

**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 A CLASS C LIQUOR LICENSE FOR HEIGHTS DRAFT ROOM LLC DBA HEIGHTS DRAFT ROOM IN LA VISTA, NEBRASKA.

WHEREAS, Heights Draft Room LLC dba Heights Draft Room, 7861 Main Street, Suite H, 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 a Class C Liquor License submitted by Heights Draft Room LLC dba Heights Draft Room, 7861 Main Street, Suite H, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 4TH DAY OF JUNE, 2019.

CITY OF LA VISTA

\_\_\_\_\_  
Douglas Kindig, Mayor

ATTEST:

\_\_\_\_\_  
Pamela A. Buethe, CMC  
City Clerk



<b>LA VISTA POLICE DEPARTMENT INTER-DEPARTMENT MEMO</b>
-------------------------------------------------------------

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**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** May 28, 2019

**RE:** LOCAL BACKGROUND- LIQUOR LICENSE & MANAGER  
HEIGHTS DRAFT ROOM

**CC:**

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The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Liquor License and Manager application. Joseph Jones has no criminal convictions in Sarpy County.

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

**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

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

RECEIVED

APR 09 2019

NEBRASKA LIQUOR  
CONTROL COMMISSION

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

**RETAIL LICENSE(S)**

**Application Fee \$400 (nonrefundable)**

- ☐ A BEER, ON SALE ONLY  
☐ B BEER, OFF SALE ONLY  
☒ C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE  
☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY  
☐ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY  
☐ J LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120  
☐ AB BEER, ON AND OFF SALE  
☐ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE  
☐ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

☐ Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31

All other licenses run from May 1 – April 30

Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING**

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

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)**

**Commission will call this person with any questions we may have on this application**

Name Pat Sullivan Phone number: 402-339-9550

Firm Name Adams & Sullivan



**PREMISES INFORMATION**Trade Name (doing business as) Heights Draft RoomStreet Address #1 7861 Main Street Suite H

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

City La Vista County Sarpy Zip Code 68128Premises Telephone number 402-680-0652Business e-mail address j.jones12001@gmail.comIs this location inside the city/village corporate limits: YES X NO \_\_\_\_\_

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

Name Joey JonesStreet Address #1 1007 Wicklow Rd

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

City Papillion State NE Zip Code 68046**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

On 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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length 74'9" x width 36'5" in feetIs there a basement? Yes \_\_\_\_\_ No X

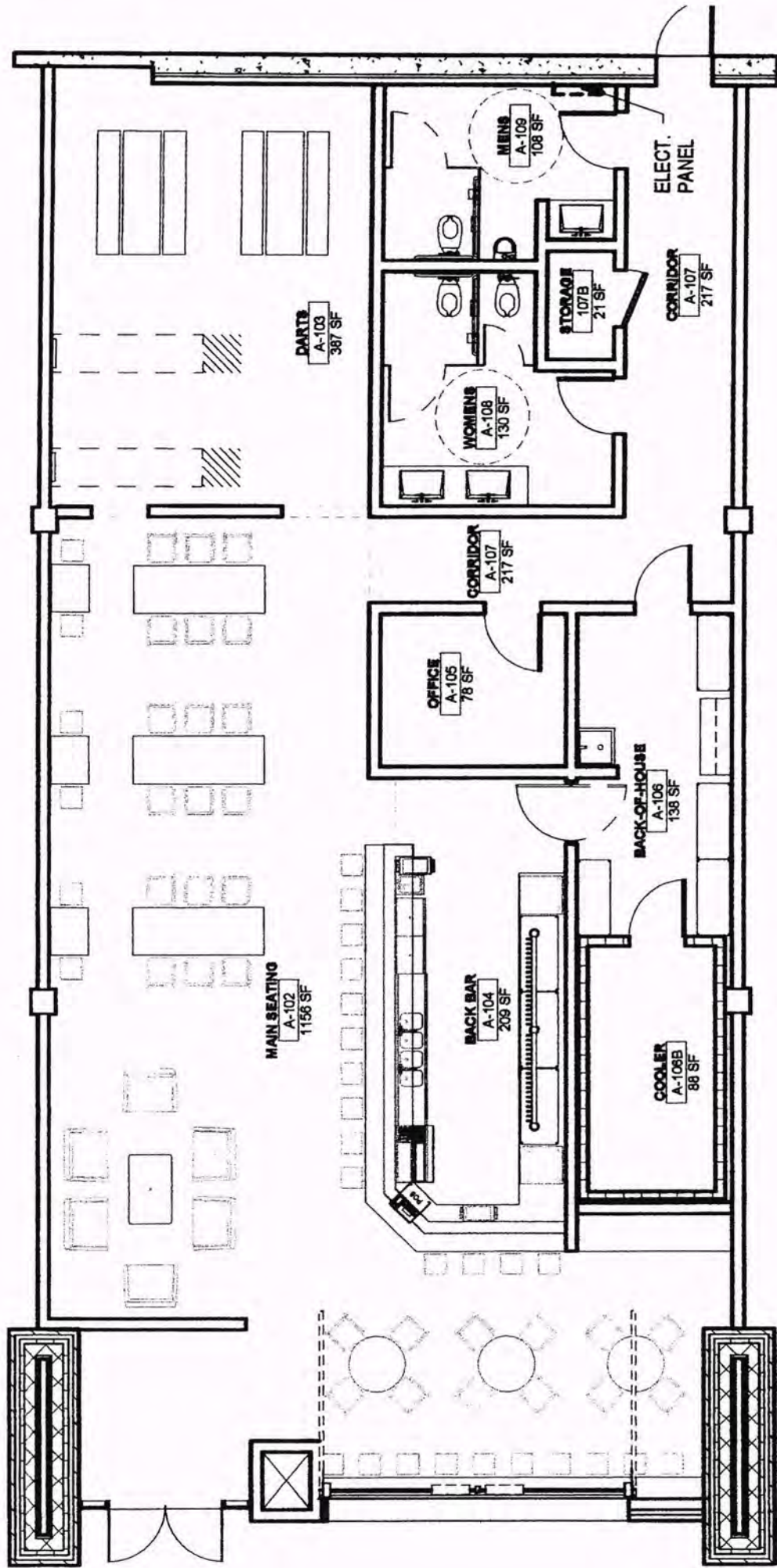
If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

