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RESOLUTION _____

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 OF BONES, BREW AND BBQ, LA VISTA, NEBRASKA.

WHEREAS, Bones, Brew and BBQ, 8045 South 83rd Street, 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 Bones, Brew and BBQ, 8045 South 83rd Street.

PASSED AND APPROVED THIS 18TH DAY OF DECEMBER 2007.

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Pamela A. Bueth, CMC
City Clerk

LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM

TO: PAM BUETHE, CITY CLERK
FROM: BOB LAUSTEN, POLICE CHIEF
SUBJECT: LOCAL BACKGROUND- LIQUOR LICENSE
DATE: 11/30/2007
CC:

The police department conducted a check of computerized records on the applicant, John C Davis and his spouse Calleen Davis, for criminal conduct in Nebraska and Sarpy County in reference to the Liquor License application. The applicant has traffic entries only.

STATE OF NEBRASKA

Dave Heineman
Governor

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert 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
TRS USER 800 833-7352 (TTY)

November 29, 2007

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

RE: BONES BREW & BBQ

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



Randy Seibert
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

An Equal Opportunity/Affirmative Action Employer

Pat Thomas
Commissioner

RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION

Date Mailed from Commission Office: November 29, 2007

I, _____ Clerk of _____
(City, Village or County)

Nebraska, hereby report to the Nebraska Liquor Control Commission in accordance with Revised Statutes of Nebraska, Chapter 53, Sec. 134 (7) (reissue 1984) the recommendation of said city, village or county, as the case may be relative to the application for a license under the provisions of the Nebraska Liquor Control Act as applied for by:

BONES BREW & BBQ

8045 SOUTH 83RD S

LA VISTA NE 68128

1. Notice of local hearing was published in a legal newspaper in or of general circulation in city, village or county, one time not less than 7 nor more than 14 days before time of hearing.

Check one.....Yes_____ No_____

The Statutes require that such hearing shall be held not more than 45 days after the date of receipt of this notice from the Commission.

2. Local hearing was held not more that 45 days after receipt of notice from the Nebraska Liquor Control Commission.

Check one.....Yes_____ No_____

3. Date of hearing of Governing Body: _____

4. Type or write the Motion as voted upon by the Governing Body. If additional Motions are made by the Governing Body, then use an additional page and follow same format.

5. Motion was made by: _____ Seconded by: _____

6. Roll Call Vote: _____

7. Check one: The motion passed: _____ The motion failed _____

8. If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which the motion was made.

(Attached additional page if necessary)

SIGN HERE _____ DATE _____
clerks signature

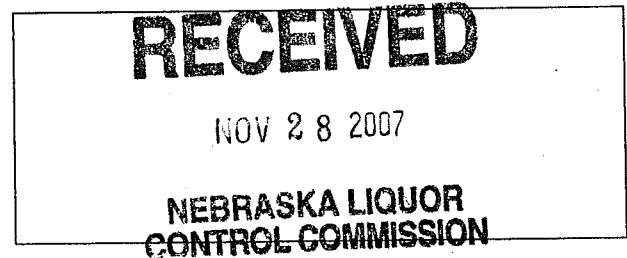
RS

**APPLICATION FOR LIQUOR LICENSE
CHECKLIST**

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

79445

City



Applicant Name John C. Davis

Trade Name Bones Brew & BBQ, LLC Previous Trade Name Boston's

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

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

- A
Q
- ☐ 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.
 - ☐ 2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
 - ☐ 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate - Form 3a; Limited Liability Form (LCC) – Form 3b. Corporate Form 3a and LLC Form 3b requires Corporate Manager application – Form 3c.
 - ☐ 4. If building is being leased send a copy of the lease. Be sure it reads in the individual(s), corporate or LLC name being applied for. Also, the lease must extend through the license year being applied for. If building owned, send a copy of the deed or purchase agreement in appropriate name.
 - ☐ 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in appropriate applicant's name.
 - ☐ 6. If wishing to run on current liquor license enclose temporary agency agreement (must be Commission form only, must include copy of signature card from the bank showing both the seller and buyers name on account).



