

Lincoln



Nebraska's Capital City

March 23, 2001

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Ideal Grocery & Market, 905 South 27th Street requesting a class K Wine only off sale liquor license for this location.

Ideal Grocery & Market is a limited partnership; state liquor laws do not require a manager for a partnership liquor license.

Partnership information is as follows:

Thomas Moore	39.28479 %	Douglas Dakan	4.06421%
James Moore	39.28593 %	Robert McMaster	7.45054 %
Richard Hodges	2.92554%	Mark Lyon	4.06345%
Gerald Snow	2.92554%		

It is recommended that Thomas and James Moore attend the managers training class.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



set date
PH: . . .

STATE OF NEBRASKA

Ross



CERTIFIED

March 20, 2001

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

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)

Joan Ross, City Clerk
County/City Bldg
555 So. 10th
Lincoln, NE 68508

SP 1926
PH: 9-17-01

Mike Johanns
Governor

RE: Class K Wine Off/Sale Application (Partnership Application)
Ideal Grocery & Market

No more legal

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) 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

Forrest D. Chapman
Licensing Division
Enclosures

RECEIVED
MARCH 21 10 23 AM '01
NEBRASKA

Rhonda R. Flower
Commissioner

R.L. (Dick) Coyne
Chairman

Bob Logsdon
Commissioner

An Equal Opportunity/Affirmative Action Employer

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
 PO Box 95046, 301 Centennial Mall South
 Lincoln, NE 68509-5046

http: www.nol.org home NLCC
 Phone: (402) 471-2571
 Fax: (402) 471-2814

RECEIVED

MAR 12 2009

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission
 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251
 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in **Triplicate**

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class)	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

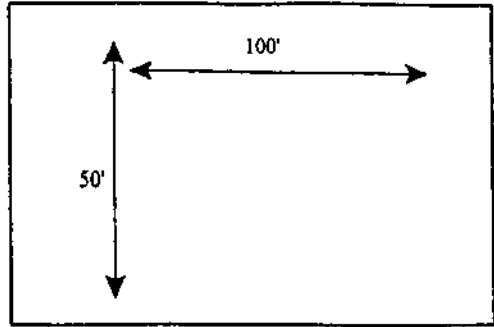
TYPE OF APPLICATION	CORPORATE SURETY BOND INFORMATION
Type of application being applied for (place appropriate number in box) <input checked="" type="checkbox"/> 1= Individual License requires Form 1 to be attached. <input type="checkbox"/> 2= Partnership License requires Form 2 to be attached. <input type="checkbox"/> 3= Corporate License requires Form 3 and 4 and Manager Application be attached.	Bond Company - for Classes L V W X Y only <div style="border: 1px solid black; padding: 5px; text-align: center;">NOT REQUIRED</div> Start Date Month/Day/Year Bond Number <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>

SECTION A - LOCATION INFORMATION - Must be completed by all applicants

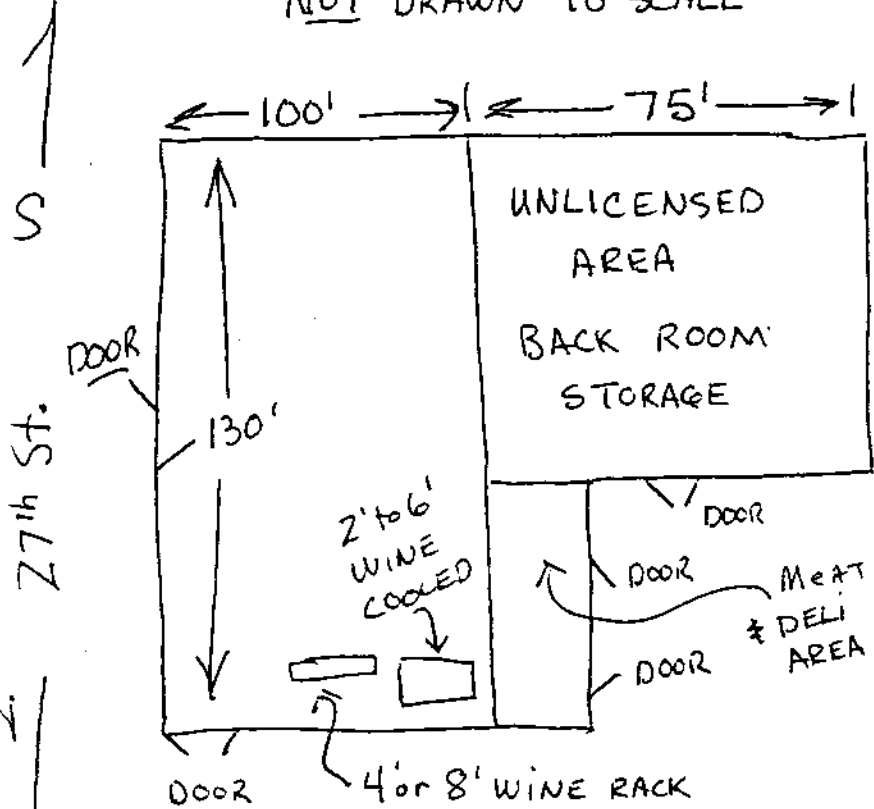
Trade Name (name of business) IDEAL GROCERY & MARKET	Telephone Number at premise to be licensed 402.476.2177
1) Street Address of Proposed licensed premise 905 South 27th	2) Mailing Address for receipt of Liquor Control Commission mailings 905 South 27th
City County Zip Code LINCOLN LANCASTER 68510	City County Zip Code LINCOLN LANCASTER 68510