Is there an outdoor area? Yes \_\_\_\_\_ No X

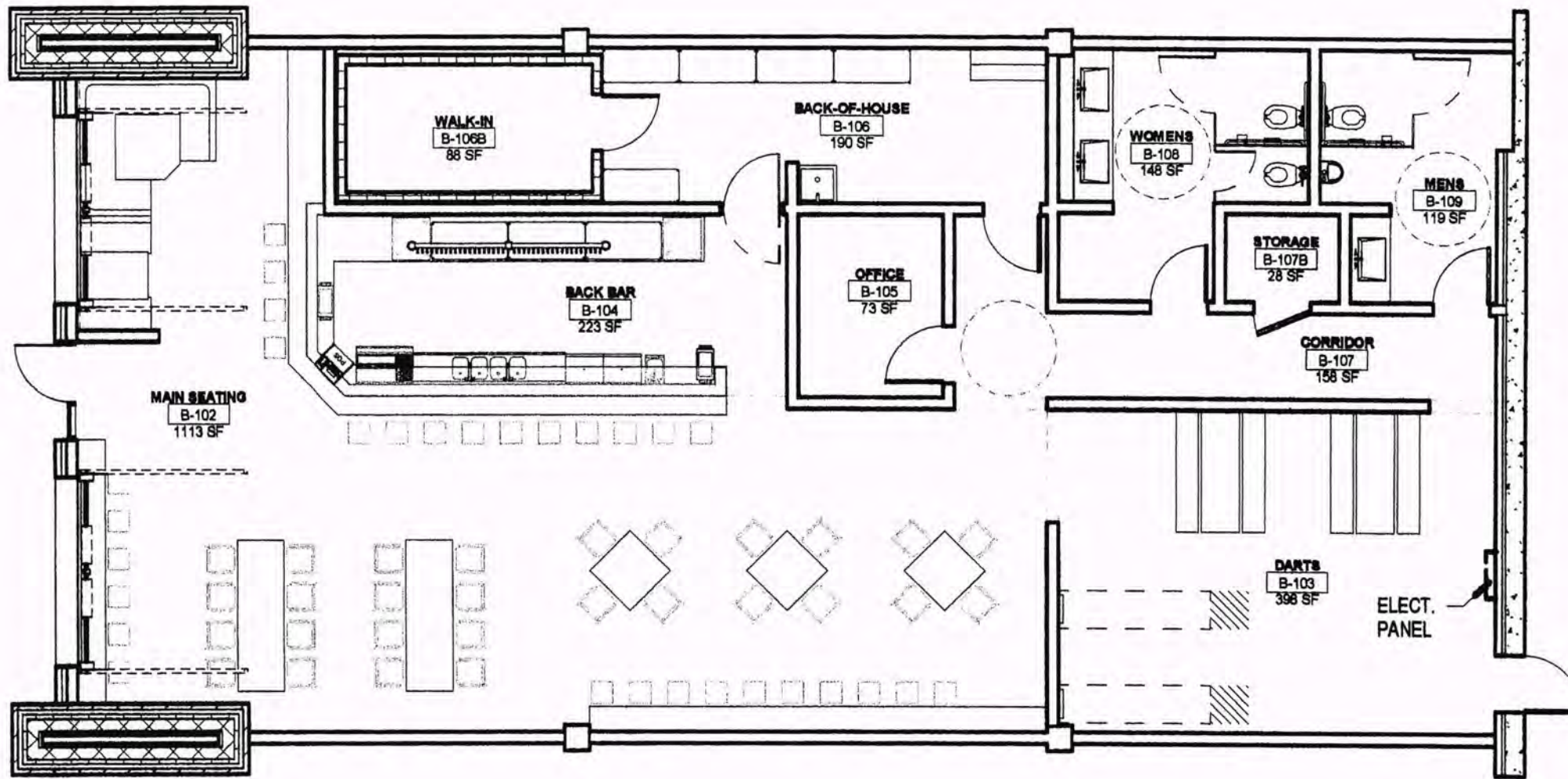
If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