BUS 22124
45mm

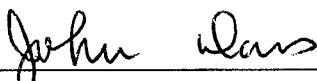
☐ 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

☐ 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

☐ 9. For individual, partnership and LLC enclose proof of citizenship; copy of birth certificate (certificate from the State where born, not hospital certificate), naturalization paper or passport, for all applicants, members and spouses.

☐ 10. If corporation or LLC enclose a copy of articles as filed with the Secretary of States Office. This document must show barcode.

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 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.



Signature

APPLICATION FOR LIQUOR LICENSE

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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CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S) **NEBRASKA LIQUOR CONTROL COMMISSION**

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | |
| <input type="checkbox"/> | V | Manufacturer | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum bond |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☐ Corporate License (requires insert form 3a & 3c)
☒ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION (commission will call this person with any questions we may have on this application)

Name John C. Davis

Phone number: 402-301-3002

Firm Name Bones Brew & BBQ, LLC

PREMISE INFORMATIONTrade Name (doing business as) Bones Brew & BBQStreet Address #1 8045 S. 83rd Ave.

Street Address #2 _____

City LaVista County Douglas Zip Code 68128Premise Telephone number 402-592-2337Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name Bones Brew & BBQ, LLCStreet Address
#1 5921 F StreetStreet Address
#2 _____City Omaha County Douglas Zip Code 68117**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, 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 in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

