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**RESOLUTION NO. 08-111**

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 BILLY FROGGS SOUTH, INC DBA BILLY FROGGS LA VISTA, LA VISTA, NEBRASKA.

WHEREAS, Billy Froggs South, Inc dba Billy Froggs La Vista, 8045 South 83<sup>rd</sup> Avenue , 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 Billy Froggs South, Inc dba Billy Froggs La Vista, 8045 South 83<sup>rd</sup> Avenue, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 2ND DAY OF DECEMBER 2008.

CITY OF LA VISTA

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Douglas Kindig, Mayor

ATTEST:

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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 -BILLY FROGGS SOUTH  
**DATE:** 1/13/2017  
**CC:**

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

**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](http://www.lcc.ne.gov)

83490

RS

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OCT 01 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

Applicant Name Billy Froggs South, Inc.

Trade Name Billy Froggs LaVista Previous Trade Name N/A

E-Mail Address: N/A **RECEIVED**

Provide all the items requested. Failure to provide any item will cause this application to be ~~RECEIVED~~ OCT 01 2008 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 ~~RECEIVED~~ OCT 01 2008 license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start ~~RECEIVED~~ OCT 01 2008 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. ~~RECEIVED~~ OCT 01 2008

**REQUIRED ATTACHMENTS**

OCT 30 2008

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.

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.

ATTY 25550  
45.00  
2X  
3X



0800023019



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).

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.

11. Check with local governing bodies for any further requirements or restrictions.

12. If you have a business plan, please submit a copy.

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.

By: Billy Froggs South, Inc.  
Signature John Feddin, Its President

# 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/](http://www.lcc.ne.gov/)

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NEBRASKA LIQUOR  
CONTROL COMMISSION

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

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## RETAIL LICENSE(S)

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE
- D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY

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

OCT 14 2008  
NEBRASKA LIQUOR  
CONTROL COMMISSION  
\$45.00  
\$45.00  
\$45.00  
\$45.00  
\$45.00

## 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 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

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 Feddin

Phone number: 402-651-3398

Firm Name Billy Frogg's South, Inc.

**PREMISE INFORMATION**Trade Name (doing business as) Billy Frogg's LaVistaStreet Address #1 8045 S. 83rd Ave

Street Address #2 \_\_\_\_\_

City LaVistaCounty SarpyZip 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 John Feddin