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

one floor







1 Layout B - North Wall Bar

B 1/8" = 1'-0"

Project Name

**TACK**architects

**B**

## **APPLICANT INFORMATION**

### **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

\_\_\_\_ YES ☒ NO

If yes, please explain below or attach a separate page

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

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

\_\_\_\_ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

- 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 \_\_\_\_\_

4. Are you filing a temporary operating permit (TOP) to operate during the application process?

\_\_\_\_ YES ☒ NO

If yes:

- a) Attach temporary operating permit (TOP) (Form 125)
- b) TOP will only be accepted at a location that currently holds a valid liquor license.



5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) Pinnacle 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)

Michael & Kathy Jones, Justin & Whitney Jones, Joey Jones, Jared Jones  
**No silent partners**

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

☐ YES ☒ NO

If yes, list such item(s) and the owner.

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

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

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

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.

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

Pinnacle Bank a) Joey Jones & Michael Jones

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.

N/A



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:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Joseph Jones	1/30/18	State & City Alcohol Permit

List of NLCC certified training programs

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Joseph Jones	Dec 2017	Happy Raven, Lincoln, NE

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

☒ Lease: expiration date \_\_\_\_\_  
☐ Deed  
☐ Purchase Agreement

14. When do you intend to open for business? June 1, 2019

15. What will be the main nature of business? Bar / Tavern

16. What are the anticipated hours of operation? 12 pm - 2 am

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

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Joseph Jones Lincoln, NE	2017	2018			
Michael Jones Papillion, NE	1996	2018	Kathy Jones Papillion, NE	1996	2018
Justin Jones, Chicago, IL	2010	2018	Whitney Jones, Chicago IL	2010	2018
Justin Jones, Las Vegas, NV	2018	2018	Whitney Jones, Las Vegas NV	2018	2018
Joseph Jones Papillion, NE	1996	2010			
Joseph Jones, Texarkana, TX	2010	2012			

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.

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

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

Michael D. Jones  
Signature of Applicant

Michael D. Jones  
Print Name

Kathleen M. Jones  
Signature of Spouse

Kathleen M. Jones  
Print Name

Joseph D. Jones  
Signature of Applicant

Joseph D. Jones  
Print Name

X  
Signature of Spouse  
X  
Print Name

#### ACKNOWLEDGEMENT

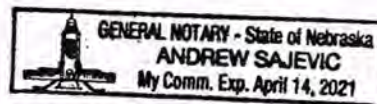
State of Nebraska  
County of Sarpy

April 8, 2019  
date

Andrew Sajevic  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Michael D. Jones, Kathleen M. Jones, Joseph D. Jones  
name of person(s) acknowledged (individual(s) signing)



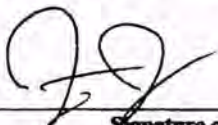


The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s)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

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

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



Signature of Applicant

Justin Jones

Print Name



Signature of Spouse

Whitney Jones

Print Name

Signature of Applicant

Print Name

Signature of Spouse

Print Name

#### ACKNOWLEDGEMENT

State of ~~Nebraska~~ Nevada  
County of Clark

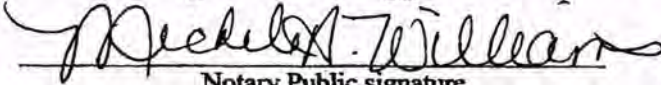
The foregoing instrument was acknowledged before me this