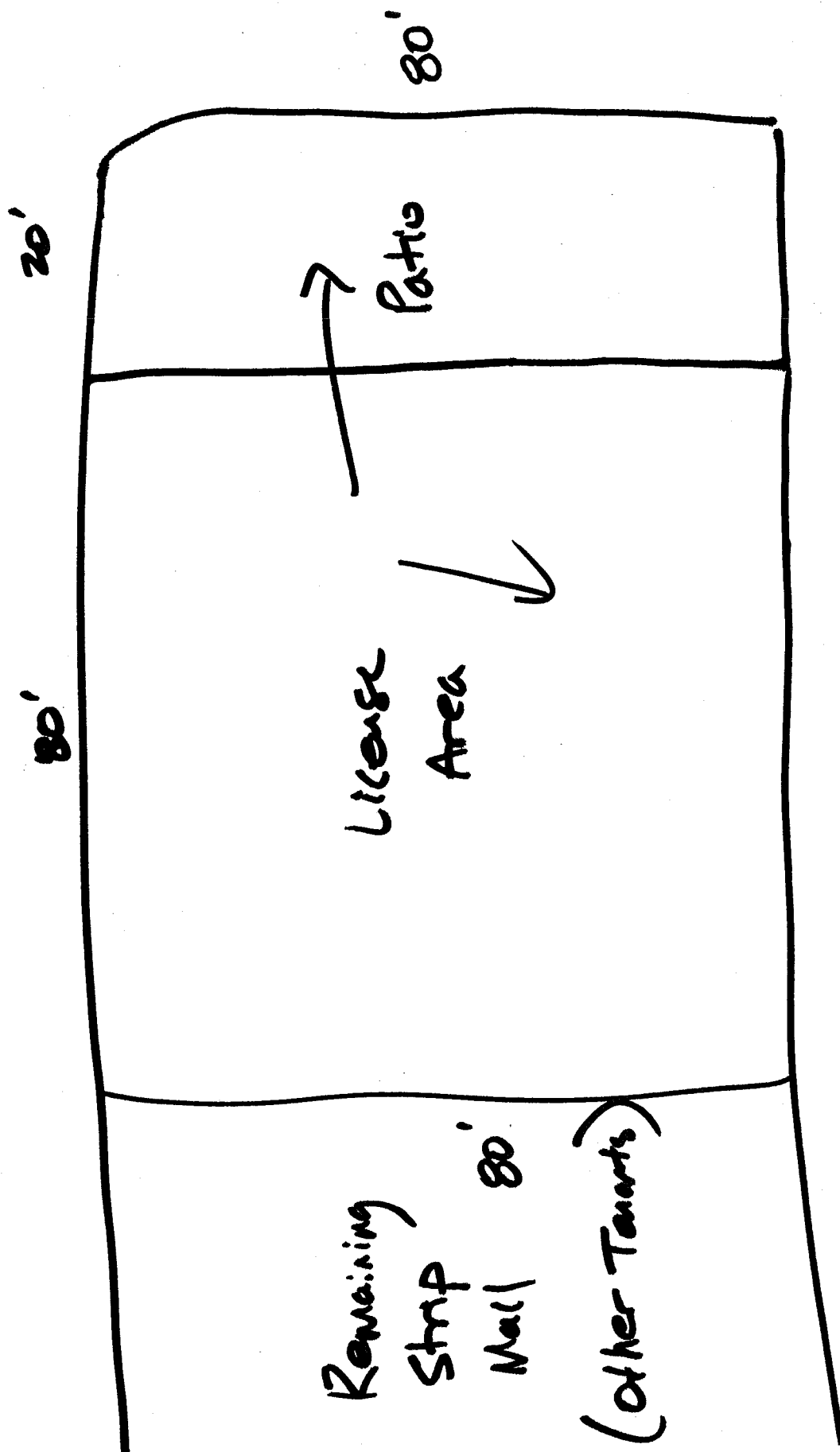
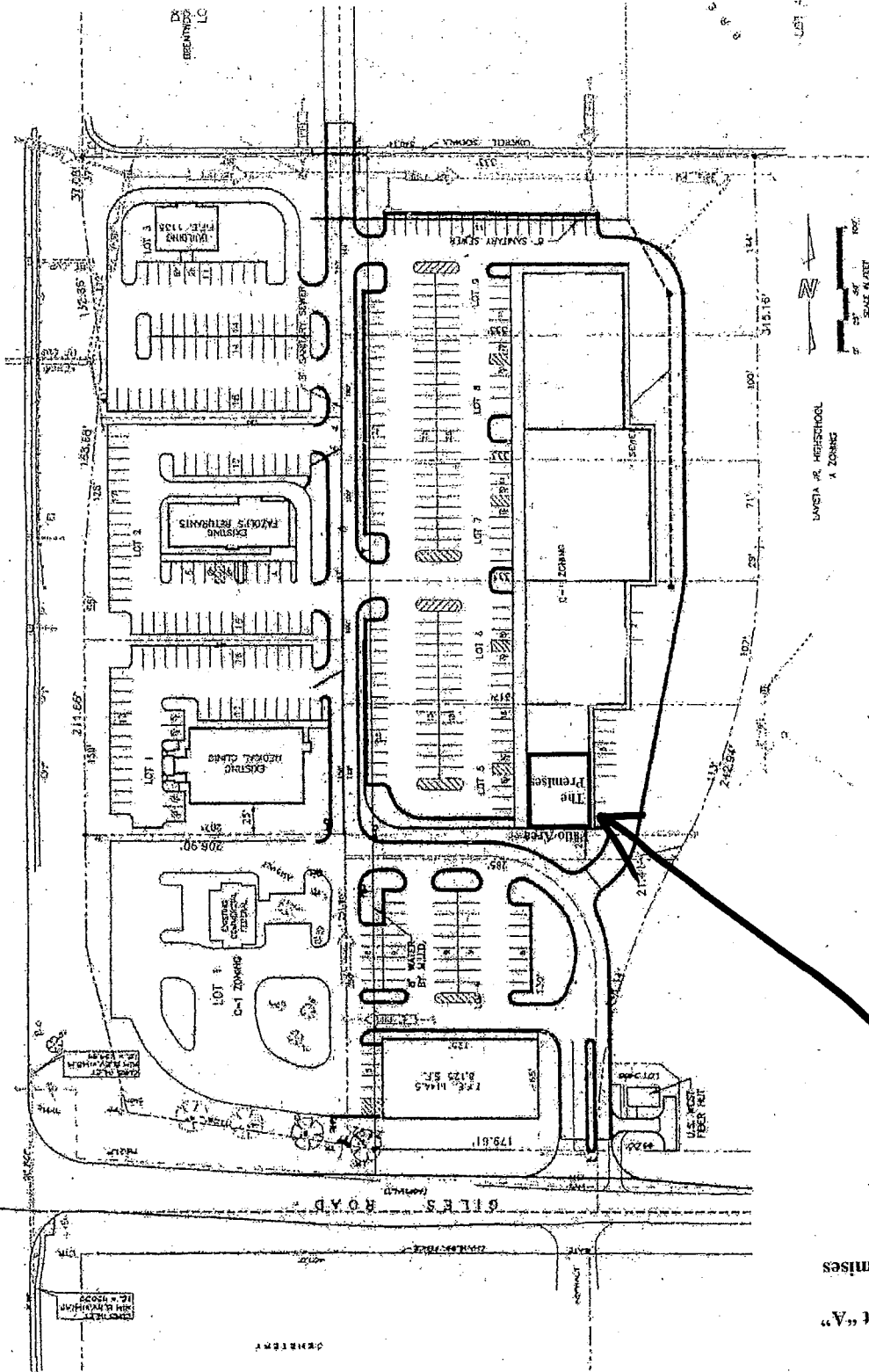


