February 13, 2018

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

Mayor Beutler and Members of the City Council:

An investigation is being made regarding the application of On The Rise Lincoln, LLC, dba Blaze Pizza, 1317 Q Street, Suite 170 & 180, requesting a Class I-122333 liquor license (beer, wine & distilled spirits on-sale only). This space is in the Larson Building in the space previously occupied by Tom & Chee Restaurant.

The members of On The Rise Lincoln, LLC, are Kevin Allardice & Andrew Robertson. The controlling corporation of On The Rise Lincoln, LLC, is On The Rise, LLC.

On The Rise, LLC Corporate Officers/Stockholders/Members:

Member 1: Kevin Allardice (40%),  
Member 2: Andrew Robertson (40%)  
Member 3: Marianne Allardice (20%)

Catherine Goff is requesting that she be approved as the manager of the liquor license. Ms. Goff has not completed the required alcohol management training.

Kevin Allardice’s criminal and driver history is as follows:

05-19-1999 Speeding - 10 mph or less  
(Charleston County SC)  
Infraction

09-05-2005 Speeding - 10 mph or less  
(Charleston County SC)  
Infraction

10-09-2007 Speeding - 15-25 mph over  
(Anderson County SC)  
Infraction

04-02-2015 Speeding - 10 mph or less  
(Beaufort County SC)  
Infraction

Andrew Robertson’s criminal and driver history is as follows:

07-05-2011 Speeding - 15-20 mph over  
(Pike County IL)  
Infraction
Catherine Goff's criminal and driver history is as follows:

06-23-2003  Disorderly Conduct  Misdemeanor
    (Omaha Police Department)
05-27-2004  Disobey Traffic Control Device  Infraction
    (Nebraska State Patrol)
02-15-2005  Drive Under Suspension  Misdemeanor
            No Proof Ownership  Misdemeanor
            (Cass County Sheriff)
02-28-2006  Following Too Closely  Infraction
            (Omaha Police Department)
12-13-2013  Careless Driving  Infraction
            Fail to Maintain Control  Misdemeanor
            (Omaha Police Department)
08-27-2014  No Operators License  Infraction
            (Colorado)

*Pending- No Conviction*
12-23-2017  Drive Under Influence +.15  Misdemeanor
            Driver Left of Center  Infraction
            (Omaha Police Department)

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 35046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

Applicant name __________ On The Rise Lincoln, LLC

Trade name __________ Blaze Pizza

Previous trade name __________ Tom and Chee & The Pretzel Maker

Contact email address __________ bworley@otrba.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.

Office use only

PAYMENT TYPE __________ CK 1836

AMOUNT: __________ 400

Received: __________ jm

RECEIVED

JAN 17 2018

NEBRASKA LIQUOR CONTROL COMMISSION

Hot List: YES ☐ NO ☐ New/Replacing #: __________ 122333

Class Type __________ I

Initial __________ RH
1. X FINGERPRINTS ARE REQUIRED FOR EACH PERSON AS DEFINED IN THE 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. X ENCLOSE APPLICATION FEE OF $400 (NONREFUNDABLE), CHECK MADE PAYABLE TO THE NEBRASKA LIQUOR CONTROL COMMISSION OR YOU MAY PAY ONLINE AT PAYPORT.

3. X 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. X 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. X IF BUILDING IS OWNED OR BEING PURCHASED SEND A COPY OF THE DEED OR PURCHASE AGREEMENT IN THE NAME OF THE APPLICANT.

6. X 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. X IF REQUESTING TO OPERATE ON CURRENT LIQUOR LICENSE; ENCLOSE TEMPORARY OPERATING PERMIT (TOP) (FORM 125).

8. X ENCLOSE A LIST OF ANY INVENTORY OR PROPERTY OWNED BY OTHER PARTIES THAT ARE ON THE PREMISES.

9. X 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. X CORPORATION OR LIMITED LIABILITY COMPANY (LLC) MUST ENCLOSE A COPY OF ARTICLES OF INCORPORATION; AS FILED WITH THE SECRETARY OF STATE'S OFFICE.

11. X 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: 12/0/2017]
APPLICATION FOR LIQUOR LICENSE
RETAIL
NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MAIL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov/

RECEIVED
JAN 17 2018
NEBRASKA LIQUOR
CONTROL COMMISSION

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS

<table>
<thead>
<tr>
<th>RETAIL LICENSE(S)</th>
<th>Application Fee $400 (nonrefundable)</th>
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<tr>
<td>A</td>
<td>BEER, ON SALE ONLY</td>
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<tr>
<td>B</td>
<td>BEER, OFF SALE ONLY</td>
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<tr>
<td>C</td>
<td>BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE</td>
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<tr>
<td>D</td>
<td>BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY</td>
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<tr>
<td>X</td>
<td>BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY</td>
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<tr>
<td>J</td>
<td>LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120</td>
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<tr>
<td>AB</td>
<td>BEER, ON AND OFF SALE</td>
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<tr>
<td>AD</td>
<td>BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE</td>
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<tr>
<td>IB</td>
<td>BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY</td>
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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) |
| 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 N/A Phone number: N/A

