January 12, 2018

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 Beauvent Travel LLC, dba The Normandy, 2785 South 17th Street, requesting a Class I-122231 liquor license (beer, wine & distilled spirits on-sale). The applicants recently purchased The Normandy, which held a Class I liquor license.

Mr. Post & Mrs. Post are each 50% shareholders in Beauvent LLC.

Mr. Eric Post has submitted an application to be the manager.

Eric Post’s criminal and driver history is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Offense</th>
<th>Type</th>
<th>Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-03-2005</td>
<td>Speeding 6-10 overweight</td>
<td>Infraction</td>
<td>Lancaster Co/LPD</td>
</tr>
<tr>
<td>08-11-2005</td>
<td>Fail to Yield ROW</td>
<td>Infraction</td>
<td>Lancaster Co/LPD</td>
</tr>
<tr>
<td>04-17-2006</td>
<td>Vandalism/Trespassing</td>
<td>Misdemeanor</td>
<td>Lancaster Co/LPD</td>
</tr>
<tr>
<td>10-31-2006</td>
<td>Minor Possess Alcohol</td>
<td>Misdemeanor</td>
<td>Lancaster Co/LPD</td>
</tr>
<tr>
<td>12-12-2008</td>
<td>Possession Drug Paraphernalia Possession Marijuana&lt;1oz</td>
<td>Infraction</td>
<td>Lancaster Co/LPD</td>
</tr>
<tr>
<td>02-13-2013</td>
<td>Speeding 11-15 overweight</td>
<td>Infraction</td>
<td>Lancaster Co/LPD</td>
</tr>
<tr>
<td>05-09-2014</td>
<td>DUI 1st Offense</td>
<td>Misdemeanor</td>
<td>Lancaster Co/LPD</td>
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</tbody>
</table>

Emily Post’s criminal and driver history is as follows:

No traffic or criminal convictions were found for Emily.

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 95646
LINCOLN, NE 68509-95646
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

[Table with columns: Hot List, New/Replacing #, Class Type, Initial]

Applicant name: Beauvent Travel LLC, Eric C. Post
Trade name: The Normandy
Previous trade name: The Normandy, Eric Cell
Contact email address: ericandemilypost@gmail.com, Phone # 402-310-8787

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.

Assignment of Lease
TOP ASAP

Office use only
PAYMENT TYPE: CASH
AMOUNT: $400.00
Received: 8N
DATE 12/26/17     No. 169399
FROM Peauvnt+Travel LLC
FOR Retail Application

$400.00

Received by:

Cash

Check #

Money Order

Order
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 1-2-18
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
____ C  BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
____ D  BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
 X  I  BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
____ J  LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120
____ AB BEER, ON AND OFF SALE
____ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
____ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

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

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

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

_____ Individual License (requires insert 1 FORM 104)
_____ Partnership License (requires insert 2 FORM 105)
_____ Corporate License (requires insert 3a FORM 101 & 3c FORM 103)
 X 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_________________________________________ Phone number:_____________________________

Firm Name________________________________________

FORM 100
REV FEB 2017
PAGE 3
PREMISES INFORMATION
Trade Name (doing business as) The Normandy

Street Address #1 2785 S. 17th

City Lincoln County Lancaster Zip Code 68502

Premises Telephone number 402-476-0606

Business e-mail address ericandemilypost@gmail.com

Is this location inside the city/village corporate limits: YES X NO

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

Name Eric Post

Street Address #1 1736 Otoe St

City Lincoln State Nebraska Zip Code 68502

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 40 x width 40 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 30 x width 20 in feet

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

N

| Floor

[Diagram of the area to be licensed]
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.

X 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>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Post</td>
<td>12/2014</td>
<td>Lincoln, NE</td>
<td>DUI 1st offense</td>
<td>Guilty</td>
</tr>
<tr>
<td>Eric Post</td>
<td>7/2014</td>
<td>Olathe, KS</td>
<td>Possession of Marijuana</td>
<td>Guilty</td>
</tr>
<tr>
<td>Eric Post</td>
<td>9/2011</td>
<td>Lincoln, NE</td>
<td>Possession of Marijuana</td>
<td>Guilty</td>
</tr>
</tbody>
</table>

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

X YES  NO
If yes, give name of business and liquor license number _The Normandy_ 106693
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?

X YES  NO
If yes, give name and license number _The Normandy_ 106693

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

X 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)  Cornhusker Bank

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)

   Emily Post, wife of Eric, member of LLC

   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. 53-177)(1)

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

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

   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.