Exhibit "A"
The Premises



ENGINEER
THOMAS R. RICE
1000 OLD MILL
NEW YORK, N.Y. 10001
(212) 330-8800

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

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

☐ YES ☒ NO

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

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

58684

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☒ YES ☐ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender

5. 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.

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

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

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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

**NEBRASKA LIQUOR
CONTROL COMMISSION**

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Pinnacle Bank, Papillion Branch, John C. Davis

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

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. John C. Davis, 40 Hours

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. 2 years Management experience at the Icehouse

14. 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 November 30, 2008

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? December 3, 2007

16. What will be the main nature of business? Restaurant and Bar

17. What are the anticipated hours of operation? Monday-Thursday 4p-1a, Friday-Sunday 11a-1a

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

separate sheet.

| RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE | | | | | |
|--|------|------|----------------------|------|----|
| APPLICANT: CITY & STATE | YEAR | | SPOUSE: CITY & STATE | YEAR | |
| | FROM | TO | | FROM | TO |
| Bellevue, NE | 1996 | 2007 | | | |
| | | | | | |
| | | | | | |
| | | | | | |

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation 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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

John Davis
Signature of Applicant

Callen M Davis
Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of DOUGLAS

The foregoing instrument was acknowledged before me this 11/26/07 by

BRYON J. TENSKI

[Signature]
Notary Public signature

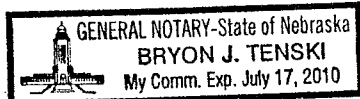
County of DOUGLAS

The foregoing instrument was acknowledged before me this 11/26/07 by

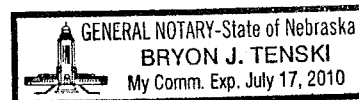
BRYON J. TENSKI

[Signature]
Notary Public signature

Affix Seal Here



Affix Seal Here



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

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

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

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: John Davis

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

Bones Brew & BBQ

LLC Address: 5921 F ST

City: Omaha State: NE Zip Code: 68117

LLC Phone Number: 402-301-3002 Fax Number 402-391-9946

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: DAVIS First Name: John MI: C

Home Address: 2213 Scarborough Dr City: Bellvue

State: Ne Zip Code: 68123 Home Phone Number: 402-291-4189

John Davis

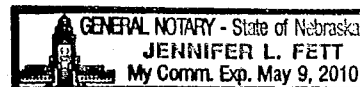
Signature of Contact Member

County of Sarpy

The foregoing instrument was acknowledged before me this 28th day of November 2007 by

John Davis
Jennifer L. Fett
Notary Public signature

Affix Seal Here



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

Last Name: DAVIS First Name: John MI: C

Social Security Number: _____ Date of Birth: 3.8.67

Spouse Full Name (indicate N/A if single): CAIleen M. Davis

Spouse Social Security Number: _____ Date of Birth: 10-11-70

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes, provide the name of corporation/company and supply an organizational chart

