barcode receipt by Secretary of States Office)

Karen Shramek

Name of Registered Agent:

Name of Corporation that will hold license as listed on the Articles

Fantasy's, Inc.

Corporation Address: 8930 S 137th Circle, Suite 2

City: Omaha State: NE Zip Code: 68138

Corporation Phone Number: 402-891-9455 Fax Number: 402-861-9824

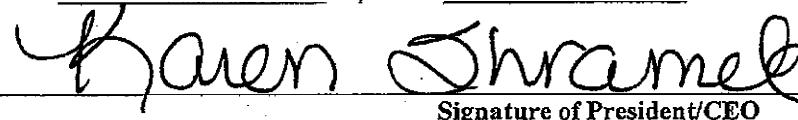
Total Number of Corporation Shares Issued: 45000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Shramek First Name: Karen MI: A

Home Address: 10302 Rockbrook Rd City: Omaha

State: NE Zip Code: 68124 Home Phone Number: 402-510-1054


Signature of President/CEO

ACKNOWLEDGEMENT

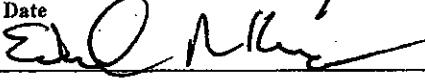
State of Nebraska County of Douglas The foregoing instrument was acknowledged before me this

24th of February 2017

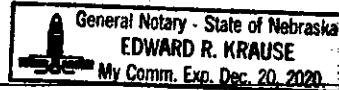
by

Karen Shramek

name of person acknowledge


Date

Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

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Last Name: Shramek

First Name: Karen

MAR 01 2017
MI:

Social Security Number: _____

Date of Birth: _____

SKA LIQUOR
CONTROL COMMISSION

Title: President

Number of Shares _____

45000

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

Spouse Social Security Number: _____

Date of Birth: _____

Last Name: _____

First Name: _____

MI: _____

Social Security Number: _____

Date of Birth: _____

Title: _____

Number of Shares _____

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

Spouse Social Security Number: _____

Date of Birth: _____

Last Name: _____

First Name: _____

MI: _____

Social Security Number: _____

Date of Birth: _____

Title: _____

Number of Shares _____

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

Spouse Social Security Number: _____

Date of Birth: _____

Last Name: _____

First Name: _____

MI: _____

Social Security Number: _____

Date of Birth: _____

Title: _____

Number of Shares _____

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

Spouse Social Security Number: _____

Date of Birth: _____

List names of all officers, directors and stockholders including spouses. (Even if a spousal affidavit has been submitted)

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Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying corporation controlled by another corporation/company?

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YES

NO

MAR 01 2017

If yes, provide the following:

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

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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

Starting Date: January _____ Ending Date: December _____

Is this a Non-Profit Corporation?

YES

NO

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.

Nebraska Secretary of State

FANTASY'S, INC.

Fri Mar 10 10:56:37 2017

SOS Account Number

1005219

Status

Active

Principal Office Address

8930 S. 137TH CIRCLE # 2

OMAHA, NE 68138

Registered Agent and Office Address

JOHN SPAUSTAT

10302 ROCKBROOK ROAD

OMAHA, NE 681240000

Nature of Business

CONVENIENCE STORE

Entity Type

Domestic Corp

Date Filed

Mar 08 1989

Corporation Position	Name	Address
President	JOHN SPAUSTAT	10302 ROCKBROOK RD OMAHA, NE 681340000
Secretary	JOHN SPAUSTAT	10302 ROCKBROOK RD OMAHA, NE 681340000
Treasurer	JOHN SPAUSTAT	10302 ROCKBROOK RD OMAHA, NE 681340000
Director	JOHN SPAUSTAT	10302 ROCKBROOK RD OMAHA, NE 681340000

Filed Documents

Filed documents for FANTASY'S, INC. may be available for purchase and downloading by selecting the Purchase Now button. Your Nebraska.gov account will be charged the indicated amount for each item you view. If no Purchase Now button appears, please contact Secretary of State's office to request document(s).

