

F

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 C LIQUOR LICENSE APPLICATION FOR WILDKAT RESTAURANTS INC DBA J-BIRDS FOOD & SPIRITS IN LA VISTA, NEBRASKA.

WHEREAS, Wildkat Restaurants Inc dba J-Birds Food & Spirits, 9723 & 9725 Giles Road, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class C 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 C Liquor License application submitted by Wildkat Restaurants Inc dba J-Birds Food & Spirits, 9723 & 9725 Giles Road, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 4TH DAY OF NOVEMBER, 2014.

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Pamela A. Buethe, CMC
City Clerk

LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM

TO: PAM BUETHE, CITY CLERK
FROM: BOB LAUSTEN, POLICE CHIEF
SUBJECT: LOCAL BACKGROUND- LIQUOR LICENSE- CORPORATE MANAGER
WILDKAT RESTAURANTS DBA:J-BIRDS—SKOT & MICHELLE TIMM
DATE: 10/16/2014
CC:

The police department conducted a check of computerized records on the applicants, Skot and Michelle Timm, for criminal conduct in Sarpy and Douglas Counties in reference to the Corporate Manager and Liquor License application. Skot Timm was cited for Driving under suspension and DUI fifteen years ago (1999) There was no conviction for DUI. No entries were regarding Michelle Timm.

► RECEIPT

10/16/2014

From: Michelle Porter - MICHELLE.PORTER@NEBRASKA.GOV
Phone: 402/471-2821
Fax: 402/471-2814
Company Name: Nebraska Liquor Control Commission

To: City Clerk La Vista
Subject: J-Birds Food & Spirits - #110074
Liquor License Application

PLEASE COMPLETE THE BOTTOM SECTION IMMEDIATELY UPON RECEIPT OF THIS APPLICATION AND FAX OR EMAIL THIS FORM BACK ACKNOWLEDGING THE RECEIPT OF THIS APPLICATION. PLEASE DATE STAMP IF THAT OPTION IS AVAILABLE. THANK YOU.

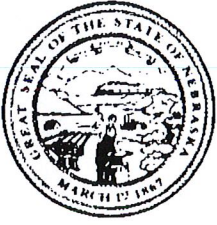
10-16-14

DATE OF RECEIPT

M. Barnard - DCC City of La Vista

SIGNATURE

☐ Urgent ☒ For Review ☒ Please Comment ☒ Please Reply ☐ Please Recycle



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/>

October 16, 2014

La Vista City Clerk
8116 Park View Blvd
La Vista NE 68128-2198

RE: J-Birds Food & Spirits

Dear Local Governing Body:

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

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

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

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

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

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

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION
Michelle Porter
Licensing Division

Enclosures

Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

William F. Austin
Commissioner

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.ne.gov

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QA C	Repl 079978	TOP
C	110074	mp

Applicant name Skot Timm
Trade name Wildkat Restaurants Inc. dba J-Birds Food and Spirits
Previous trade name Glory Day Inc. dba J-Birds Food & Spirits
Contact email address Skotcott@aol.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 state.

REQUIRED ATTACHMENTS *on file 9/24/14 - Skot Timm*
Card Michelle Timm
Attached

Each item must be checked and included with application or marked N/A (not applicable)

☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office. See fingerprint brochure

☒ 2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.

PAYMENT TYPE <u>CK 1003</u>	 1400024312
AMOUNT <u>\$400</u>	
FULL NAME <u>mm</u>	
PHONE <u>mm</u>	

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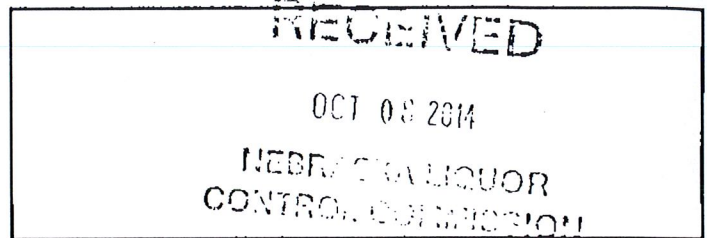
OCT 8 2014

102 and 103) NEBRASKA LIQUOR
CONTROL COMMISSION

FORM 100
REV 12/2013
PAGE 2

**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.ne.gov/



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

RETAIL LICENSE(S)

Submit \$400 Non Refundable Application Fee

- ☐ 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
- ☐ 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
- ☐ ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

- ☐ 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

LICENSE YEAR

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
(CHECK ONLY ONE)**

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

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 _____ Phone number: _____

Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) J-Birds Food & Spirits

Street Address #1 9123 9725 Giles Rd.

