December 21, 2017

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

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Shavasana, LLC, dba Method Cycles & Craft House, 416 S 11th Street, requesting a Class C-122198 liquor license (beer, wine & distilled spirits on & off- sale).

Deborah Stephen, President and sole 100% shareholder of Shavasana, LLC, is requesting that she be approved as the manager of the liquor license. Ms. Stephen has not yet completed the required alcohol management training. She is scheduled to attend the training on January 11, 2018.

Deborah Stephen’s driver and criminal history is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Offense Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-28-2011</td>
<td>Disobey traffic control sign/device</td>
<td>Infraction</td>
</tr>
<tr>
<td></td>
<td>(Lancaster Co/LPD)</td>
<td></td>
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<tr>
<td>07-24-2002</td>
<td>Speeding 21+ MPH</td>
<td>Infraction</td>
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<tr>
<td></td>
<td>(Douglas CO/NSP)</td>
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<tr>
<td>06-26-1989</td>
<td>Drive without proper license</td>
<td>Misdemeanor</td>
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<td>(Lancaster Co/LPD)</td>
<td></td>
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<tr>
<td>06-08-1984</td>
<td>Violate stop sign</td>
<td>Infraction</td>
</tr>
<tr>
<td></td>
<td>(Lancaster Co/LPD)</td>
<td></td>
</tr>
<tr>
<td>06-08-1984</td>
<td>Violate stop sign</td>
<td>Infraction</td>
</tr>
<tr>
<td></td>
<td>(Lancaster Co/LPD)</td>
<td></td>
</tr>
</tbody>
</table>

The application 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.

JEFFREY J. BLIEMEISTER, Chief of Police
APPLICATION FOR LIQUOR LICENSE
CHECKLIST - 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
NO 2 2 2017

Hot List: YES NO New/Replacing # 122198
Class Type
Initial MP

Applicant name SHAVASANA LLC
Trade name METHO Cycles AND CRAFT HOUSE
Previous trade name METHO Cycles AND CRAFT HOUSE
Contact email address DEBSTEPHENS55@gmail.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the Nebraska Liquor Control Commission.

PAYMENT TYPE CK # 1501
AMOUNT $ 400.00
Received MP

1700814596

FORM 100 REV FEB 2017 PAGE 1
1. ✓ Fingerprint are required for each person as defined in new application guide, found on our website under “Licensing Tab” in “Guidelines/Brochures”. See Form 147 for further information, this form MUST be included with your application.

2. ✓ Enclose application fee of $400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at PAYPORT.

3. ✓ Enclose the appropriate application forms:
   - Individual License (requires insert form 1)
   - Partnership License (requires insert form 2)
   - Corporate License (requires insert form 3a & 3c)
   - Limited Liability Company (LLC) (requires form 3b & 3c)

4. ✓ If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.

5. ✓ If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. ✓ If buying the business of a current liquor license holder:
   a. Provide a copy of the purchase agreement from the seller (must read applicants name)
   b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
   c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)

7. ✓ If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (Form 125).

8. ✓ Enclose a list of any inventory or property owned by other parties that are on the premises.

9. ✓ For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
   a. For residency enclose proof of registered voter in Nebraska
   b. If permanent resident include Employment Authorization Card or Permanent Resident Card
   c. See guideline for further assistance

10. ✓ Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State’s Office.

11. ✓ Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature

Date

11/16/17
SUBMISSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

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

Applicant Name: Shavasana LLC / Deborah Stephen
(Corporation, LLC, Partnership or Individual)

Trade Name: Method Cycles + Craft House
(Doing Business As)

402-413-5022 debstephen559@gmail.com
Phone Number Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

• FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.

• See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under “Licensing” tab in “Applicant Guidelines”.

• DO NOT send fee payments to the NLCC – fees MUST be paid directly to NSP;

• Fee payment of $45.25 per person MUST be made DIRECTLY to the Nebraska State Patrol;
  It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/nsp
  Or a check made payable to NSP can be mailed directly to the following address:
  ***Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License***
  The Nebraska State Patrol – CID Division
  3800 NW 12th Street
  Lincoln, NE 68521

• Fingerprint cards taken at NSP locations will be forwarded to NSP – CID:
  Applicant(s) will not have cards to include with license application.