    Wells Fargo  a:) Emily Post, Eric Post

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>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Post</td>
<td>01/2018</td>
<td>RHC</td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
</table>

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 4/30/2022
- Deed
- Purchase Agreement

14. When do you intend to open for business? **Restaurant**

15. What will be the main nature of business? **Restaurant**

16. What are the anticipated hours of operation? **Monday - Saturday 5 PM - 9 PM, Sunday 10 AM - 8 PM**

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

<table>
<thead>
<tr>
<th>RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICANT: CITY &amp; STATE</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
</tr>
</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 causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

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

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

Signature of Applicant

Signature of Spouse

Print Name

Print Name

Signature of Applicant

Signature of Spouse

Print Name

Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of

12-21-17

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

Notary Public signature

In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.
APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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: James Hamilton

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

Beauvent Travel LLC

LLC Address: 1736 Otoe Street

City: Lincoln State: NE Zip Code: 68502

LLC Phone Number: 402-219-3528 LLC Fax Number

Name of Managing/Contact Member

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

Last Name: Post First Name: Eric MI: C

Home Address: 1736 Otoe Street City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: 402-310-8787

Signature of Managing/Contact Member

Eric Post

ACKNOWLEDGEMENT

State of Nebraska County of Lancaster

The foregoing instrument was acknowledged before me this

January 3, 2018

by

name of person acknowledge

Affix Seal

GENERAL NOTARY - State of Nebraska
MICHELLE R. PORTER
My Comm. Exp. March 21, 2021
List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Post  First Name: Eric  MI: C
Social Security Number:  Date of Birth:___
Spouse Full Name (indicate N/A if single): Emily D. Post
Spouse Social Security Number:___ Date of Birth:___
Percentage of member ownership 100% 50%

Last Name: Post  First Name: Emily  MI: D
Social Security Number:  Date of Birth:___
Spouse Full Name (indicate N/A if single): Eric C. Post
Spouse Social Security Number:___ Date of Birth:___
Percentage of member ownership 50%

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

Last Name:  Post  First Name:  Eric  MI:  C
Social Security Number:  Date of Birth:  
Spouse Full Name (indicate N/A if single):  Emily D. Post
Spouse Social Security Number:  Date of Birth:  
Percentage of member ownership  100%  50%  

Last Name:  Post  First Name:  Emily  MI:  D
Social Security Number:  Date of Birth:  
Spouse Full Name (indicate N/A if single):  Eric C Post
Spouse Social Security Number:  Date of Birth:  
Percentage of member ownership  50%  

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  

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Percentage of member ownership  

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
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<tbody>
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</table>

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
</tr>
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</table>

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
</tr>
</thead>
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</table>

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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</tbody>
</table>

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: January  Ending Date: December

Is this a Non Profit Corporation?

☐ YES  ☒ NO

If yes, provide the Federal ID #.
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

BARCODE
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:
Name of Corporation/LLC: Beavrent Travel

Premises Information:
Liquor License Number: Class Type (if new application leave blank)
Premises Trade Name/DBA: The Normandy
Premises Street Address: 2785 S. 17th Street
City: Lincoln County: Lancaster Zip Code: 68502
Premises Phone Number: 402-476-0606
Premises Email address: ericandyemilypost@gmail.com

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

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)
Last Name: Post          First Name: Eric          MI: C

Home Address: 1736 Aloe Street

City: Lincoln            County: Lancaster            Zip Code: 68502

Home Phone Number: 402-310-8787

Driver’s License Number & State: __________________________

Social Security Number: __________________________

Date Of Birth: __________ Place Of Birth: Lincoln, NE

Email address: ericandemilypost@gmail.com

Are you married?  If yes, complete spouse’s information (even if spouse utility rate has been submitted):

X YES  □ NO

Spouse’s Information:

Spouses Last Name: Post          First Name: Emily          MI: D

Social Security Number: __________________________

Driver’s License Number & State: __________________________

Date Of Birth: __________ Place Of Birth: Geneva, CH

<table>
<thead>
<tr>
<th>CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
<th>CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1736 Aloe St Lincoln, NE</td>
<td>1987</td>
<td>2018</td>
<td>Lincoln, NE</td>
<td>2015</td>
<td>2018</td>
</tr>
<tr>
<td>25 Rue de Troy, Carignon, CH</td>
<td>1994</td>
<td>2015</td>
<td></td>
<td></td>
<td></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  □ 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>
<tbody>
<tr>
<td>Eric Post</td>
<td>12/2014</td>
<td>Lincoln, NE</td>
<td>DU 1st</td>
<td>Guilty</td>
</tr>
<tr>
<td>Eric Post</td>
<td>7/2014</td>
<td>Olathe, KS</td>
<td>Poss. of Marijuana</td>
<td>Guilty</td>
</tr>
<tr>
<td>Eric Post</td>
<td>9/2011</td>
<td>Lincoln, NE</td>
<td>Poss. of Marijuana</td>
<td>Guilty</td>
</tr>
</tbody>
</table>

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

☐ YES  ☑ NO

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

______________________________________________________________________________________________________________________________

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

☑ YES  □ NO
4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: ___________ Name on Certificate: ______________________

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Date (mm/yyyy)</th>
<th>Name of program (attach copy of course completion certificate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Post</td>
<td>01/12/18</td>
<td>RHC</td>
</tr>
</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
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</table>

5. Have you enclosed form 147 regarding fingerprints?

☐ YES ☐ NO
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.