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided 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 where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



NOT DRAWN TO SCALE



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement approximately 30' x 50' at the East end.

EAST PORTION APPROX. 130' X 100' - WEST END, STORAGE AREA, 75' X 50' MEAT & DELI AREA 30' X 80' ONE STORY ONLY no basement

Legal description: Houtz Place, Block 1, LOT 32-33-34-35-36, EXCEPT FOR STREET

SECTION B		OTHER INFORMATION REQUIRED	
Yes	No	Explanation/Comments	
	X	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 criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or 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. Richard Hodges DWI; in LINCOLN, NE - January 1986 - Lost license for 3 months - ATTENDED Outpatient treatment @ INDEPENDENT CENTER.	

	Yes	No	Explanation/Comments
2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).		X	
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.		X	
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.		X	RECEIVED
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		X	MAR 12 2007
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.		X	NEBRASKA LIQUOR CONTROL COMMISSION
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?		X	
8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.		X	
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.		X	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.			Pinnacle Bank, Lincoln # 2300274050 ALL PARTNERS
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses 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.			Jim Moore AND Tom Moore 50-55 hrs. each
13. List the training and experience of the person listed in #11 above in connection with selling and/or serving alcohol products.			NONE - Will submit to TRAINING by QUALIFIED ORGANIZATION,
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 interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)			LEASE
15. When do you intend to open for business?			MAIN Business is OPEN - will sell wine when training is completed.

15. List the principal residence for the past 10 years for all persons required to submit fingerprint cards. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
JAMES MOORE	1977	Present	LINCOLN, NE
THOMAS MOORE	1981	Present	LINCOLN, NE
ROBERT McMASTER	1971	Present	LINCOLN, NE
MARK LYON	1976	Present	LINCOLN, NE
Douglas DAKAN	1960	Present	LINCOLN, NE
RICHARD HODGES	1975	Present	LINCOLN, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), 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 or 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 and/or inaccurate.

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. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here James W. Moore sign here Pamela C. Moore
 sign here Thomas J. Moore sign here William F. Koch
 sign here Robert C. McMaster sign here Robert H. McMaster
 sign here Mark W. Lyon sign here Richard A. Lyon

Subscribed in my presence and sworn to before me this 22 day of March, 2001.

(SEAL)



Sign here _____
 Notary Public Signature

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

15. List the principal residence for the past 10 years for all persons required to submit fingerprint cards. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
GERALD SNOW, JR.	1990	Present	LINCOLN, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), 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 or 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 and/or inaccurate.

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. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here [Signature] sign here [Signature]
 sign here [Signature] sign here [Signature]
 sign here [Signature] sign here [Signature]
 sign here _____ sign here _____

Subscribed in my presence and sworn to before me this 9th day of March, 2001.

(SEAL)



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

Sign here [Signature]
 - Notary Public Signature

NEBRASKA LIQUOR CONTROL COMMISSION
Partnership Application
 for License
 FORM 2

INSTRUCTIONS:

- 1) The Person listed as the primary partner will be the person with whom the Nebraska Liquor Control Commission will correspond.
- 2) At least one partner must meet residency requirements with the STATE of Nebraska.
- 2) Each Applicant and Spouse must attach two sets of fingerprint cards and proper fees.
- 3) All applications must be typewritten and submitted in triplicate.

