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RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA RECOMMENDING TO THE NEBRASKA LIQUOR CONTROL COMMISSION, APPROVAL OF THE CLASS D LIQUOR LICENSE APPLICATION FOR N K CORPORATION DBA FOOD & FUELS R US IN LA VISTA, NEBRASKA.

WHEREAS, N K Corporation dba Food & Fuels R Us, 6912 South 110<sup>th</sup> Street, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class D 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 D Liquor License application submitted by N K Corporation dba Food & Fuels R Us, 6912 South 110<sup>th</sup> Street, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 4TH DAY OF OCTOBER, 2016.

CITY OF LA VISTA

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

ATTEST:

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

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

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NEBRASKA LIQUOR  
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**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  
☐ 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

**CHOOSE 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 \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_

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Trade Name (doing business as) Food & Fuels R Us

Street Address #1 6912 Harrison St

S. 110th Street

NEBRASKA LIQUOR  
CONTROL COMMISSION

Street Address #2

City La Vista

County Sarpy

Zip Code 68127

Premises Telephone number 712-490-1210

Business e-mail address 6912harrison@gmail.com

Is this location inside the city/village corporate limits:

YES

x

NO

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

Name NK Corporation

Street Address #1 8307 park view Blvd

Street Address #2

City La Vista

State NE

Zip Code 68127

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

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

Building: length 55 x width 60 in feet

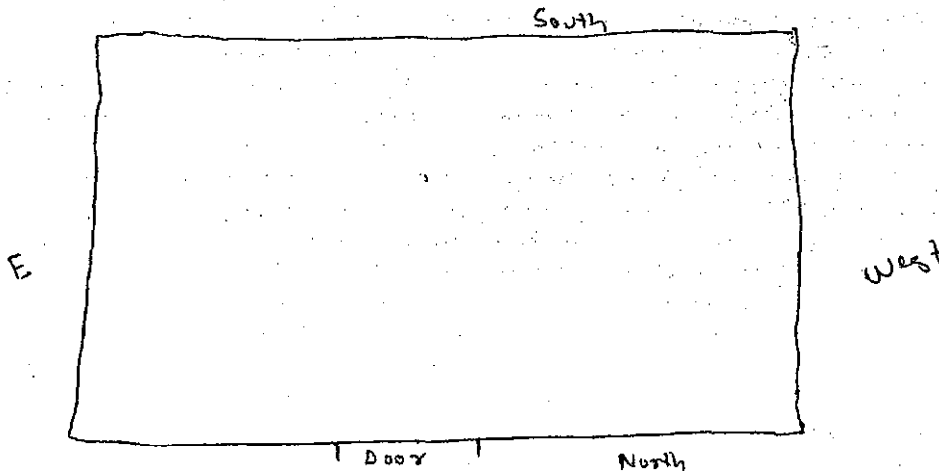
Is there a basement? Yes No

If yes, length x width in feet

Is there an outdoor area? Yes No

If yes, length x width in feet

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



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

Has anyone who is a party to this application, or their spouse, ~~EVER~~ been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. 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.

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YES ☒ NO ☐

If yes, please explain below or attach a separate page

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Maulin Patel	06/2010	Missouri Valley, IA	Speeding Ticket	Ticket / Fine
Maulin Patel	05/2016	Council Bluffs, IA	Speeding Ticket	Ticket / Fine

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

☒ YES ☐ NO

If yes, give name of business and liquor license number Bosselman Pump & Pantry, Inc. 106699

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 NONE

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 106699

**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.

NO  
TOP

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) Great Western Bank - Conventional loan

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☒ YES ☒ NO

If yes, explain. (all involved persons must be disclosed on application)

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No silent partners

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.

Great Western Bank. Maulin Patel

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.

Maulin Patel- Shakti Fuels, LLC. License # -110675

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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.

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NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Manoj K Desai	10/2014	RBST

List of NLCC certified training programs  
Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Manoj K Desai- Manager	05/2010	Shakti Petroleum, Inc - Bellevue
Manoj K Desai- Manager	10/2014	Shakti Fueks, LLC - La Vista

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 7-25-2036  
☐ Deed  
☒ Purchase Agreement

14. When do you intend to open for business? 7/25/16

15. What will be the main nature of business? Gas Station/ Convenience Store

16. What are the anticipated hours of operation? 24 Hours

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

Principal Residence(s) for the past 10 years for all persons required to sign, including spouses.					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
Manoj K Desai		2004	Current	Mayuri M Desai	

If necessary attach a separate sheet.

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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

  
\_\_\_\_\_  
Signature of Applicant

N/A  
\_\_\_\_\_  
Signature of Spouse

MAULIN PATEL  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

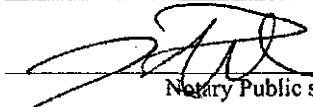
ACKNOWLEDGEMENT

State of Nebraska  
County of Douglas  
9/6/16 date

The foregoing instrument was acknowledged before me this

by

Maulin Niras Patel  
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.