



**CITY OF LINCOLN**  
NEBRASKA

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

**LINCOLN**  
The Community of Opportunity

MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

February 10, 2004

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

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Fast Break – Old Cheney, 5640 South 16<sup>th</sup> Street requesting a class D liquor license.

This location was known as Buggy Bath, which held a class D liquor license.

Charles Salem, President has requested that Ranjit Singh be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Ranjit Singh was born in Penang. He attended the Canadian Institute of Business graduating in 1983.

Ranjit Singh employment history is as follows:

1997 – Present	Manager, Buggy Bath / Fast Break	Lincoln, NE.
1996 – 1997	Delivery, Medic Express	Lincoln, NE.
1987 - 1996	Manager, Grady Hospital	Atlanta, GA.

Stockholder information is included for your review.

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



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) FAST BREAK - Old Cheney

Manager      Owner      Other \_\_\_\_\_

Name: RANJIT SINGH

US Citizen?       Yes      No

Has applicant ever been cited for liquor law violations?  No      Yes  
Explain \_\_\_\_\_

Does applicant have an interest in another liquor license?  No      Yes  
Explain \_\_\_\_\_

Is spouse qualified to hold a license? Yes      No       N/A

How is applicant if not an owner to be paid?  Salary      Hourly

How many hours will applicant be at the establishment? 60+

Any other employment?  No      Yes, explain \_\_\_\_\_

Any previous experience with a liquor license? Yes       No

Any criminal convictions?  No      Yes  
Comments \_\_\_\_\_

Is applicant a property owner in Lincoln?  Yes      No

Is applicant involved in any civil litigation?  No      Yes  
Comments \_\_\_\_\_

Photo       Records Check       References

Comments \_\_\_\_\_

Interview Date 21 10 104

Miss  
**STATE OF NEBRASKA**

Set date: 2/27/04  
PH 3-8-04



FILED  
CITY CLERK'S OFFICE

'04 FEB 5 PM 2 00

CITY OF LINCOLN  
February 4, 2004  
NEBRASKA

**NEBRASKA LIQUOR CONTROL COMMISSION**

**Hobert B. Rupe**  
Executive Director

301 Centennial Mall South, 5th Floor  
P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

**Mike Johanns**  
Governor

City Clerk of Lincoln  
555 S 10 Street  
Lincoln, NE 68508

44-014918

162

Fast Break, Inc (LIC)  
dba Fast Break-OLD Cheney  
5640 So. 16th Street  
68512  
Class D

RE: License for D #62354

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 APROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS. 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  
Jackie B. Matulka  
Licensing Division

Enclosures  
**Rhonda R. Flower**  
Commissioner

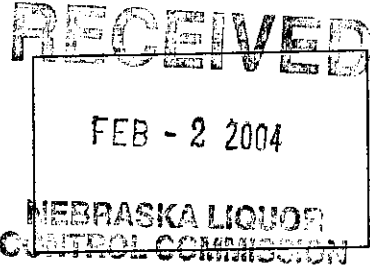
**Bob Logsdon**  
Chairman

**R.L. (Dick) Coyne**  
Commissioner

An Equal Opportunity/Affirmative Action Employer

D# 62354

Local-jbm



**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

**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** **8.** Required areas marked by a red asterisk ( \* )

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

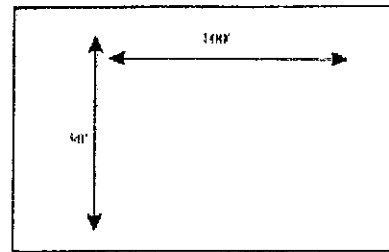
Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> <b>A</b> Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>F</b> Beer, On Sale Only - Outside Corporate Limits	\$45.00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

TYPE OF APPLICATION *	CORPORATE SURETY BOND INFORMATION
Type of application being applied for (check appropriate box)  1. Individual License requires Form 1 to be attached. 2. Partnership License requires Form 2 to be attached. ③ Corporate License requires Forms 3 and Manager Application to be attached	Bond Company - for Classes L V W X Y only  Start Date _____ Month/Day/Year      Bond Number _____

SECTION A – LOCATION INFORMATION – Must be completed by all applicants			
Trade Name (name of business) Fast Break - Old Cheney		Telephone Number at premise to be licensed 402-420-2252	
1) Street Address of Proposed licensed premise 5640 south 16th Street		2) Mailing Address for receipt of Liquor Control Commission mailings P.O. Box 81006	
City Lincoln	County Lancaster	City Lincoln	County Lancaster
Zip Code 68512		Zip Code 68501	