• Fingerprint cards taken at local law enforcement offices will be released to the applicants;
  Fingerprint cards should be submitted with the application.

Please complete information on the following pages for EACH person fingerprinted.
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/

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
X 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)
X 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  Robert CIRACOGA  Phone number:  402 477 8808
Firm Name  ACW LAW  402 477 8800

RECEIVED
NOV 22 2017
NEBRASKA LIQUOR CONTROL COMMISSION
PREMISES INFORMATION
Trade Name (doing business as)  METHOD CYCLES & CRAFT HOUSE  NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1  416 S 11TH STREET

City LINCOLN  County LANCASER  Zip Code 68508

Premises Telephone number (402) 413-5022

Business e-mail address SUPPORT@METHODCYCLES.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  AYASANA LLC
Street Address #1  4353 WASHINGTON STREET

City LINCOLN  State NE  Zip Code 68506

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY
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 70 x width 23 in feet
Is there a basement?  Yes X  No
Is there an outdoor area?  Yes X  No

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

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET
* Entire premises is a single story building approximately 70' x 23' (Dimensions shown are interior dimensions).
* Alcohol will be consumed inside the entire building.
* Approximately 1500 sq ft in total interior
* Entire premises to be licensed for sales & consumption of liquor
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.
   
   □ YES  ☑ NO
   If yes, please explain below or attach a separate page

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Date of Conviction (mm/yyyy)</th>
<th>Where Convicted (city &amp; state)</th>
<th>Description of Charge</th>
<th>Disposition</th>
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2. Are you buying the business of a current retail liquor license?
   
   ☑ YES  □ NO
   
   If yes, give name of business and liquor license number **Baby Bull LLC** 121084
   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 **Baby Bull LLC** 121084

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?

X YES NO

If yes, list the lender(s).

US BANK, SELLE FINANCING: BBN LLC

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

X YES NO

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

No silent partners

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

X 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?

X YES NO

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

X 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.

US BANK Deborah Stephen

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.

NONE
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.

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Date (mm/yyyy)</th>
<th>Name of program (attach copy of course completion certificate)</th>
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List of NLCC certified training programs
Experience:

<table>
<thead>
<tr>
<th>Applicant Name/Job Title</th>
<th>Date of Employment</th>
<th>Name &amp; Location of Business</th>
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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 __10/31/2020__
- [ ] Deed
- [ ] Purchase Agreement

14. When do you intend to open for business? **Upon Approval of TOP**

15. What will be the main nature of business? **Bike sales, coffee, alcohol, food sales**

16. What are the anticipated hours of operation? **7am-10 Mon-Wed 7am-12 Thu-Sat, Sun 9-6**

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

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<tr>
<th>RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE</th>
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<tbody>
<tr>
<td>APPLICANT: CITY &amp; STATE</td>
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<td>Lincoln NE</td>
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</tbody>
</table>

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 cause 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**

Deborah Stephen

**Print Name**

Deborah Stephen

**Signature of Applicant**

Deborah Stephen

**Print Name**

Deborah Stephen

---

**ACKNOWLEDGEMENT**

State of Nebraska
County of Lancaster

Nov 23, 2017

due

Joan M. Svoboda

Notary Public signature

---

The foregoing instrument was acknowledged before me this

by Deborah Stephen

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

---

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
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-95046
PHONE: (402) 471-2371
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

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: Deborah Stephen

Name of Limited Liability Company that will hold license as listed on the Articles of Organization: Shavasana, LLC # 10251455

LLC Address: 4353 Washington St
City: Lincoln State: NE Zip Code: 68506
LLC Phone Number: 402-202-1483 LLC Fax Number: None

Name of Managing/Contact Member:
Name and information of contact member must be listed on following page

Last Name: Stephen First Name: Deborah MI: J
Home Address: 4353 Washington St. City: Lincoln
State: NE Zip Code: 68506 Home Phone Number: 402-202-1483

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster
4th day of December 2017

The foregoing instrument was acknowledged before me this

by Deborah Stephen name of person acknowledge

Affix Seal

FORM 102
REV II INF 2015
List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: **Stephen**  First Name: **Deborah**  MI: **J**