Street Address #2 _____

City LaVista County Sarpy Zip Code 68128

Premise Telephone number 402-991-3999

Business e-mail address Skotcat@aol.com

Is this location inside the city/village corporate limits: ☒ YES

OCT 8 2011
☐ NO
NEBRASKA LIQUOR
CONTROL COMMISSION

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

Name Skot Timm

Street Address #1 8131 So. 101st St.

Street Address #2 _____

City LaVista State NE Zip Code 68128

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**

Building: length 51' x width 61' in feet

Is there a basement to be licensed? Yes No ☒ If yes, length x width in feet

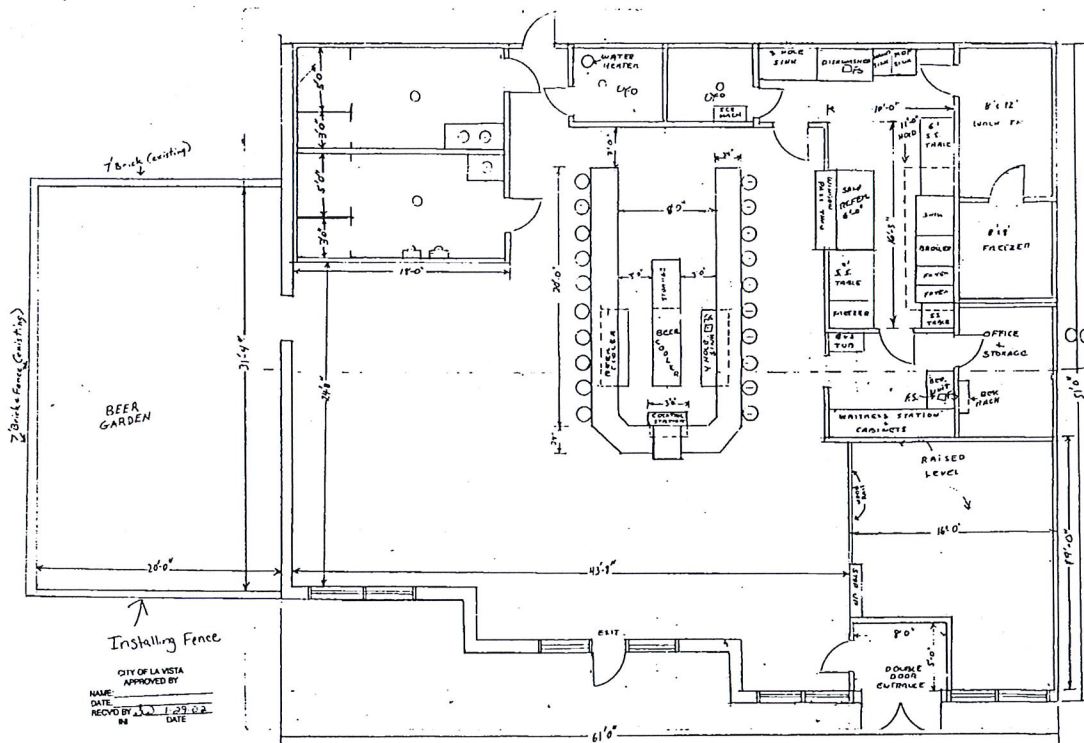
Is there an outdoor area? Yes ☒ No If yes, length 31' x width 20' in feet

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

Entire one story bldg approx 51' x 61' plus
patio area approx 31' x 20'

OK per
Email Skot
10/15/14

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NEBRASKA LIQUOR
CONTROL COMMISSION



972

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. Include traffic violations. 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. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

OCT 8 2014

☒ YES ☐ NO

If yes, please explain below or attach a separate page

NEBRASKA LIQUOR

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Skot E. Timm	08/1999	Omaha, NE	DWI	Diversion Program
Skot E. Timm	10/1999	Omaha, NE	Suspended License	dismissal
Skot E. Timm	2002	Burt County, NE	open container	dismissal

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

☒ YES ☐ NO

079978

If yes, give name of business and liquor license number J-Birds Food and Spirits

- 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 J-Birds Food and Spirits # 079978

4. Are you filing a temporary operating permit 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, including family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) 1st National Bank

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

NEBRASKA LIQUOR
CONTROL COMMISSION

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. see attached

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.