**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.

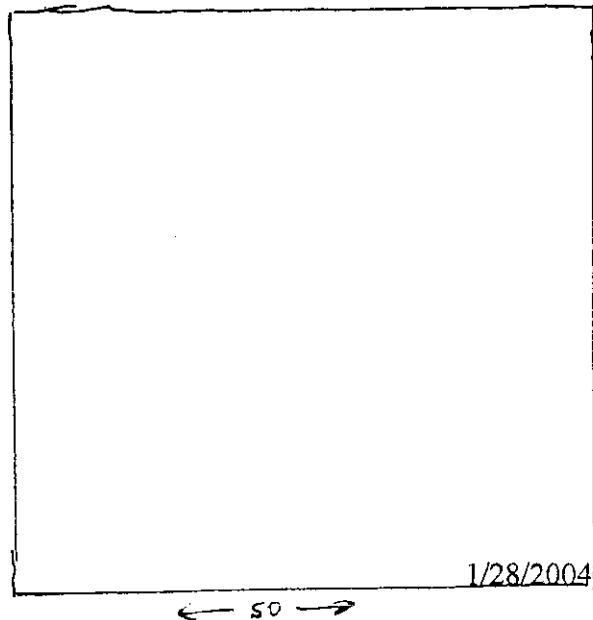


Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

↑  
N

One Floor

↑  
60'  
↓



SECTION B			OTHER INFORMATION REQUIRED *	
	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed	
<p>* 1. <b>READ CAREFULLY.</b> Answer completely and accurately.</p> <p>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. Include any DWIs or DUIs. 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.</p>	<input checked="" type="radio"/>	<input type="radio"/>	Charles R. Salem had two speeding tickets in the 80's in Lancaster County.	
<p>* 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).</p>	<input checked="" type="radio"/>	<input type="radio"/>	Leasing business See Lease Needs to submit 2-4-04 liquor inventory yet	
<p>* 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.</p>	<input type="radio"/>	<input checked="" type="radio"/>	Replacing 50212	
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	<input checked="" type="radio"/>	<input type="radio"/>	West Gate Bank	
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	<input type="radio"/>	<input checked="" type="radio"/>		

<p>* 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.</p>	<p>Yes <input checked="" type="radio"/> No</p>	<p>See Lease</p>
<p>* 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?</p>	<p>Yes <input type="radio"/> No <input checked="" type="radio"/></p>	<p><b>RECEIVED</b> FEB 2 2004</p>
<p>* 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.</p>	<p>Yes <input type="radio"/> No <input checked="" type="radio"/></p>	<p><b>NEBRASKA LIQUOR CONTROL COMMISSION</b></p>
<p>* 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.</p>	<p>Yes <input type="radio"/> No <input checked="" type="radio"/></p>	
<p>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.</p>	<p>West Gate Bank Charles R. Salem</p>	
<p>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.</p>	<p>Charles R. Salem Salem Oil - 1658 South St. #43562 Salem Oil - 620 W Van Dorn #51966 Salem Oil - 3100 NW 12th #54995</p>	
<p>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.</p>	<p>Ranjit Singh, 55 Hours</p>	

<p>13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.</p> <p style="font-size: 1.5em; font-family: cursive;">Needs Training</p>	<p>Is schedules to attend RHCMT on 2-12-2004.</p>																												
<p>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)</p>	<p>Copy of Lease Lease expires 2-2-14</p>																												
<p>15. When do you intend to open for business?</p>	<p>2-4-04</p>																												
<p>16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.</p>																													
<table border="1"> <thead> <tr> <th data-bbox="129 952 662 1019">NAME</th> <th data-bbox="662 952 813 1019">FROM (YEAR)</th> <th data-bbox="813 952 965 1019">TO (YEAR)</th> <th data-bbox="965 952 1396 1019">RESIDENCE (CITY, STATE)</th> </tr> </thead> <tbody> <tr> <td data-bbox="129 1019 662 1075">Charles R. Salem</td> <td data-bbox="662 1019 813 1075">1994</td> <td data-bbox="813 1019 965 1075">2004</td> <td data-bbox="965 1019 1396 1075">Lincoln, NE</td> </tr> <tr> <td data-bbox="129 1075 662 1131">Sherene L. Salem</td> <td data-bbox="662 1075 813 1131">1994</td> <td data-bbox="813 1075 965 1131">2004</td> <td data-bbox="965 1075 1396 1131">Lincoln, NE</td> </tr> <tr> <td data-bbox="129 1131 662 1187">Carolyn S. Otte</td> <td data-bbox="662 1131 813 1187">1994</td> <td data-bbox="813 1131 965 1187">2004</td> <td data-bbox="965 1131 1396 1187">Lincoln, NE</td> </tr> <tr> <td data-bbox="129 1187 662 1243">Robert R. Otte</td> <td data-bbox="662 1187 813 1243">1994</td> <td data-bbox="813 1187 965 1243">2004</td> <td data-bbox="965 1187 1396 1243">Lincoln, NE</td> </tr> <tr> <td data-bbox="129 1243 662 1299"></td> <td data-bbox="662 1243 813 1299"></td> <td data-bbox="813 1243 965 1299"></td> <td data-bbox="965 1243 1396 1299"></td> </tr> <tr> <td data-bbox="129 1299 662 1355"></td> <td data-bbox="662 1299 813 1355"></td> <td data-bbox="813 1299 965 1355"></td> <td data-bbox="965 1299 1396 1355"></td> </tr> </tbody> </table>		NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)	Charles R. Salem	1994	2004	Lincoln, NE	Sherene L. Salem	1994	2004	Lincoln, NE	Carolyn S. Otte	1994	2004	Lincoln, NE	Robert R. Otte	1994	2004	Lincoln, NE								
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)																										
Charles R. Salem	1994	2004	Lincoln, NE																										
Sherene L. Salem	1994	2004	Lincoln, NE																										
Carolyn S. Otte	1994	2004	Lincoln, NE																										
Robert R. Otte	1994	2004	Lincoln, NE																										