March 19, 2019

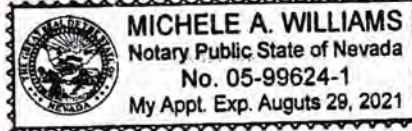
date

by Justin Michael Jones & Whitney Kraus Jones

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



Notary Public signature



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



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

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

Office Use

**RECEIVED**

APR 09 2019

NEBRASKA LIQUOR  
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members 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 Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: SEAN MOYLAN

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

Heights Draft Room

LLC Address: 7861 Main Street Suite H

City: LaVista State: NE Zip Code: 68128

LLC Phone Number: 402-680-0652 LLC Fax Number: \_\_\_\_\_

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Jones First Name: Joseph MI: D

Home Address: 3149 Fletcher Ave Apt 309 City: Lincoln,

State: NE Zip Code: 68504 Home Phone Number: \_\_\_\_\_

  
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska

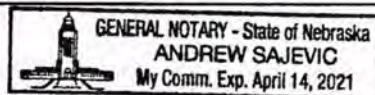
County of Sarpy

April 8, 2019  
Date

The foregoing instrument was acknowledged before me this

by Joseph D. Jones  
name of person acknowledge

Affix Seal





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

Last Name: Jones First Name: Joseph MI: D

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

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

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

Percentage of member ownership 33%

Last Name: Jones First Name: Michael MI: D

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

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

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

Percentage of member ownership 33%

Last Name: Jones First Name: Justin MI: M

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

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

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

Percentage of member ownership 33%

Last Name: Jones First Name: Jared MI: W

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

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

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

Percentage of member ownership 1%

**MANAGER APPLICATION  
INSERT - FORM 3c**

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

Office Use

**RECEIVED**

APR 09 2019

NEBRASKA LIQUOR  
CONTROL COMMISSION

**MUST BE:**

- ✓ Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

**Corporation/LLC information**

Name of Corporation/LLC: Heights Draft Room

**Premise information**

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

Premise Trade Name/DBA: Heights Draft Room

Premise Street Address: 7861 Main Street Suite H

City: La Vista County: Sarpy Zip Code: 68128

Premise Phone Number: 402-680-0652

Premise Email address: j.jones12001@gmail.com

**The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. To see authorized officers or members search your license information [here](#).**



**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)



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

Last Name: Jones First Name: Joseph MI: D  
Home Address: 3149 Fletcher Ave Apt 309  
City: Lincoln County: Lancaster Zip Code: 68504  
Home Phone Number: \_\_\_\_\_  
Driver's License Number & State: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
Email address: jjones12001@gmail.com

**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: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's 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
Lincoln, NE	2012	2018			
Texarkana, TX	2010	2012			
Dapillion, NE	201996	2010			



## MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2015	2018	Crete Carrier Corp	Ryan Allington	800-998-8000
2012	2015	Buckle	Kirby Baker	402-466-3164

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

**Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea, **include traffic violations**. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

☒ YES      ☐ NO

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

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Michael Jones	2017	Lincoln, NE	IMPROPER LANE CHANGE	TOOK SAFETY CLASS
Whitney Jones	2004	Fishers, IN	SPEEDING	FINED CAN'T RECALL TOTAL

**2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?**

☐ YES      ☒ NO

**IF YES, list the name of the premise(s):**

---

**3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?**

☒ YES      ☐ NO



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

\*NLCC Training Certificate Issued: \_\_\_\_\_ Name on Certificate: \_\_\_\_\_

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Joseph Jones	1/30/18	State & City Alcohol Permit

\*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Joey Jones / Bar tender	1/1/18	Happy Raven, Lincoln, NE

5. Have you enclosed form 147 regarding fingerprints?

☐ YES ☐ NO

## PERSONAL OATH AND CONSENT OF INVESTIGATION

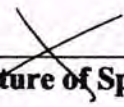
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. 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.

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

  
Signature of Manager Applicant

  
Signature of Spouse

### ACKNOWLEDGEMENT

State of Nebraska

County of Sarpy

The foregoing instrument was acknowledged before me this

April 8, 2019  
date

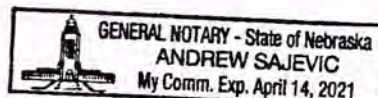
by

Joseph D. Jones

NAME OF PERSON BEING 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.