1st National Bank, Skot E. Timm / michelle m. Timm

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.

∅

A-7

Porter, Michelle

From: skotcat@aol.com
Sent: Friday, October 10, 2014 12:31 PM
To: Porter, Michelle
Subject: Dish machine

Hello Michelle,

This is Skot Timm with the TOP and Liquor License for J Birds, La Vista. In answering your question #4. The current dish machine is going away. The original lease expired two years ago and the Seller was month to month. I am going to lease new one from US Foods. It will be a yearly lease with a discount on chemicals. Hope to meet with the gentleman first part of next week. Will you need a copy? Just bringing you up to date on that particular question. Let me know if you need anything else and again, have a great weekend.

Sincerely,

Skot Timm

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

Needs training

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
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For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

NEBRASKA LIQUOR
CONTROL COMMISSION

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

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 2/1/17
- ☐ Deed
- ☐ Purchase Agreement

14. When do you intend to open for business? 10/17/2014
15. What will be the main nature of business? Food and Spirits
16. What are the anticipated hours of operation? m-Th 11-11, F-S 11-12, Sun 4-11

17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, including spouses.

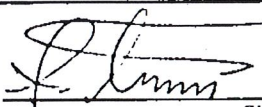
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
LAVISTA, NE		2004	present	LAVISTA, NE	

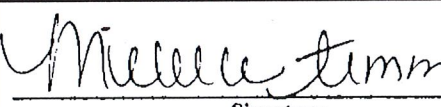
If necessary attach a separate sheet.

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.

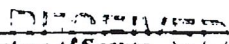
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person 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

 Signature
<u>Scot Timm</u> Print Name

 Signature
<u>Michelle Timm</u> Print Name

_____ Signature of Spouse
_____ Print Name

 Signature of Spouse
OCT 8 2011 _____ Print Name

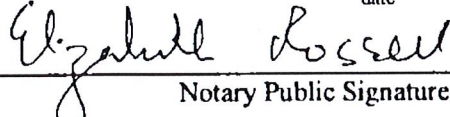
NEBRASKA LIQUOR
CONTROL COMMISSION

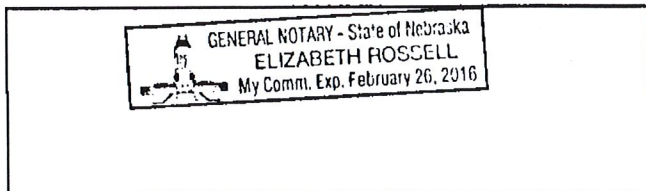
ACKNOWLEDGEMENT

State of Nebraska
County of Sarpy

10-7-14
date

The foregoing instrument was acknowledged before me this
by Scot Timm and Michelle Timm
name of person(s) acknowledged (individual(s) signing)


Notary Public Signature



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OCT 10 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

IN THE DISTRICT COURT OF SARASOTA COUNTY, NEBRASKA
(county where Petition filed)

IN RE NAME CHANGE OF,)

CASE NO. LI 141183
(case number assigned by Clerk of Court)

Scott Edward Timm
(your full name)

DECREE OF NAME CHANGE

This matter came on for hearing on this 25 day of August, 2014.
(day) (month) (year)

upon Petition for Change of Name by the petitioner Scott Edward Timm
(your current full name)

The petitioner appeared pro se. The petitioner adduced evidence, and the Court, being fully advised in the premises finds as follows:

I.

This Court has full and complete jurisdiction of the party hereto and the subject matter hereof.

II.

At the time of filing the Petition herein, the petitioner was a resident of

SARASOTA County and has been a bona fide resident of
(county where Petition filed)

SARASOTA County for more than one year prior to the filing of the petition.
(county where Petition filed)

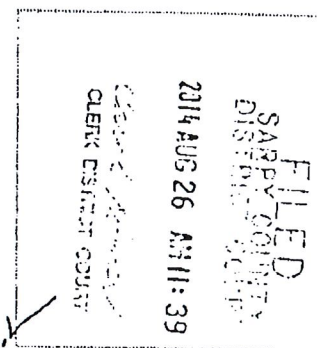
III.

Petitioner wishes to change his/her name of
(circle one)

Scott Edward Timm to
(your current full name)

Skot Edward Timm
(your new full name)

Decree of Name Change, DC 6-9(3)



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IV.

NEBRASKA LIQUOR
CONTROL COMMISSION

There exists proper and reasonable cause for changing the name of the
petitioner.