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FEB - 2 2004

NEBRASKA LIQUOR  
CONTROL COMMISSION



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 *Charles R. Sal*

Sign Here \_\_\_\_\_

Sign Here *Sharon A. Sal*

Sign Here \_\_\_\_\_

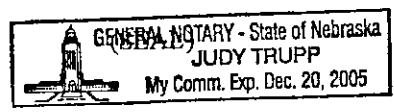
Sign Here *Carolyn S. Otte*

Sign Here \_\_\_\_\_

Sign Here *C. S. Otte*

Sign Here \_\_\_\_\_

Subscribed in my presence and sworn to before me this 2<sup>nd</sup> day of February, 2004



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 *Judy Trupp*  
Notary Public Signature

Verify & Print form

FORM 35-4010  
1  
REV 1/01

# Application for Corporate Manager

**\*Must Be A Nebraska Resident\***  
**Please submit in Triplicate**

**RECEIVED**

Return to: Nebraska Liquor Control Commission, PO Box 95046  
301 Centennial Mall So., Lincoln NE 68509

FEB - 2 2004

Phone: (402) 471-2571 Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

NEBRASKA LIQUOR CONTROL COMMISSION

Required areas marked by a red asterisk ( \* )

## LIQUOR LICENSE INFORMATION

Name of Licensed Corporation Fast Break, Inc \* Class & License number D \*

Trade Name of Licensed Premise Fast Break - Old Cheroke \*

Street Address of Licensed Premise 5640 So. 16th \* City Lincoln \* County Lanc. \*

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO: Chandra R. Singh

## APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden) SINGH RANJIT \*

Sex *	
F	<input checked="" type="radio"/> M

Social Security Number

Date of Birth \_\_\_\_\_ \* Place of Birth PENANG \*

Home Street Address 6100 SOUTH 48<sup>th</sup> street \* City LINCOLN \* County LANCASTER \*

State NE \* Zip Code 68516 \* Home Telephone Number 402-328-8398

Business Telephone Number 402-420-2252

Drivers License Number _____ *	State <u>NE</u> *
--------------------------------	-------------------

Are You Married? \*  Yes  No If Yes, You must complete the following:

**SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)**

Full Name (Last, First, Middle, Maiden)

SINGH-LEUY-ANGELA

Social Security Number

Drivers License Number

State

NE

Date of Birth

Place of Birth

JAMAICA

\* 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.

Yes  No

\* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes  No

\* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes  No

\* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

\* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No

**RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE**

Year	1985 - 1996	
From	To	
Applicant: City & State	ATLANTA - GA	
	1985 -	1996
Spouse: City & State	ATLANTA GA	
	1985 -	1996

Year	1996 - 2004	
From	To	
Applicant: City & State	LINCOLN, NE	
	1996 -	2004
Spouse: City & State	LINCOLN NE	
	1996 -	2004

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 FEB - 2 2004  
 NEBRASKA LIQUOR  
 CONTROL COMMISSION

Year	From	To
Applicant: City & State		
Spouse: City & State		

Year	From	To
Applicant: City & State		
Spouse: City & State		

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

Name of Employer	Year
Grady Memorial Hospital	From To
Name of Supervisor	Telephone Number
MR Gerald	

Name of Employer	Year
Med Express	From To
Name of Supervisor	Telephone Number
Jeff Tudor	402-423-3405