Street Address

#1 8724 W. Dodge Road

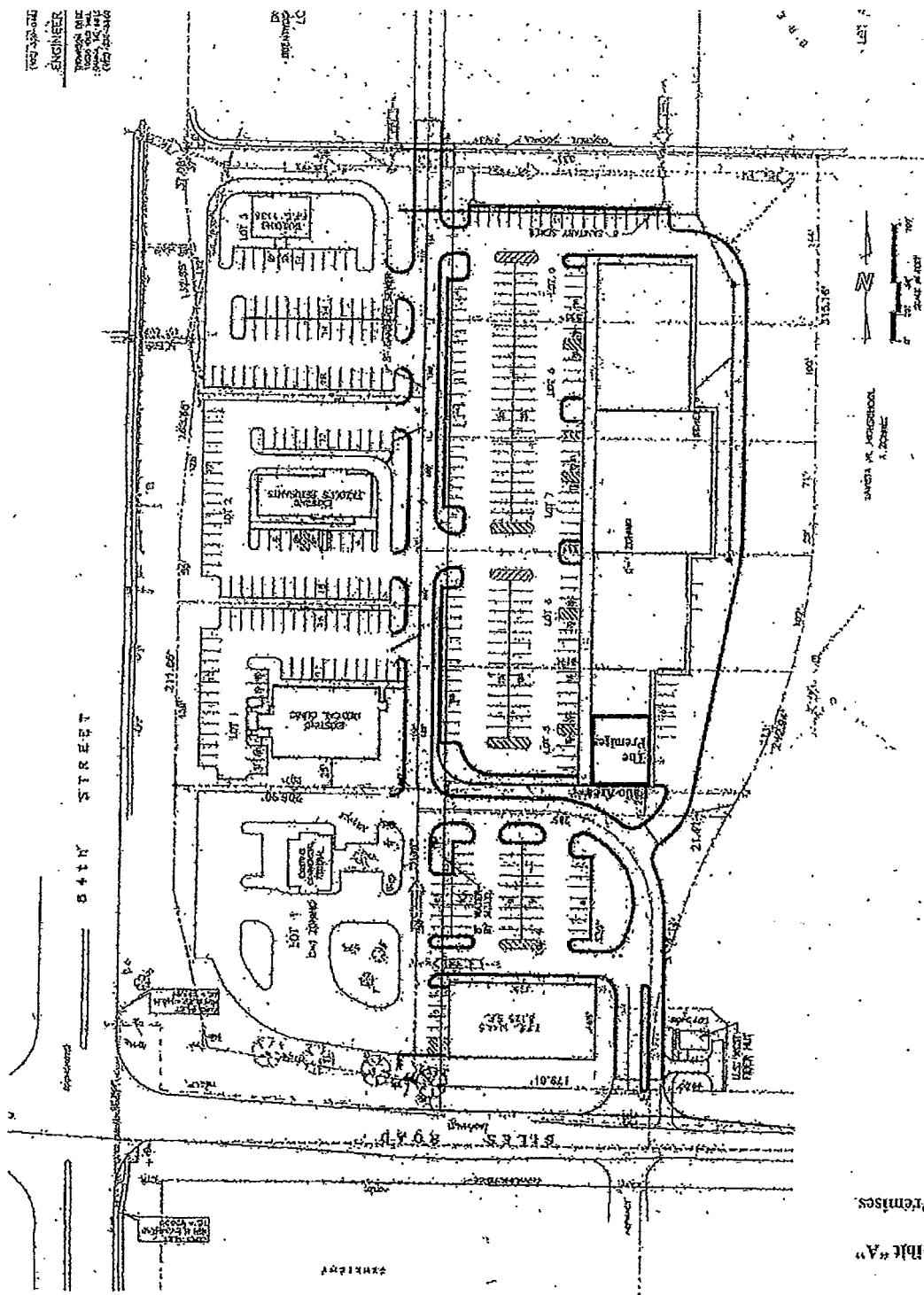
Street Address

#2 \_\_\_\_\_

City OmahaCounty DouglasZip Code 68114**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

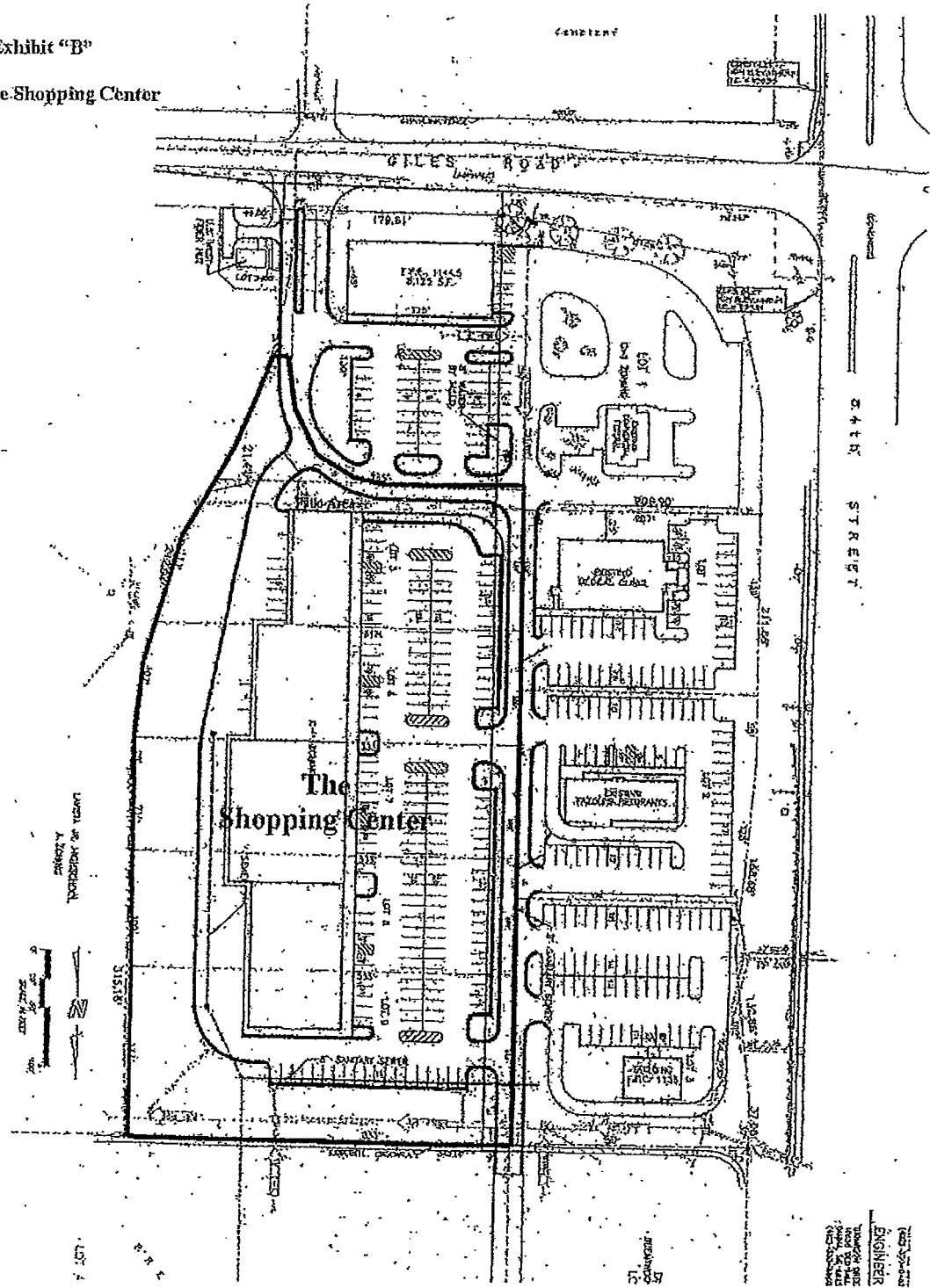
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length 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.