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

Starting Date: _____ Ending Date: _____

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

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

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

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

**MANAGER APPLICATION
INSERT - FORM 3c**

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

Office Use

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**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)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Bones Brew & BBQ

Premise information

Premise License Number: _____

Premise Trade Name/DBA: _____

Premise Street Address: 8045 S. 83rd AVE

City: LA VISTA State: NE Zip Code: 68128

Premise Phone Number: 402-592-2337

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

John Wans
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Davis First Name: John MI: C

Home Address (include PO Box if applicable): 2213 Scarborough Dr

City: Bellevue State: Ne Zip Code: 68123

Home Phone Number: 402-291.4189 Business Phone Number: 402-301.3002

Social Security Number: _____ Drivers License Number & State: H12519215

Date Of Birth: 3-8-67 Place Of Birth: Michigan City, Indiana

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

☒ YES ☐ NO

Spouse's information

Spouses Last Name: DAVIS First Name: Callen MI: M

Social Security Number _____ Drivers License Number & State: H12505641

Date Of Birth: 10-11-70 Place Of Birth: Omaha, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

| APPLICANT | | | SPOUSE | | |
|--------------|--|-----------------|--------------|--|-----------------|
| CITY & STATE | | YEAR FROM TO | CITY & STATE | | YEAR FROM TO |
| Bellevue, NE | | 1996 2007 | Bellevue, NE | | 1996 2007 |
| | | | | | |
| | | | | | |
| | | | | | |

MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|-----------------|---------------------|--------------------|------------------|
| 4/04 6/04 | ICEHOUSE SPORTS BAR | Mark Mitchell | 402-850.5555 |
| 1/06 11/07 | HAPPY CAB | Mark Mitchell | 402-850-5555 |

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

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

☐ YES

☒ NO

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

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out 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.

John Davis

Signature of Manager Applicant

Calleen M Davis

Signature of Spouse

State of Nebraska

County of Sarpy

The foregoing instrument was acknowledged before me this 28th day of November 2007 by

John Davis

Jennifer L. Fett

Notary Public signature

County of Sarpy

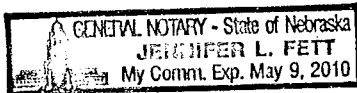
The foregoing instrument was acknowledged before me this 28th day of November 2007 by

Calleen M. Davis

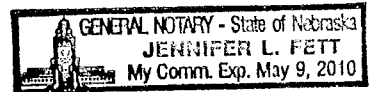
Jennifer L. Fett

Notary Public signature

Affix Seal Here



Affix Seal Here



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

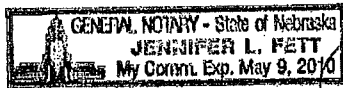
**NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

Caitlin M Davis

Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 28th day
of November, 2007.



Jennifer L. Fett
Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

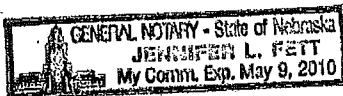
John Davis

*Signature of applying individual
(spouse of individual listed above)

John Davis

Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 28th day
of November, 2007.



Jennifer L. Fett
Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit

LAPORTE COUNTY HEALTH DEPARTMENT

LA PORTE, INDIANA

Certificate of Birth Registration

According to the records of the LaPorte County Health Department

Name John Courtney Davis
Was born in Michigan City, Indiana, on March 8, Year 1967
Child of Johnson Davis and Mamie L. Cotton Davis
Birthplace of Father Mississippi Birthplace of Mother Mississippi
Record was filed 3-16-67 Certificate Number 182 Book MC1967 Page 26
James Sprecher, M.D.
HEALTH OFFICER