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY**



**Corporation/LLC Application for License - Form 3**  
**Nebraska Liquor Control Commission**

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FEB - 2 2004

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**INSTRUCTIONS:**

- 1) Application and application for manager must be typewritten and submitted in triplicate
  - 2) Fingerprint cards (2 cards per person) must be submitted for: **a)** each stockholder owning over 25% of the stock, **b)** chief executive officer, **c)** proposed manager and **d)** all spouses
  - 3) Information regarding spouses must be completed
- Required areas marked by a red asterisk ( \* )

<b>Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation</b>	<b>Total Number of Shares (if corporation)</b>
Fast Break, Inc. *	100,000 *

<b>Corporate Street Address</b>	<b>Mailing address for receipt of Liquor Control Commission Mailings</b>
1234 North 14th Street *	P.O. Box 81006 *

<b>Corporate Telephone Number</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
402-476-3333 *	Lincoln *	Lancaster *	NE *	68501 * -

<b>Name of Registered Agent</b>	<b>Name of Proposed Manager</b>
Charles R. Salem *	Ranjit Singh *

**IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER**

<b>Name</b>	<b>Title</b>	<b>Date of Birth</b>
Charles R. Salem *	President *	
<b>Social Security Number</b>	<b>Home Address (1)</b>	<b>City</b>
*	2825 Stratford Avenue *	Lincoln *
<b>State</b>	<b>Zip Code</b>	<b>Home Telephone Number</b>
NE *	68502 * -	402-435-0434 *

**PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES**

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Salem, Charles Robert			President
Spouse Name Salem, Sherene Lee Rash			
Partner Number of Shares / % 50		Spouse Number of Shares / %	

Name of Officers, Directors, Members and Spouses.
---

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

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The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53.125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on the application.

FEB - 2 2004

NEBRASKA LIQUOR CONTROL COMMISSION

Angela E. King  
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 30<sup>th</sup> day of January, A.D., 2004



Janet E. Eisbach  
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Ranjit Singh  
Signature of Licensee/Applicant

RANJIT SINGH  
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 30<sup>th</sup> day of January, A.D., 2004



Janet E. Eisbach  
Signature of Notary Public

FORM 35-4178  
REV 2/01

<b>Give Last Name, First Name, Middle, Maiden, and any aliases</b>	Social Security Number	Date of Birth	Title
Name Otte, Carolyn Sue Carveth			Secretary
Spouse Name Otte, Robert Roy			
Partner Number of Shares / % 50			Spouse Number of Shares / %

<b>Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases</b>	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %			Spouse Number of Shares / %

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FEB - 2 2004

NEBRASKA LIQUOR CONTROL COMMISSION

<b>Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases</b>	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %			Spouse Number of Shares / %

<b>Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases</b>	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %			Spouse Number of Shares / %

(If Necessary, Continue on Separate Sheet)



Is this Corporation/LLC controlled by another Corporation?

Yes  No

Name of control Corporation \_\_\_\_\_

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NEBRASKA LIQUOR CONTROL COMMISSION

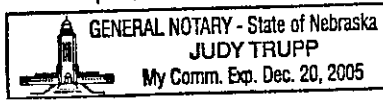
If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: January Ending date: December

State of Nebraska )  
 ) ss.  
Lancaster County )

*Judy Trupp*  
\_\_\_\_\_  
Notary Public Signature & Seal



By *Charles R. LaB*  
\_\_\_\_\_  
President/Member

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

*Carolyn S. Otto*  
\_\_\_\_\_  
Secretary/Member

Verify Form and Print

FORM 35-4183  
REV. 02/01

### NEBRASKA LIQUOR CONTROL COMMISSION AFFIDAVIT OF NON PARTICIPATION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53.125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on the application.

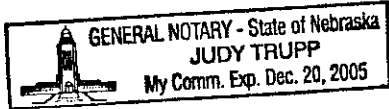
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FEB - 2 2004

*Sharon L. Salem*  
Signature of Spouse

NEBRASKA LIQUOR CONTROL COMMISSION

SUBSCRIBED in my presence and sworn to before me this 2<sup>nd</sup> day of February, A.D., 2004



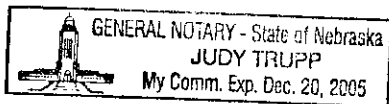
*Judy Trupp*  
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

*Charles R. Salem*  
Signature of Licensee/Applicant

Charles R. Salem  
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 2<sup>nd</sup> day of February, A.D., 2004



*Judy Trupp*  
Signature of Notary Public

FORM 35-4178  
REV 2/01