Partner Name (Last, First, Middle, Maiden). List any Previous Names or Aliases Used. **PRIMARY PARTNER**

MOORE, JAMES WESLEY

Applicant's Home Address (1) 1835 KINGS HIGHWAY

Applicant's Home Address (2)

City LINCOLN County LANCASTER State NE

Zip Code 68502 Driver's License Number [REDACTED]

Home Telephone Number 402 423 7912 Business Telephone Number 402 476 2177

Check Type of Partnership Limited Partnership General Partnership Joint Venture

ARE YOU MARRIED? YES IF YES, PLEASE COMPLETE.
 Spouse's Name (Last, First, Middle, Maiden). List Any Previous Names or Aliases Used
 MOORE, PAMELA ANN

Spouse's Social Security Number [REDACTED] Spouse's Date of Birth [REDACTED]

Spouses' Driver's License Number [REDACTED] State NE

Continue on Reverse and List Remaining Partners **RECEIVED**

If Married, Spouses must complete the spaces provided.

OTHER PARTNERS AND SPOUSES

Name Number	any previous aliases or Names, Home Address and Telephone Number	Driver's License No.	State	Social Security Number	Percentage of Ownership	Date of Birth		
						Month	Day	Year
Partner	MOORE, THOMAS GARDNER	[REDACTED]	NE	[REDACTED]	39	6	4	55
Spouse	ROCK, Mary P.	[REDACTED]	NE	[REDACTED]	NONE	10	30	59
Home Address & Telephone Number	2015 'B' LINCOLN, NE 402, 474, 5880							
Partner	McMaster, Robert Collins	[REDACTED]	NE	[REDACTED]	7,45054	2	20	53
Spouse	McMaster, TAYLOR H.	[REDACTED]	NE	[REDACTED]	NONE			
Home Address & Telephone Number	2924 South 26th LINCOLN, NE 402, 423, 8823							
Partner	LYON, MARK WARREN	[REDACTED]	NE	[REDACTED]	4,06345	4	10	53
Spouse	LYON, DEBORAH ANN	[REDACTED]	NE	[REDACTED]	NONE	8	12	52
Home Address & Telephone Number	1613 DAKOTA CIR. LINCOLN, NE 402, 423, 0113							
Partner	DAKAN, Douglas LEE	[REDACTED]	NE	[REDACTED]	4,06421	1	7	60
Spouse	DAKAN, Yolanda	[REDACTED]	NE	[REDACTED]	NONE	10	2	60
Home Address & Telephone Number	6000 OXHALL CT, LINCOLN 402, 423, 1372							

Does Your Partnership Consist of 1 or More Corporations? Yes No
 If yes, complete form 3, corporate information.

If Married, Spouses must complete the spaces provided.

OTHER PARTNERS AND SPOUSES

Name (last, first, middle, maiden) and any previous aliases or Names, Home Address and Telephone Number	Driver's License No.	State	Social Security Number	Percentage of Ownership	Date of Birth		
					Month	Day	Year
Partner HODGES, RICHARD R.	[REDACTED]	NE	[REDACTED]	2.92554	[REDACTED]	[REDACTED]	[REDACTED]
Spouse BENDLER, Michelle 1811 South 45th LINCOLN 402.489.8374	[REDACTED]	NE	[REDACTED]	NONE	7	17	60
Partner SNOW, GERALD L. JR.	[REDACTED]	NE	[REDACTED]	2.92554	[REDACTED]	[REDACTED]	[REDACTED]
Spouse SNOW, DIANE 3544 MOHAWK ST. LINCOLN 402.489.7137	[REDACTED]	NE	[REDACTED]	NONE	[REDACTED]	[REDACTED]	[REDACTED]
Partner		State					
Spouse							
Home Address & Telephone Number							
Partner		State					
Spouse							
Home Address & Telephone Number							

Does Your Partnership Consist of 1 or More Corporations? Yes No

If yes, complete form 3, corporate information.

RECEIVED

MAR 12 2007

**SPOUSAL AFFIDAVIT OF NON PARTICIPATION
IN A LIQUOR LICENSE**

NEBRASKA LIQUOR
CONTROL COMMISSION

The spouse, Pam Moore, acknowledges that he or she will have no interest, directly or
(full name of spouse)

indirectly, in any part of the daily operations or profit of the business Ideal Grocery
(name, trade name)

905 S. 27th as prescribed in Sec. 53-125(13) of the Nebraska Liquor Control Act.
& address of business)

Such individual shall not tend bar, stock shelves, write checks, sign invoices, represent

themselves as an owner or in any other way participate in any part of the operation of the

licensed business. The licensee/applicant understands that he or 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.

Please write FINGER PRINT CARD PA.