V.

Petition for Name Change was published in the Omaha Times
(name of legal newspaper)

pursuant to Neb. Rev. Stat. § 25-21, 271 (2)(a).

IT IS THEREFORE ORDERED, ADJUGED AND DECREED THAT:

The petitioner's name of Scott Edward Timm
(your current full name) name is changed

to the name of Scott Edward Timm
(your new full name)

BY THE COURT:

[Signature]
District Court Judge

**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

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Manager must:

- Complete all sections of the application – make sure it is signed by a **corporate officer***
*corporate officer must be an individual on file with the Liquor Control Commission
- Include two signed, completed fingerprint cards with a check for \$38 payable to the NE State Patrol (unless you have fingerprints on file with us that are less than two years old, you must indicate that on the application). If fingerprints were rolled at Nebraska State Patrol indicate cards to be mailed by NSP.
- 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 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
- Include two signed, completed fingerprint cards with a check for \$38 payable to the NE State Patrol (unless you have fingerprints on file with us that are less than two years old, you must indicate this on the application). If fingerprints were rolled at Nebraska State Patrol indicate cards to be mailed by NSP.
- 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

**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:

Office Use

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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 in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Wildcat Restaurants Inc.

Premise information

Liquor License Number: 079978 Class Type C
(if new application leave blank)

Premise Trade Name/DBA: J-Birds Food and Spirits

Premise Street Address: 9725 Giles Rd.

City: Lavista County: Sarpy Zip Code: 68128

Premise Phone Number: 402-991-3999

Email address: skotcat@aol.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.



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Timm First Name: Skot MI: E

Home Address (include PO Box if applicable): 8131 So 101st St

City: Lavista County: Sarpy Zip Code: 68128

Home Phone Number: _____ Business Phone Number: _____

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

Date Of Birth: 3 Place Of Birth: _____

Email address: skotcat@aol.com

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

☒ YES

☐ NO

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CONTROL COMMISSION

Spouse's information

Spouses Last Name: Timm First Name: Michelle MI: NE

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
Lavista, NE	2004	present	Lavista, NE	2004	present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
10/13 7/14	Fudruckers	Ron Pullen	402-556-0504
11/11 10/13	Hu HOT	Rose Clackum	402 933-9550

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

OCT 8 2014

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

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Skot E. Timm	8/1999	Omaha NE	DWI	diversion program dismissal
Skot E. Timm	10/1999	Omaha NE	Suspended License	dismissal
Skot E. Timm	2002	Port County, NE	open container	dismissal

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

Needs training

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

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

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

*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:

5. 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

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

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ACKNOWLEDGEMENT

State of Nebraska
County of

Sarpy

10-7-14

date

The foregoing instrument was acknowledged before me this

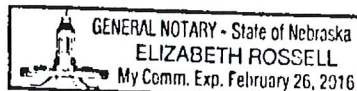
by

Scot Trium & Michelle Trium

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.

Wayne Bena
402-593-2167
Election Commissioner
501 Olson Dr Ste 4
Papillion NE 68046
www.sarpy.com/election

Return Service Requested



Acknowledgement & Verification of Registration

IMPORTANT INFORMATION ON BACK

DETACH AT PERFORATION AND KEEP ENTIRE BOTTOM PORTION

Precinct: Precinct 31
Polling Place: Party: DEM
Beautiful Savior Lutheran Church 31
7706 S. 96th St.
La Vista
U.S. Congressional District 2
Legislative District 14
County Commissioner District 2
Mayor of La Vista
La Vista City Council Ward 4
Papillion-La Vista Public Schs
Learning Community 1 - Dist 6

FOR WALLETSIZE - FOLD HERE

Sarpy County, State of Nebraska

1202708
Michelle M Timm
8131 S 101st St
La Vista, NE 68128

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CONTROL COMMISSION

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OCT 10 2014

IN THE DISTRICT COURT OF SARPY COUNTY, NEBRASKA
(county where Petition filed)

NEBRASKA LIQUOR
CONTROL COMMISSION

IN RE NAME CHANGE OF,)

CASE NO. LI 141183
(case number assigned by Clerk of Court)

Scott Edward Timm
(your full name)

DECREE OF NAME CHANGE

This matter came on for hearing on this 25 day of August, 2014.
(day) (month) (year)

upon Petition for Change of Name by the petitioner Scott Edward Timm
(your current full name)

The petitioner appeared pro se. The petitioner adduced evidence, and the Court, being fully advised in the premises finds as follows:

I.