SEAL

Issued

September 11, 1978

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NOV 28 2007

NEBRASKA LIQUOR
CONTROL COMMISSION

TEMPORARY AGENCY AGREEMENT

ID# _____

1. On November 15, 2007, Seller and Buyer entered into a contract for sale of the business known as Boston's, which contract is contingent upon Buyer receiving approval for a liquor license to operate the business.
2. Seller and Buyer agree to allow Buyer to operate the business, subject to approval by the Liquor Control Commission, for a period not to exceed 120 days subsequent to _____, _____, the date of filing the application with the Liquor Control Commission.
3. Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;
4. Buyer will at all times be the agent of the Seller, but Buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when Buyer is acting as Seller's agent; it is specifically understood that Seller shall have no liability for the operation of the business during this period of time, and Buyer agrees to indemnify and hold Seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the Seller and Seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as Seller's license is canceled;
5. At time of closing, certain funds will be held in escrow pending issuance of the license.
6. **Financial Institution: Name, Address, Account number** of _____ where escrow account is being held - Send Copy Of Signature Card.
7. All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the Buyer shall receive no profits from the operation of the business until the liquor license has been issued to Buyer, but shall have the right to direct the investment of profit funds by escrow agent.
8. This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.
9. It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.

Signature of Seller [Signature]

Signature of Seller _____

Signature of Buyer [Signature]

Signature of Buyer _____

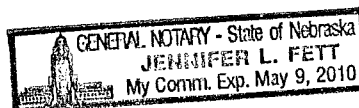
Dated this 15th day of November, 2007.

STATE OF NEBRASKA)
COUNTY OF SARPY)^{SS}

The above and foregoing Agency Agreement was acknowledged before me this 15th day of November, 2007, by William E. Newig, as **Seller**, _____, as **Seller**.

The above and foregoing Agency Agreement was acknowledged before me this 15th day of November, 2007, by John Davis, as **Buyer**, _____, as **Buyer**.

Signature & Seal of Notary Public _____



Pinnacle Bank - KMN
Additional Authorized Individual Request Form

RECEIVED

Corporation / Entity Name: BONES BREW AND BBQ LLC

NOV 28 2007

Account Number: 2200662100

NEBRASKA LIQUOR
CONTROL COMMISSION

☒ The following persons are authorized to endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this financial institution:

| NAME & TITLE | SIGNATURE | OFAC (Y / N) |
|-------------------|-------------------------|--------------|
| A. Amanda Nervig | <u>Amanda M. Nervig</u> | <u>Y</u> |
| B. William Nervig | <u>W. R. Nervig</u> | <u>Y</u> |
| C. John Davis | <u>John Davis</u> | <u>Y</u> |
| D. _____ | _____ | _____ |

☐ The following persons are no longer authorized to endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this financial institution:

1. _____
2. _____
3. _____

Agent Change (Corporate Resolution or Entity Agreement)

EIN # _____

☐ Add Power(s) # _____ authorized for _____ (Agent)

(Agent Signature)

☐ Remove Power(s) # _____ for _____ (Agent)

Authorized by: [Signature] (MARK MITCHELL)

Resolution Dated: 11-15 Dated: NOV 27, 20 07

Only required if not signed in the presence of a Pinnacle employee.

Notary

State: Nebraska

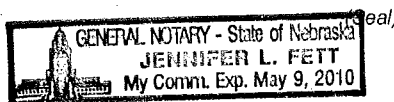
County: Sarpy

The foregoing instrument was acknowledged before me this 27th date of November, 2007

By: Mark W. Mitchell

Notary Public: Jennifer L. Fett

My Commission Expires: May 9, 2010



November 28, 2007

Nebraska State Liquor Commission
301 Centennial Mall South
Lincoln, NE 68509

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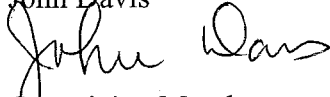
NOV 28 2007

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Commission staff;

I have established an LLC under the name "Bones Brew & BBQ". This LLC will do business as a restaurant to be known as Bones Brew and BBQ. The premise address is 8045 S. 83rd ave, LaVista, Ne 68128. This entity will assume the remaining inventory of beer, wine, and/or alcohol from Heritage LLC dba as "Boston's". Bones Brew and BBQ did not purchase the business from Boston's however, Bones will assume control of the remaining inventory.