Pamela A. Moore
Signature of non participating spouse

[Signature]
Signature of licensee/applicant

**SPOUSAL AFFIDAVIT OF NON PARTICIPATION
IN A LIQUOR LICENSE**

The spouse, TAYLOR H. McMASTER acknowledges that he or she will have no interest, directly or
(full name of spouse)

indirectly, in any part of the daily operations or profit of the business Ideal Grocery + MARKET
(name, trade name)

905 So. 27 LINCOLN
~~4000~~ 68510 as prescribed in Sec. 53-125(13) of the Nebraska Liquor Control Act.
& address of business)

Such individual shall not tend bar, stock shelves, write checks, sign invoices, represent
themselves as an owner or in any other way participate in any part of the operation of the
licensed business. The licensee/applicant understands that he or 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.

Please WAIVE FINGER PRINT CARD ~~THAT~~

Taylor H. McMaster
Signature of non participating spouse

Robert C. McMaster
Signature of licensee/applicant

**SPOUSAL AFFIDAVIT OF NON PARTICIPATION
IN A LIQUOR LICENSE**

The spouse, Yolanda Daker acknowledges that he or she will have no interest, directly or
(full name of spouse)

indirectly, in any part of the daily operations or profit of the business Ideal Market
(name, trade name)

905 S. 27 as prescribed in Sec. 53-125(13) of the Nebraska Liquor Control Act.
& address of business)

Such individual shall not tend bar, stock shelves, write checks, sign invoices, represent
themselves as an owner or in any other way participate in any part of the operation of the
licensed business. The licensee/applicant understands that he or 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.

Please WAIVE FINGER PRINT CARD *YD*

Yolanda Daker
Signature of non participating spouse

[Signature]
Signature of licensee/applicant

**SPOUSAL AFFIDAVIT OF NON PARTICIPATION
IN A LIQUOR LICENSE**

The spouse, DEBORAH A. LYON, acknowledges that he or she will have no interest, directly or
(full name of spouse)

indirectly, in any part of the daily operations or profit of the business IDEAL GROCERY & MKT, LTD
(name, trade name)

LINCOLN, NE as prescribed in Sec. 53-125(13) of the Nebraska Liquor Control Act.
& address of business)

Such individual shall not tend bar, stock shelves, write checks, sign invoices, represent
themselves as an owner or in any other way participate in any part of the operation of the
licensed business. The licensee/applicant understands that he or 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.

X WAIVE FINGER PRINT CARD. DAL

Deborah A. Lyon
Signature of non participating spouse

[Signature]
Signature of licensee/applicant

#

**SPOUSAL AFFIDAVIT OF NON PARTICIPATION
IN A LIQUOR LICENSE**

The spouse, Mary P. Rock, acknowledges that he or she will have no interest, directly or
(full name of spouse)

indirectly, in any part of the daily operations or profit of the business Ideal Grocery + Mkt
(name, trade name)

905 S. 27 68510
Lincoln NE as prescribed in Sec. 53-125(13) of the Nebraska Liquor Control Act.
& address of business)

Such individual shall not tend bar, stock shelves, write checks, sign invoices, represent
themselves as an owner or in any other way participate in any part of the operation of the
licensed business. The licensee/applicant understands that he or 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.

* Please Waive finger-print requirements

Mary P. Rock
Signature of non participating spouse

Thomas J. Morse
Signature of licensee/applicant

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MAR 12 2001

**SPOUSAL AFFIDAVIT OF NON PARTICIPATION
IN A LIQUOR LICENSE**

NEBRASKA LIQUOR
CONTROL COMMISSION

The spouse, Michele Ann Hodges, acknowledges that he or she will have no interest, directly or
(full name of spouse)

indirectly, in any part of the daily operations or profit of the business IDEAL GROCERY + MKT.
(name, trade name)

905 S. 27 as prescribed in Sec. 53-125(13) of the Nebraska Liquor Control Act.
& address of business)

Such individual shall not tend bar, stock shelves, write checks, sign invoices, represent
themselves as an owner or in any other way participate in any part of the operation of the

licensed business. The licensee/applicant understands that he or 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.

* Please waive finger print requirements; AM

Michele Ann Hodges
Signature of non participating spouse

[Signature]
Signature of licensee/applicant

**SPOUSAL AFFIDAVIT OF NON PARTICIPATION
IN A LIQUOR LICENSE**

The spouse, DIANE L. SNOW, acknowledges that he or she will have no interest, directly or
(full name of spouse)

indirectly, in any part of the daily operations or profit of the business IDEAL GROCERY + MKT.,
(name, trade name)

905 S. 27TH LINCOLN as prescribed in Sec. 53-125(13) of the Nebraska Liquor Control Act.
& address of business)

Such individual shall not tend bar, stock shelves, write checks, sign invoices, represent
themselves as an owner or in any other way participate in any part of the operation of the
licensed business. The licensee/applicant understands that he or 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.

* Please waive finger print requirements PLS.

Diane L. Snow
Signature of non participating spouse

[Signature]
Signature of licensee/applicant