The premises are located in the Brentwood Village Shopping Center at 84th and Giles Road in LaVista, Nebraska. The premises and the shopping center are described in the exhibits attached hereto and consist of approximately 6,400 square feet. The premises are 80' by 80' and the patio area is 20' by 60'.



**Exhibit "B"**

## The Shopping Center



## 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.

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

YES       NO

If yes, give name of business and license number Who?

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)

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 and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Enterprise Bank, John Feddin

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.

Selsertwo Inc., OMG Inc. dba Billy Frogg's

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. Jon Plymesser

13. List the training and/or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcoholic beverages. 6 Years, IceHouse and Bones Brew & BBQ

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 1, 2013

Deed

Purchase Agreement

15. When do you intend to open for business? Stay Open

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

17. What are the anticipated hours of operation? 11a-1a Everyday

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.

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM      TO		SPOUSE: CITY & STATE	YEAR FROM      TO	
12839 Eagle Run Driver	1997	2008	12839 Eagle Run Driver	1997	2008

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.

Billy Froggs South, Inc.

By:

John Feddin,  
Its President

Signature of Applicant

  
Signature of Spouse

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

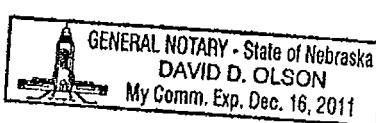
The foregoing instrument was acknowledged before  
me this 9-9-2008 by

John Feddin

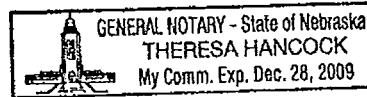
David D. Olson

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.

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

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

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NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have no interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

*Mehrzed Feddin*

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

State of Nebraska

County of Douglas

10-13-08

date

*Theresa Hancock*

Notary Public signature

*Mehrzed Feddin*

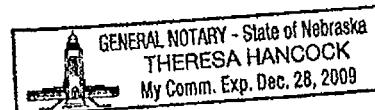
Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this

by *Mehrzed Feddin*

name of person acknowledged

Affix Seal



I acknowledge that 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 cancel or revoke the liquor license.

Signature of individual involved with application  
(Spouse of individual listed above)

State of Nebraska

County of Douglas

10-24-08

date

*Theresa Hancock*

Notary Public signature

*John Feddin*

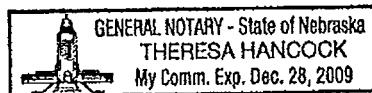
Printed name of applying individual

The foregoing instrument was acknowledged before me this

*John Feddin*

name of person acknowledged

Affix Seal



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

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

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

Office Use

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OCT 01 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

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

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

OCT 14 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Donald J. Buresh

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

OCT 30 2009

Billy Froggs South, Inc.