This Court has full and complete jurisdiction of the party hereto and the subject matter hereof.

II.

At the time of filing the Petition herein, the petitioner was a resident of

SARPY County and has been a bona fide resident of
(county where Petition filed)

SARPY County for more than one year prior to the filing of the petition.
(county where Petition filed)

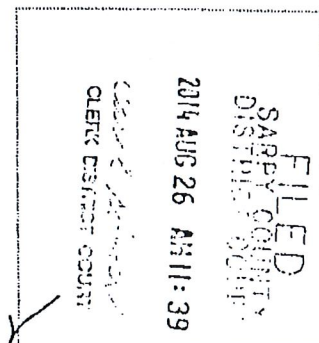
III.

Petitioner wishes to change his/her name of
(circle one)

Scott Edward Timm to
(your current full name)

Skot Edward Timm
(your new full name)

Decree of Name Change, DC 6:9(3)



copy

Wayne Benn
402-593-2167
Election Commissioner
501 Olson Dr Ste 4
Papillon NE 68046
www.sarpy.com/election

Return Service Requested



Acknowledgement & Verification of Registration

IMPORTANT INFORMATION ON BACK

DETACH AT PERFORATION AND KEEP ENTIRE BOTTOM PORTION

Precinct: Precinct 31
Polling Place: Party: NONP
Beautiful Savior Lutheran Church 31
7706 S. 96th St
La Vista
U.S. Congressional District 2
Legislative District 14
County Commissioner District 2
Mayor of La Vista
La Vista City Council Ward 4
Papillon-La Vista Public Schs
Learning Community 1 - Dist 6

PERFORATION LINE - FOLD HERE

Sarpy County, State of Nebraska
1233825
Skot E Timm
8131 S 101st St
La Vista, NE 68128

NEBRASKA LIQUOR
CONTROL COMMISSION

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**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.lcc.ne.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 (2 cards per person)
- 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 (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Skot E. Timm

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

Wildkat Restaurants Inc. # 10125196

Corporation Address: 8131 So. 101st St.

City: Lavista State: NE Zip Code: 68128

Corporation Phone Number: 402-593-7868 Fax Number: _____

Total Number of Corporation Shares Issued: (10) Shares Common Stock

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

Last Name: Timm First Name: Skot MI: E

Home Address: 8131 So. 101st St. City: Lavista

State: NE Zip Code: 68128 Home Phone Number: _____

[Signature]
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Sarpy

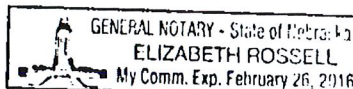
The foregoing instrument was acknowledged before me this

10/7/2014

by Skot E Timm
name of person acknowledge

Date
Elizabeth Russell

Affix Seal



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

Last Name: Timm First Name: Skot MI: E
Social Security Number: _____ Date of Birth: _____
Title: President Number of Shares (10)
Spouse Full Name (indicate N/A if single): Michelle Marie Timm
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Timm First Name: Michelle MI: M
Social Security Number: _____ Date of Birth: _____
Title: Secretary Number of Shares 0
Spouse Full Name (indicate N/A if single): Skot Edward Timm
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: RECEIVED
Title: _____ Number of Shares OCT 8 2011
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: NEBRASKA LIQUOR CONTROL COMMISSION

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)

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: _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

Is the applying corporation controlled by another corporation/company?

☐ YES

☒ NO

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

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

Starting Date: Jan Ending Date: Dec

*per Email Skot
attached*

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID # _____

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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.

Nebraska Secretary of State

- John A. Gale

Business Services

Home » Corporation and Business Entity Searches

Thu Oct 9 13:58:16 2014

For Letters of Good Standing (\$6.50), Certificates of Good Standing (\$10.00), and/or images (\$0.45 per page) of documents filed with the Secretary of State please click the corresponding service below:

NEW SEARCH

[Back to Search Results](#)

Pay Services:

[Online Images of Filed Documents](#) | [Good Standing Documents](#)

Entity Name

WILDKAT RESTAURANTS INC.