Social Security Number: __________________________  Date of Birth: __________

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

Spouse Social Security Number: __________________________  Date of Birth: __________

Percentage of member ownership **100%**

| Last Name: __________________________  First Name: __________________________  MI:    |
|--------------------------------------|--------------------------------------|
| 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 __________________________ | |

| Last Name: __________________________  First Name: __________________________  MI:    |
|--------------------------------------|--------------------------------------|
| 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 __________________________ | |

| Last Name: __________________________  First Name: __________________________  MI:    |
|--------------------------------------|--------------------------------------|
| 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 __________________________ | |

| Last Name: __________________________  First Name: __________________________  MI:    |
|--------------------------------------|--------------------------------------|
| 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 __________________________ | |
Is the applying Limited Liability Company controlled by another corporation/company?

☐ YES ☐ NO

If yes, provide the following:
1) Name of corporation
2) Supply an organizational chart of the controlling corporation named above
3) Controlling corporation MUST be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: 11/1/2017 Ending Date: 12/31/2017

Is this a Non Profit Corporation?

☐ YES ☐ NO

If yes, provide the Federal ID #.

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

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

FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE PROCESSED

MANAGER MUST:
• Complete all sections of the application. Be sure it is signed by a **member or corporate officer**, corporate officer or member must be an individual on file with the Liquor Control Commission

• Fingerprint are required. See form 147 for further information, read form carefully to avoid delays in processing, this form MUST be included with your application.

• Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)

• Be a registered voter in the State of Nebraska, include a copy of voter card or print document from Secretary of State website with application

Spouse who **will not** participate in the business, **spouse must**:
• Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**

• Need not answer question #1 of the application

Spouse who **will** participate in the business, the **spouse must**:
• Sign the application

• Fingerprint are required. See form 147 for further information, read form carefully to avoid delays in processing, this form MUST be included with your application.

• Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)

• Be a registered voter in the state of Nebraska, include a copy of voter card with application

• Spousal Affidavit of Non Participation Insert **not** required
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

MUST BE:
✓ Citizen of the United States. 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
Shavasana LLC
Name of Corporation/LLC:

Premises information
Liquor License Number: ___________________ Class Type ________ (if new application leave blank)
Method Cycles and Craft House
Premises Trade Name/DBA: _______________________
416 South 11th Street
Premises Street Address: _________________________
Lincoln Lancaster 68508
City: __________________ County: ____________ Zip Code: __________
Premises Phone Number: 402 413 5022
Premises Email address: Debstephen ss@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.

Deborah Stephen

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)
Manager's information must be completed below  PLEASE PRINT CLEARLY

Stephen J
Last Name:_________________________ First Name:_________________________ MI:______
4353 Washington Street
Home Address:___________________________________________________________
Lincoln __________________________ Lancaster 68506
City:_________________________ County:_________________________ Zip Code:________
402-202-1483
Home Phone Number:

Driver's License Number & State:___________________________________________
Social Security Number:______________________________________________________
Date Of Birth:_________________________ Place Of Birth:_________________________
debstephen55@gmail.com
Email address:

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

<table>
<thead>
<tr>
<th>CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln, NE</td>
<td>1991</td>
<td>2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
</tr>
</thead>
</table>

Form 103
REV AUG 2016
Page 3 of 6
## MANAGER'S LAST TWO EMPLOYERS

<table>
<thead>
<tr>
<th>YEAR FROM</th>
<th>TO</th>
<th>NAME OF EMPLOYER</th>
<th>NAME OF SUPERVISOR</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>present</td>
<td>Skin Care and Massage The</td>
<td>Tara Burcher</td>
<td>402-327-9726</td>
</tr>
<tr>
<td>1991</td>
<td>2008</td>
<td>Unitarian Church of Lincoln</td>
<td>Fritz Hudson</td>
<td>402-483-2213</td>
</tr>
</tbody>
</table>

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     - [x] NO

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

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Date of Conviction (mm/yyyy)</th>
<th>Where Convicted (City &amp; State)</th>
<th>Description of Charge</th>
<th>Disposition</th>
</tr>
</thead>
</table>

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

- [ ] YES     - [x] 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?