Firm Name N/A
PREMISES INFORMATION

Trade Name (doing business as) BLAZE PIZZA

Street Address #1 1317 Q STREET, SUITES 170 & 180

Street Address #2

City LINCOLN County LANCASTER Zip Code 68508

Premises Telephone number 402-805-3334

Business e-mail address blazelin@otrb.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 ON THE RISE LINCOLN, LLC

Street Address #1 1127 QUEENSBOROUGH BLVD., UNIT 201

Street Address #2

City MOUNT PLEASANT State SC Zip Code 29464

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 64’7” x width 55’4” in feet

Is there a basement? Yes No x

Is there an outdoor area? Yes No x

If yes, length ______ x width ______ in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET
1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual’s name. Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

[Table]

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

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

[Table]

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If yes, give name of business and liquor license number

- Submit a copy of the sales agreement
- Include a list of alcohol being purchased, list the name brand, container size and how many
- Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

[Table]

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<thead>
<tr>
<th>Name of Applicant</th>
<th>Date of Conviction (mm/yyyy)</th>
<th>Where Convicted (city &amp; state)</th>
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If yes, give name and license number

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

[Table]

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<tr>
<th>Name of Applicant</th>
<th>Date of Conviction (mm/yyyy)</th>
<th>Description of Charge</th>
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If yes:

- Attach temporary operating permit (TOP) (Form 125)
- 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)__________________________

Rockford Bank & Trust Company

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)

On The Rise, LLC - Controlling Corp.

No silent partners

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

   YES   X   NO

If yes, list such item(s) and the owner.

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

   YES   X   NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)
Provide letter of support or opposition, see FORM 134 – church or FORM 135 - campus

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

   YES   X   NO

If yes, list the person, the law enforcement agency involved and the person’s exact duties.

X  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.

   Rockford Bank & Trust Company, TBD

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.

Please see attached.
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.

NLCC certified training program completed:

<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>Kevin Allardice</td>
<td>01/2016</td>
<td>ServSafe National Restaurant Association</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>
<tbody>
<tr>
<td>Kevin Allardice/Managing Member</td>
<td>1998-Present</td>
<td>The Boomin' Apple, LLC, Mount Pleasant, SC</td>
</tr>
<tr>
<td>Andrew Robertson/Managing Member</td>
<td>1998-Present</td>
<td>The Boomin' Apple, LLC, Mount Pleasant, SC</td>
</tr>
<tr>
<td>Marianne Allardice/Member</td>
<td>1998-Present</td>
<td>The Boomin' Apple, LLC, Mount Pleasant, SC</td>
</tr>
</tbody>
</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.**

   X Lease: expiration date JULY 11, 2027

   Deed

   Purchase Agreement

14. When do you intend to open for business? **FEBRUARY 8, 2018**

15. What will be the main nature of business? **RESTAURANT/FOOD SERVICE**

16. What are the anticipated hours of operation? **SUN-THURS 11:00AM - 11:00PM, FRI & SAT 11:00AM - 12:00AM**

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><strong>APPLICANT:</strong> CITY &amp; STATE</td>
</tr>
<tr>
<td>Mount Pleasant, South Carolina</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]

**Signature of Spouse**

[Signature]

**Kevin Allardice**

Print Name

**Marianne Allardice**

Print Name

---

**Signature of Applicant**

[Signature]

**Signature of Spouse**

[Signature]

**Andrew Robertson**

Print Name

**Jennifer Robertson**

Print Name

---

**ACKNOWLEDGEMENT**

State of Nebraska

County of Charleston

The foregoing instrument was acknowledged before me this

January 9, 2018

date

by [Signature]

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

Notary Public signature

MY COMMISSION EXPIRES 10/5/2019

---

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.
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.

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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

Kevin Allardice

Print Name

[Signature]

Signature of Applicant

Andrew Robertson

Print Name

[Signature]

Signature of Spouse

Marianne Allardice

Print Name

[Signature]

Signature of Spouse

Jennifer Robertson

Print Name

[Signature]

ACKNOWLEDGEMENT

State of Nebraska
County of South Carolina
Charleston

January 9, 2018

[Signature]

Notary Public signature

MY COMMISSION EXPIRES 10/5/2019

The foregoing instrument was acknowledged before me this

by Andrew & Jennifer Robertson

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.
I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. The penalty guideline for violation of this affidavit is cancellation of the liquor license.