Corporation Address: 8045 S. 83rd Avenue

City: LaVista State: NE Zip Code: 68128

Corporation Phone Number: Fax Number:

Total Number of Corporation Shares Issued: 1000

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

Last Name: Feddin First Name: John MI:

Home Address: 12839 Eagle Run Drive City: Omaha

State: NE Zip Code: 68164 Home Phone Number:

Signature of president

State of Nebraska  
County of Douglas

The foregoing instrument was acknowledged before me this

9-29-08

by John Feddin

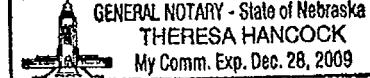
name of person acknowledged

date

Theresa Hancock

Notary Public signature

Affix Seal Here



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

Last Name: Feddin First Name: John MI:

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President, Vice President,  
Secretary & Treasurer Number of Shares 1000

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the applying Corporation controlled by another Corporation?

YES

NO

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

---

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

Starting Date: Jan 1 Ending Date: Dec 31

---

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

---

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

**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)

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OCT 01 2003

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

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OCT 14 2003

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporation/LLC information

Name of Corporation/LLC: Billy Froggs South, Inc.

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OCT 30 2003

NEBRASKA LIQUOR  
CONTROL COMMISSION

Premise License Number:

Premise Trade Name/DBA: Billy Froggs LaVista

Premise Street Address: 8045 S. 83rd Avenue

City: LaVista

State: NE

Zip Code: 68128

Premise Phone Number:

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.

Billy Froggs South, Inc.

By:

John Feddin,  
Its President

**CORPORATE OFFICER SIGNATURE**  
(Faxed signatures are acceptable)

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

Gender:  MALE  FEMALE

Last Name: Feddin First Name: John MI: M

Home Address (include PO Box if applicable): 12839 Eagle Run Drive

City: Omaha State: NE Zip Code: 68164

Home Phone Number: Business Phone Number: 402-397-5719  
402-651-3398

Social Security Number: Drivers License Number & State: \_\_\_\_\_

Date Of Birth: Place Of Birth: Iran

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: Feddin First Name: Mehrzad  
MI: M

Social Security Number: Drivers License Number & State: \_\_\_\_\_

Date Of Birth: Place Of Birth: Iran

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

APPLICANT		SPOUSE					
CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
Omaha, NE		1979	2008	Omaha, NE		1987	2008

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
	Selsertwo, Inc., dba Billy Froggs	John Feddin	402-341-4427
	O.M.G. Inc., dba Billy Froggs	John Feddin	402-397-5719

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.

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise. SelserTwo, Inc., Feddin, Inc., and O.M.G., Inc.

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

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## PERSONAL OATH AND CONSENT OF INVESTIGATION

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

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

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



Signature of Manager Applicant

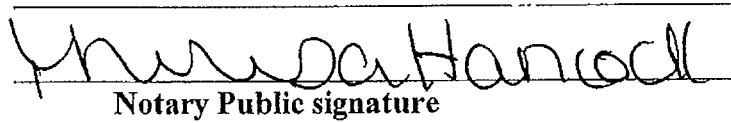


Signature of Spouse

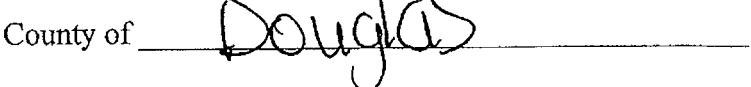
State of Nebraska

County of Douglas

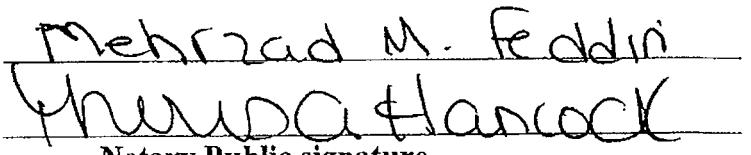
The foregoing instrument was acknowledged before  
me this 9-29-08 by



Notary Public signature



The foregoing instrument was acknowledged before  
me this 9-29-08 by



Notary Public signature

Affix Seal Here

	GENERAL NOTARY - State of Nebraska THERESA HANCOCK My Comm. Exp. Dec. 28, 2009
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Affix Seal Here

	GENERAL NOTARY - State of Nebraska THERESA HANCOCK My Comm. Exp. Dec. 28, 2009
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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.