John Davis



Organizing Member
Bones Brew & BBQ

STATE OF

NEBRASKA

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NOV 28 2007

NEBRASKA LIQUOR
CONTROL COMMISSION

United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

BONES BREW & BBQ, LLC

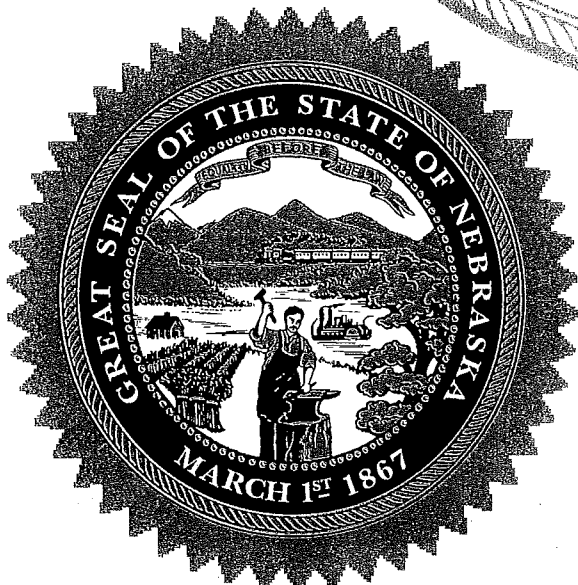
I, John A. Gale, Secretary of State of Nebraska do hereby certify;
the attached is a true and correct copy of the Articles of Organization
of

with its registered office located in OMAHA, Nebraska, as filed in this
office on November 27, 2007.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on November 27, 2007.

John A. Gale
SECRETARY OF STATE



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

**ARTICLES OF ORGANIZATION
OF
Bones Brew & BBQ, LLC**

NE Sec of State John A Gale - CORP AL
1000753892 Pgs: 2
BONES BREW & BBQ, LLC
Filed: 11/27/2007 02:13 PM

The undersigned, desiring to form a limited liability company (the "Company") under the Nebraska Limited Liability Company Act (the "Act") hereby states as follows:

Article I: NAME

The name of the Company is Bones Brew & BBQ, LLC.

Article II: PURPOSE

The Company may conduct any lawful business as allowed by law.

Article III: PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company in Nebraska is 5921 F Street, Omaha NE 68117.

Article IV: CAPITAL CONTRIBUTIONS

Capital Contributed. The total amount of cash contributed to the Company by the members as stated capital is \$200 and no property other than cash was contributed.

Additional Contributions. The members may make additional contributions to the capital of the Company at such times and in such amounts as the members may determine in accordance with the Operating Agreement of the Company.

Article V: ADDITIONAL MEMBERS

Additional members may be admitted to the Company by the members at such times and upon such terms and conditions as are provided in the Operating Agreement of the Company.

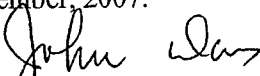
Article VI: MANAGEMENT AND ADMINISTRATION

The business and affairs of the Company shall be managed by the members. The administration and regulation of the affairs of the Company shall be governed in the Operating Agreement of the Company. The names and addresses of the members are: John Davis, 5921 F Street, Omaha NE 68117

Article VII: REGISTERED AGENT AND OFFICE

The name and address of the registered agent of the Company is John Davis, 5921 F Street, Omaha NE 68117

EXECUTED by the undersigned Organizer on the 26th day of November, 2007.



John Davis, Organizer

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NOV 28 2007

**NEBRASKA LIQUOR
CONTROL COMMISSION**

November 26, 2007

RECEIVED

To Whom it May Concern:

NOV 28 2007

NEBRASKA LIQUOR
CONTROL COMMISSION

As owner of the reserved name, Bones Brew & BBQ, I, Mark W Mitchell authorize John C Davis to file articles of incorporation.

A handwritten signature in black ink, appearing to read 'mm', followed by a long horizontal line.

Mark W Mitchell