

# Memorandum



**To:** Mayor and Council  
**CC:** Brenda Gunn, Rita Ramirez  
**From:** Pam Buethe  
**Date:** 12/04/2012  
**Re:** Consent Agenda Item A3 – Application for manager – Dragon Café Restaurant

---

This is the manager application for Qin Hang Shi to be a manager at Dragon Café Restaurant.

All this agenda item would require is a motion to approve the manager application for Qin Hang Shi and therefore it has been placed on the Consent Agenda.

Please contact me with any questions.

---

**LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM**

---

**TO:** PAM BUETHE, CITY CLERK  
**FROM:** BOB LAUSTEN, POLICE CHIEF  
**SUBJECT:** LOCAL BACKGROUND- LIQUOR LICENSE- MANAGER  
DRAGON CAFE  
**DATE:** 11/29/2012  
**CC:**

---

The police department conducted a check of computerized records on the applicant, Qin Hang Shi, for criminal conduct in Nebraska in reference to the Manager application. Shi has no record.



**Dave Heineman**  
Governor

## STATE OF NEBRASKA

### NEBRASKA LIQUOR CONTROL COMMISSION

**Robert B. Rupe**

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814 or (402) 471-2374

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

November 19, 2012

LA VISTA CITY CLERK  
8116 PARK VIEW BLVD  
LA VISTA NE 68128 2198

RE: Dragon Café Restaurant  
LICENSE #I-059160

Dear Clerk:

Enclosed is a copy of a manager application for Qin Hang Shi in connection with the Dragon Café Restaurant located in La Vista.

Please present this application for manager to your City/Village Council or County Commissioners and send us the results of their action.

Sincerely,

*Jacqueline Rodriguez*

Jacqueline Rodriguez  
Licensing Division  
NEBRASKA LIQUOR CONTROL COMMISSION  
402-471-2572

encl.

**Janice M. Wiebusch**  
Commissioner

**Robert Batt**  
Chairman

**William F. Austin**  
Commissioner

MANAGER APPLICATION  
INSERT - FORM 3c

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

Office Use  
**RECEIVED**  
JUL 23 2012  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**RECEIVED**  
JUL 23 2012  
NEBRASKA LIQUOR  
CONTROL COMMISSION

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: N. E. Dragon Cafe Restaurant Inc.

Premise information

Premise License Number: 80780 059160

(if new application leave blank)

Premise Trade Name/DBA: Dragon Cafe Restaurant

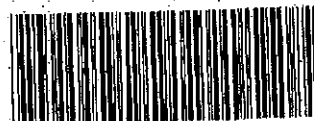
Premise Street Address: 8076-8080 S. 84th Street

City: La Vista State: NE Zip Code: 68128

Premise Phone Number: \_\_\_\_\_

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

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



1200021603

**MANAGER APPLICATION  
INSERT - FORM 3c**

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

Office Use	<b>RECEIVED</b>
<b>RECEIVED</b>	JUL 28 2012
JUL 28 2012	NEBRASKA LIQUOR CONTROL COMMISSION
NEBRASKA LIQUOR CONTROL COMMISSION	

JR

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: N. E. Dragon Cafe Restaurant Inc.

**Premise information**

Premise License Number: 2078 059140  
(if new application leave blank)

Premise Trade Name/DBA: \_\_\_\_\_

Premise Street Address: S. 84th Street

City: La Vista State: NE Zip Code: 68128

Premise Phone Number: \_\_\_\_\_

The individual whose name is listed as a corporate officer or managing member as reported on Insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

X   

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

FP  
Passport

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE  
Last Name: SHI First Name: QIN HANG MI:   
Home Address (include PO Box if applicable):   
City: OMAHA County: Douglas Zip Code: 68127  
Home Phone Number:  Business Phone Number: 402-597-6169  
Social Security Number:  Drivers License Number & State:   
Date Of Birth:  Place Of Birth: FUJIAN, CHINA

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

☒ YES ☐ NO

Spouse's information

*Filed Affidavit of Non-Participation*

Spouses Last Name: TANG First Name: LING LING MI:   
Social Security Number:  Drivers License Number & State: N/A  
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
Omaha, NE	2002	2012	NY, NY	2003	2009
			Omaha, NE	2009	2012

RECEIVED

JUL 23 2012

NEBRASKA LIQUOR  
CONTROL COMMISSION

Form 103  
Rev. 11/2012  
Page 3 of 5

### MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2002	2012	Dragon Cafe Inc.	Lian Jin Zeng	

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

**RECEIVED**

JUL 23 2012

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

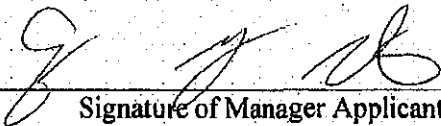
2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO  
**IF YES, list the name of the premise.**  
DRAGON CAFE INC.
3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, 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).

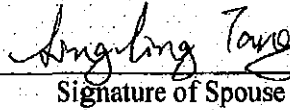
## PERSONAL OATH AND CONSENT OF INVESTIGATION

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

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

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

  
Signature of Manager Applicant

  
Signature of Spouse

## ACKNOWLEDGEMENT

State of Nebraska

County of SARASOTA

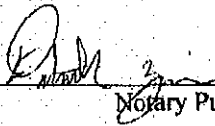
The foregoing instrument was acknowledged before me this

MAY 20th 2012  
Date

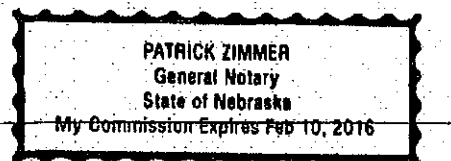
by

Patrick Zimmer

name of person acknowledged

  
Notary Public signature

Affix Seal



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

RECEIVED

JUL 23 2012

NEBRASKA LIQUOR  
CONTROL COMMISSION



Print Form

# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 93046  
LINCOLN, NE 68309-3046  
PHONE: (402) 471-2371  
FAX: (402) 471-2814  
Website: [www.leg.state.nv.us](http://www.leg.state.nv.us)

Office Use

I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not own, lease, sell, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner of in any way in the day-to-day operations of this business in any capacity. I understand my fingerprint will not be required. I am obligated to sign and disclose any information on all applications needed to process this application.

X Lingling Tang  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

LING LING TANG  
Printed name of spouse asking for waiver

State of Nebraska  
County of Sarpy

The foregoing instrument was acknowledged before me this

8/15/12  
date

by Lingling Tang  
name of person acknowledged

X [Signature]  
Notary Public signature

Affix Seal

MICHAEL RIGGENBACH  
General Notary  
State of Nebraska  
My Commission Expires Jan 27, 2015

I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may seek to revoke the liquor license.

X Qin Hany Shi  
Signature of individual involved with application  
(Spouse of individual listed above)

Qin Hany Shi  
Printed name of applying individual

State of Nebraska  
County of Sarpy

The foregoing instrument was acknowledged before me this

8/15/12  
date

by Qin Hany Shi  
name of person acknowledged

X [Signature]  
Notary Public signature

Affix Seal

MICHAEL RIGGENBACH  
General Notary  
State of Nebraska

My Commission Expires Jan 27, 2015

In compliance with the ADA, this spousal affidavit of non participation is available in other format for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.