Code	Document	Date Filed	Price	
AP	Articles Perpetual	Mar 08 1989	\$1.35 = 3 page(s) @ \$0.45 per page	Purchase Now
NN	New Name	Mar 10 1989	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
PP	Proof of Publication	Apr 04 1989	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
PP	Proof of Publication	Apr 04 1989	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
AO	Change of Agent or Office	May 03 1991	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
AO	Change of Agent or Office	Jun 06 1998	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
AO	Change of Agent or Office	Apr 13 1998	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
TR	Tax Return	Apr 15 1999	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
A	Amendment	Sep 01 1999	\$1.35 = 3 page(s) @ \$0.45 per page	Purchase Now
AO	Change of Agent or Office	Sep 01 1999	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
PP	Proof of Publication	Oct 12 1999	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
NP	Non Payment of Taxes	Apr 16 2000		
CR	Certificate of Revival	Jul 11 2000	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
TR	Tax Return	Jul 11 2000	\$1.35 = 3 page(s) @ \$0.45 per page	Purchase Now
TR	Tax Return	Apr 19 2001	\$0.90 = 2 page(s) @ \$0.45 per page	Purchase Now

Nebraska Secretary of State

FANTASY'S, INC.

Fri Mar 10 10:56:37 2017

SOS Account Number

1005219

Status

Active

Principal Office Address

8830 S. 137TH CIRCLE # 2
OMAHA, NE 68138

Registered Agent and Office Address

JOHN SPAUSTAT
10302 ROCKBROOK ROAD
OMAHA, NE 681240000

Nature of Business

CONVENIENCE STORE

Entity Type

Domestic Corp

Date Filed

Mar 08 1989

Corporation Position	Name	Address
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Secretary	JOHN SPAUSTAT	10302 ROCKBROOK RD OMAHA, NE 681340000
Treasurer	JOHN SPAUSTAT	10302 ROCKBROOK RD OMAHA, NE 681340000
Director	JOHN SPAUSTAT	10302 ROCKBROOK RD OMAHA, NE 681340000

Filed Documents

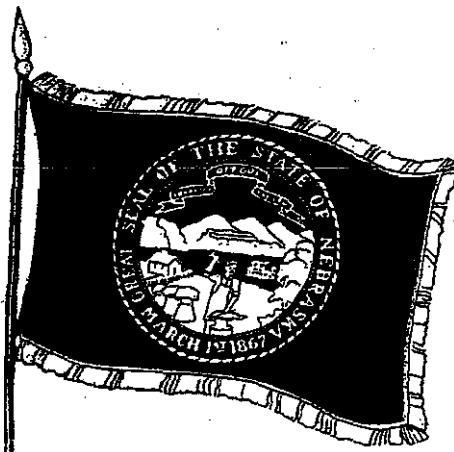
Filed documents for FANTASY'S, INC. may be available for purchase and downloading by selecting the Purchase Now button. Your Nebraska.gov account will be charged the indicated amount for each item you view. If no Purchase Now button appears, please contact Secretary of State's office to request document(s).

Code	Document	Date Filed	Price	
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NN	New Name	Mar 10 1989	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
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PP	Proof of Publication	Apr 04 1989	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
AO	Change of Agent or Office	May 03 1991	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
AO	Change of Agent or Office	Jun 05 1996	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
AO	Change of Agent or Office	Apr 13 1998	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
TR	Tax Return	Apr 15 1989	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
A	Amendment	Sep 01 1999	\$1.35 = 3 page(s) @ \$0.45 per page	Purchase Now
AO	Change of Agent or Office	Sep 01 1999	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
PP	Proof of Publication	Oct 12 1999	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
NP	Non Payment of Taxes	Apr 16 2000		
CR	Certificate of Revival	Jul 11 2000	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
TR	Tax Return	Jul 11 2000	\$1.35 = 3 page(s) @ \$0.45 per page	Purchase Now
TR	Tax Return	Apr 19 2001	\$0.90 = 2 page(s) @ \$0.45 per page	Purchase Now

STATE OF

NEBRASKA

United States of America, }
State of Nebraska } ss.



Department of State

I, Allen J. Beermann, Secretary of State of the
State of Nebraska do hereby certify that
the attached is a true and correct copy of
Articles of Amendment to the Articles of
Incorporation of

FANTASIES, INC.

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with registered office located in Omaha,
Nebraska, changing the corporate name to

NEBRASKA LIQUOR
CONTROL COMMISSION

FANTASY'S, INC.

as filed and recorded in this office on
March 10, 1989.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska.

Done at Lincoln this

tenth

day of March

in the year of our Lord, one thousand
nine hundred and eighty-nine.

Allen J. Beermann

SECRETARY OF STATE

DEPUTY

STATE OF NEBRASKA
DEPARTMENT OF CLERK
LINCOLN, NEBRAKA

BOOK 328 PAGE 165 MAR 10 1989

MAR 15 9 12 AM '89

STATE OF NEBRASKA
DEPARTMENT OF CLERK

Lincoln, Nebraska

50.5 878

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION OF
FANTASIES, INC.,
a Nebraska corporation

I.