SOS Account Number

10125196

Principal Office Address

8131 SOUTH 101ST ST.
LA VISTA, NE 68128

Registered Agent and Office Address

SKOT TIMM
8131 SOUTH 101ST STREET
LA VISTA, NE 68128

Nature of Business

RESTAURANT BUSINESS

Entity Type

Domestic Corp
Qualifying State: NE

Date Filed

Jul 16 2009

Account Status

Active

Corporation Position

Name

Address

President

SKOT TIMM

8131 SOUTH 101ST ST.
LA VISTA, NE 68128

Secretary

MICHELLE TIMM

8131 SOUTH 101ST ST.
LA VISTA, NE 68128

Treasurer

SKOT TIMM

8131 SOUTH 101ST ST.
LA VISTA, NE 68128

Pay Services:

Click on the pay service items you wish to view. Your Nebraska Online account will be charged the indicated amount for each item you view.

- Images of Filed Documents

If an item is a link, the document may be retrieved online, otherwise you must contact the Secretary of State's office to obtain a copy of the document.

Code Trans

Date

Price

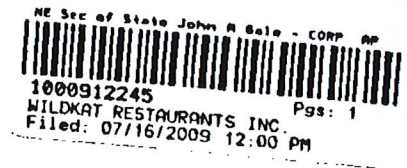
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**ARTICLES OF INCORPORATION
OF**

NEBRASKA LIQUOR
CONTROL COMMISSION

Wildkat Restaurants Inc.



FIRST. The name of the corporation is Wildkat Restaurants Inc.

SECOND. The total number of shares which the corporation shall have the authority to issue is 10 shares of Common Stock, and the par value of each of such shares is \$0.01.

THIRD. The corporation's initial registered office in the State of Nebraska is located at 8131 South 101st Street, La Vista, Nebraska 68128. The name of its initial registered agent in such office is Skot Timm.

FOURTH. The incorporator of the corporation is LegalZoom.com, Inc., 7083 Hollywood Blvd., Suite 180, Los Angeles, California 90028.

FIFTH. The personal liability of the directors of the corporation for monetary damages for breach of fiduciary duty shall be eliminated to the fullest extent permissible under Nebraska law. The corporation is authorized to indemnify its directors and officers to the fullest extent permissible under Nebraska law.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: July 15, 2009

LegalZoom.com, Inc., Incorporator

By: _____

Karla Figueroa, Assistant Secretary

660417 LK #1207 JKD-20
DOMESTIC CORPORATION OCCUPATION TAX REPORT
STATE OF NEBRASKA, SECRETARY OF STATE



Report shall show exact corporate names, registered agent, location of registered office, officers and directors with street address of each.

WILDKAT RESTAURANTS INC.

TAX REPORTING YEARS

2012 - 2013

10125196
Account Number

ASSESSABLE JANUARY 1, 2012

DUE MARCH 1, 2012

DELINQUENT APRIL 15, 2012

012108 SKOT TIMM
8131 SOUTH 101ST STREET
LA VISTA NE 68128

OCT 8 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

1. EXACT CORPORATE NAME (as stated in articles of incorporation or most recent amendment) _____
WILDKAT RESTAURANTS INC.

2. OFFICERS (complete name and address is required for each officer)

	Street Address	City	State	Zip
President: SKOT TIMM	8131 SOUTH 101ST ST.	LA VISTA	NE	68128

Secretary: MICHELLE TIMM	8131 SOUTH 101ST ST.	LA VISTA	NE	68128
--------------------------	----------------------	----------	----	-------

Treasurer: SKOT TIMM	8131 SOUTH 101ST ST.	LA VISTA	NE	68128
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3. Principal Office of Corporation:	8131 SOUTH 101ST ST.	LA VISTA	NE	68128
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4. Registered Office:	8131 SOUTH 101ST STREET	LA VISTA	NE	68128
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This information cannot be changed on this report. To make a change to the registered office please use Domestic Change of Registered Agent and/or office form. This form is available at http://www.sos.ne.gov/business/corp_serv/pdf/2032.pdf.

5. Registered Agent: SKOT TIMM

This information cannot be changed on this report. To make a change to the registered agent please use Domestic Change of Registered Agent and/or office form. This form is available at http://www.sos.ne.gov/business/corp_serv/pdf/2032.pdf.

6. Nature of Business: RESTAURANT BUSINESS

7. If the pre-printed information above is correct for this year's report please check here _____

YOU MUST COMPLETE These Two Items	Amount of Paid Up Capital Stock	\$
	Occupation Fee (Fee Schedule on Page 2 of report)	\$ 26.00

MAKE CHECKS PAYABLE TO SECRETARY OF STATE Your Cancelled Check is Your Receipt

SIGN HERE

Signature of Officer

Printed Name of Officer

DATE 1-22-12