- [x] 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: __________________________

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Date (mm/yyyy)</th>
<th>Name of program (attach copy of course completion certificate)</th>
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</table>

*For list of NLCC Certified Training Programs see training

Experience:

<table>
<thead>
<tr>
<th>Applicant Name / Job Title</th>
<th>Date of Employment</th>
<th>Name &amp; Location of Business</th>
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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. (See §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.

Deborah Stephen
Signature of Manager Applicant

Deborah Stephen
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

November 23, 2017

by Deborah Stephen
NAME OF PERSON BEING ACKNOWLEDGED

Joan M. Svoboda
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 TEMPORARY OPERATING PERMIT (AKA T.O.P.)

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

Nebraska Liquor Control Act §3-149 (2) A license issued under the act terminates immediately upon the sale of the licensed premises named in such license. The purchaser or transferee may submit an application for a license under the act prior to closing such sale or transfer. While such application is pending, the purchaser may request and obtain a temporary operating permit from the commission which shall authorize the purchaser to continue the business which was conducted on the premises under the terms and conditions of the terminated license for ninety days or until the purchaser has obtained a license in its own name, whichever occurs sooner. Prior to the issuance of a temporary operating permit, the purchaser shall supply the commission with documentation from the seller that the seller is current on all accounts with any wholesaler under section §3-123.02. A seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense. In the absence of such temporary operating permit, the purchaser shall not manufacture, store, or sell alcoholic liquor on the purchased premises until the purchaser has obtained a license in the purchaser's own name. If the application is withdrawn by the applicant or is denied by the commission, the previous license may be reinstated at the discretion of the commission upon request by the previous licensee.

Rules and Regulations Chapter 2 Section 004
TEMPORARY OPERATING PERMITS
004.01 Someone other than a licensee may operate a business holding a liquor license if all of the following criteria are met:
004.01A A formal application for a new license must be on file with the Commission.
004.01B A request for a temporary operating permit must be filed with the application.
004.01C Temporary operating permits may not exceed 90 days in total duration.
004.01D If the sale of the business fails to occur, the previous licensee can be reinstated during the pendency of the temporary operating permit upon request of the previous license holder.
004.02 Any violations occurring during the pendency of a temporary operating permit will be adjudicated in the following manner:
004.02A Any violations occurring during the temporary operating permit will be used and conferred upon a license if issued. Any violation may be used to determine the fitness of the applicant to receive the requested license.

TEMPORARY OPERATING PERMIT (T.O.P.) REVIEW CHECK LIST
OFFICE USE ONLY

SELLER INFO:
License Class & Number: [C-121084]
Licensee: Baby Bull LLC
DBA: Method Cycles and Craft House

☑ Signature of Seller on T.O.P. Application
☑ Reviewed for Seller’s Pending Violations
☑ Reviewed Delinquent List
☐ Reviewed with Director

BUYER INFO:
License Class & Number: [C-132198]
Licensee: Shavasana LLC
DBA: Motor Cycles & Craft House

☑ Signature of Buyer on T.O.P. Application
☑ Reviewed Buyer’s Criminal History
☑ Reviewed Purchase Agreement (if applicable)

Administrative Review - Office Use Only
Reviewed by: Jackie
☑ Approved ☐ Denied Date: 11-27-2017
Comments: ____________________________
______________________________________
______________________________________
LICENSEE (SELLER) AND APPLICANT (BUYER) SECTION

COMPLETE THE FOLLOWING:

NAME OF CURRENT LICENSEE (SELLER) AND SELLER’S LICENSE #:

Baby Bull LLC 121084

AND

NAME OF LICENSE APPLICANT (BUYER):

Shavasana LLC

On October 31, 2017, SELLER and BUYER entered into a contract for sale of the Alcohol Related Business known as: Method Cycles & Craft House, located at: 416 South 11th Street, Lincoln, NE 68508.

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesalers under section §53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

Randy Kinney
Printed Name of SELLER

Deborah Stephen
Printed Name of BUYER

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me this: November 2, 2017

By: Randy Kinney
name of person(s) signing document in front of Notary

Thomas M. Sonderegger
Notary Public Signature

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me this: November 2, 2017

By: Deborah Stephen
name of person(s) signing document in front of Notary

Thomas M. Sonderegger
Notary Public Signature