6351 \$28.00

The name of the corporation filing these Articles of Amendment
to the Articles of Incorporation is Fantasies, Inc.

II.

The following amendment was adopted:

Article I of the Articles of Incorporation is amended to
provide that the name of the corporation shall be changed to
FANTASY'S, INC.

III.

At the time of the adoption of the amendment, there were no
shares of stock issued and outstanding.

IV.

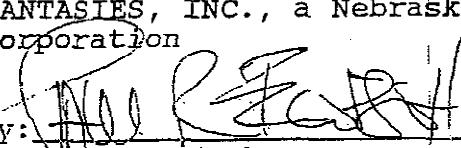
These Articles of Amendment to the Articles of Incorporation
have been approved and adopted by each of the incorporators of the
corporation.

V.

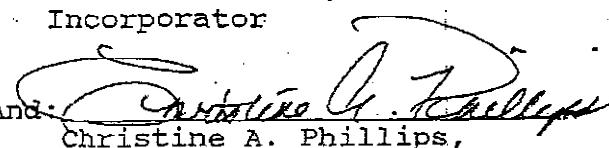
The effective date of the amendment is the 9th day of March,
1989.

FANTASIES, INC., a Nebraska
corporation

By:


Paul R. Elofson,
Incorporator

And:


Christine A. Phillips,
Incorporator

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NEBRASKA LIQUOR
CONTROL COMMISSION

5.00

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

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

**FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE
PROCESSED**

MANAGER MUST:

- Complete all sections of the application. Be sure it is signed by a **member or corporate officer**, corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, 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 or print document from Secretary of State website 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, read form carefully to avoid delays in processing, 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

BARCODE

**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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**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 card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

Name of Corporation/LLC: Fantasy's, Inc.

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

Premises Trade Name/DBA: Southport Fantasy's

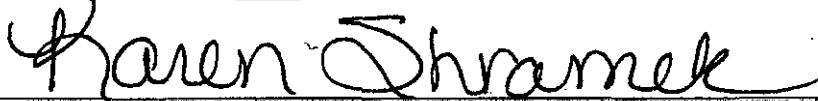
Premises Street Address: 7828 S 123rd Plaza

City: LaVista County: Sarpy Zip Code: 68128

Premises Phone Number: 402-934-4470

Premises Email address: southport@fantasys-carwash.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. To see authorized officers or members search your license information here.



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

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

Last Name: **Shramek**

First Name: **Karen**

MI:

Home Address: **10302 Rockbrook Rd**

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City: **Omaha**

County: **Douglas**

Zip Code: **68124017**

Home Phone Number:

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Driver's License Number & State: **Nebraska**

Social Security Number:

Date Of Birth:

Place Of Birth: **Omaha, NE**

Email address: **karen@fantasys-carwash.com**

YES

NO

Spouse's Information

Spouses Last Name: First Name: MI:

Social Security Number:

Driver's License Number & State:

Date Of Birth:

Place Of Birth:

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha, NE	1981	current			

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1999	current	Fantasy's	None	402-891-9455

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, ~~include traffic violations~~. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

YES NO

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

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CONTROL COMMISSION**

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition

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

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

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

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Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
		MAR 01 2017
		NEBRASKA LIQUOR CONTROL COMMISSION

*For list of NLCC Certified Training Programs see [training](#)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
VP of Operations	1999-2016	Fantasy's Convenience Stores

5. Have you enclosed form 147 regarding fingerprints?

YES NO

The above individual(s), being first duly sworn upon oath, deposes and states that 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.

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MAR 01 2017
NEBRASKA LIQUOR
CONTROL COMMISSION

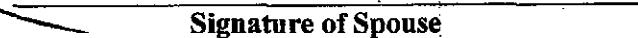
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action 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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.



Signature of Manager Applicant

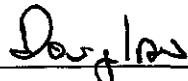


Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of



date

The foregoing instrument was acknowledged before me this

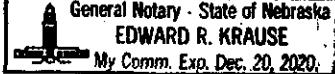
24th of February 2017



NAME OF PERSON BEING ACKNOWLEDGED



Notary Public signature

Affix Seal	 General Notary - State of Nebraska EDWARD R. KRAUSE My Comm. Exp. Dec. 20, 2020.
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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.