______________________________
Signature of Manager Applicant

______________________________
Signature of Spouse

**ACKNOWLEDGEMENT**

State of Nebraska
County of ________________ The foregoing instrument was acknowledged before me this

12.21.17

by Eric & Emily Post

NAME OF PERSON BEING ACKNOWLEDGED

______________________________
Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
CARINA K SMAUS

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.
### Registrant Search Information

#### Registrant Detail

<table>
<thead>
<tr>
<th>Name:</th>
<th>Eric C Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Party:</td>
<td>Democratic</td>
</tr>
<tr>
<td>Polling Place:</td>
<td>Irving Recreation Center</td>
</tr>
<tr>
<td></td>
<td>2010 Van Dom St</td>
</tr>
<tr>
<td></td>
<td>(South Entrance only)</td>
</tr>
<tr>
<td></td>
<td>Lincoln, NE 68502</td>
</tr>
</tbody>
</table>

#### Districts

<table>
<thead>
<tr>
<th>DISTRICT NAME</th>
<th>DISTRICT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Public Schools</td>
<td>School District</td>
</tr>
<tr>
<td>Southeast Corn College Dist 4</td>
<td>Community College District</td>
</tr>
<tr>
<td>Southeast Corn College At Large</td>
<td>Community College District</td>
</tr>
<tr>
<td>U.S. Congressional District 1</td>
<td>U.S. Congressional District</td>
</tr>
<tr>
<td>Appeals Court Judge Dist 1</td>
<td>Judge of Appeals Court Dist.</td>
</tr>
<tr>
<td>County Judge Dist 3</td>
<td>Judge of County Court Dist.</td>
</tr>
<tr>
<td>District Judge, Dist 3</td>
<td>Judge of District Court Dist.</td>
</tr>
<tr>
<td>Juv Crt Judge, Lancaster Co.</td>
<td>Judge of Juvenile Court</td>
</tr>
<tr>
<td>Supreme Court Judge Dist 1</td>
<td>Judge of Supreme Court Dist.</td>
</tr>
<tr>
<td>Legislative District 28</td>
<td>Legislative District</td>
</tr>
<tr>
<td>Lower Platte South NRD SubD 10</td>
<td>Natural Resources District</td>
</tr>
<tr>
<td>PSC District 1</td>
<td>Public Service Comm District</td>
</tr>
<tr>
<td>Board of Regents Dist 1</td>
<td>Board of Regents</td>
</tr>
<tr>
<td>Lincoln City Council DIST 03</td>
<td>City Council (Ward)</td>
</tr>
<tr>
<td>Mayor of Lincoln</td>
<td>Mayor</td>
</tr>
<tr>
<td>County Commissioner DIST 01</td>
<td>County Board (Commiss./Superv)</td>
</tr>
<tr>
<td>LPS School Board DIST 02</td>
<td>School Board Ward</td>
</tr>
<tr>
<td>State Board of Education Dist1</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>City of Lincoln</td>
<td>City Council (Ward)</td>
</tr>
<tr>
<td>Lower Platte South NRD At Larg</td>
<td>Natural Resources District</td>
</tr>
</tbody>
</table>
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: Beavvent Travel LLC, Eric C Post
(Corporation, LLC, Partnership or Individual)

Trade Name: The Normandy
(Doing Business As)

402-476-0606 ericandemilypost@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

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

• Fingerprints 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.
1. Name: Eric C. Post  Date of Birth: ____________________

Date fingerprints were taken: 12-20-17  Location where fingerprints were taken: NSP - CID

How was payment made to NSP? ☐ NSP PAYPORT ☑ CASH ☐ CHECK SENT TO NSP Ck # ________

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago  YES ☐

2. Name: ______________________________  Date of Birth: _______________  Last 4 SSN: _______

Date fingerprints were taken: ____________  Location where fingerprints were taken: ____________________

How was payment made to NSP? ☐ NSP PAYPORT ☐ CASH ☐ CHECK SENT TO NSP Ck # ________

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago  YES ☐

3. Name: ______________________________  Date of Birth: _______________  Last 4 SSN: _______

Date fingerprints were taken: ____________  Location where fingerprints were taken: ____________________

How was payment made to NSP? ☐ NSP PAYPORT ☐ CASH ☐ CHECK SENT TO NSP Ck # ________

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago  YES ☐

4. Name: ______________________________  Date of Birth: _______________  Last 4 SSN: _______

Date fingerprints were taken: ____________  Location where fingerprints were taken: ____________________

How was payment made to NSP? ☐ NSP PAYPORT ☐ CASH ☐ CHECK SENT TO NSP Ck # ________

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago  YES ☐

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 a FBI identification record are set forth in Title 28, CFR, 16.34.

I hereby certify that fees of $45.25 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Eric Post  Title: ___________________________

Signature: [Signature]  Date: 12-20-17
Nebraska State Patrol

#026203 12/20/2017 12:52:39PM
08 Melissa 000000

1 @ 45.25 $45.25
LIQUOR

ITEMS 1Q
***TOTAL $45.25
CASH $45.25
CHANGE $0.00

PRO BONO PUBLICO