I acknowledge that I am the applicant of the non-participating spouse of the individual signing below. I understand that my spouse and I are responsible for compliance with the conditions set out above. If, it is determined that my spouse has violated (§53-125(13)) the commission may cancel or revoke the liquor license.

Signature of NON-PARTICIPATING SPOUSE

Jennifer Robertson

Print Name

South Carolina

State of Nebraska, County of Charleston

The foregoing instrument was acknowledged before me this January 9, 2018 (date)

by Jennifer Robertson

Name of person acknowledged (Individual signing document)

Notary Public Signature

MY COMMISSION EXPIRES 10/5/2019

In compliance with the ADA, this spousal affidavit of non-participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to receive 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.llcc.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: National Registered Agents, Inc.

Name of Limited Liability Company that will hold license as listed on the Articles of Organization: On The Rise Lincoln, LLC

LLC Address: 1127 Queensborough Blvd., Unit 201


LLC Phone Number: 843-849-1877 LLC Fax Number: 843-849-1869

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

Last Name: Allardice First Name: Kevin MI: P

Home Address: 766 Olde Central Way City: Mt. Pleasant

State: SC Zip Code: 29464 Home Phone Number: 843-971-0268

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of South Carolina County of Charleston

January 9, 2018

Date

The foregoing instrument was acknowledged before me this

by Kevin Allardice

name of person acknowledge

Affix Seal

MY COMMISSION EXPIRES 10/5/2019

FORM 102 REV JUNE 2015 Page 1 of 4
List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Allardice  First Name: Kevin  MI: P
Social Security Number: 
Spouse Full Name (indicate N/A if single): Marianne Bloom Allardice
Spouse Social Security Number: 
Percentage of member ownership 0%

Last Name: Robertson  First Name: Andrew  MI: C
Social Security Number: 
Spouse Full Name (indicate N/A if single): Jennifer Robertson
Spouse Social Security Number: 
Percentage of member ownership 0%

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: On The Rise, LLC

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 #: ____________________________

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.
CONTROLLING CORPORATION INSERT

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

Attach copy of Articles as filed with the Nebraska Secretary of State - §53-126

Name and address of the controlling corporation of the applying corporation

Controlling Corporation Name: On The Rise, LLC
Controlling Corporation Address: 1127 Queensborough Blvd., Unit 201
City: Mount Pleasant State: SC Zip Code: 29464

Provide the names of the top four officer/members of the controlling corporation

1. Full Name: Kevin Patrick Allardice
   Job Title: Member

2. Full Name: Andrew Charles Robertson
   Job Title: Member

3. Full Name: Marianne Bloom Allardice
   Job Title: Member

4. Full Name:
   Job Title:
BLAZE PIZZA ORGANIZATIONAL CHART

On The Rise, LLC
   Owner

Kevin Allardice  Member 40%
Andrew Robertson  Member 40%
Marianne Allardice  Member 20%

On The Rise MLK, LLC
   Restaurant
   Kevin Allardice  Managing Member
   Andrew Robertson  Managing Member

On The Rise Valley West, LLC
   Restaurant
   Kevin Allardice  Managing Member
   Andrew Robertson  Managing Member

On The Rise ISU, LLC
   Restaurant
   Kevin Allardice  Managing Member
   Andrew Robertson  Managing Member

On The Rise UOL, LLC
   Restaurant
   Kevin Allardice  Managing Member
   Andrew Robertson  Managing Member

On The Rise Lincoln, LLC
   Restaurant
   Kevin Allardice  Managing Member
   Andrew Robertson  Managing Member
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
- Fingerprints 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
- Fingerprints 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

FORM 3c

RECEIVED
JAN 17 2018
NEBRASKA LIQUOR CONTROL COMMISSION

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: On The Rise Lincoln, LLC

Premise Information:
Liquor License Number: ____________________________ Class Type: ____________________________ (if new application leave blank)
Premise Trade Name/DBA: Blaze Pizza
Premise Street Address: 1317 Q Street, Suites 170 & 180
City: Lincoln County: Lancaster Zip Code: 68508
Premise Phone Number: 402-805-3334
Premise Email Address: blazelin@otrba.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]
Managing Member

Signature Required by Corporate Officer / Managing Member
(Faxed signatures are acceptable)
Manager’s information must be completed below  PLEASE PRINT CLEARLY

Last Name: Goff  First Name: Catherine  MI: L
Home Address: 11915 Jackson Rd
City: Omaha  County: Douglas  Zip Code: 68154
Home Phone Number: (402) 701-16205
Driver’s License Number & State: Nebraska
Social Security:
Date Of Birth: Birth: Omaha, NE
Email address: calliegoff32@gmail.com

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>
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<tbody>
<tr>
<td>Omaha, NE</td>
<td>2007</td>
<td>2012</td>
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<tr>
<td>Riverside, CA</td>
<td>2012</td>
<td>2017</td>
</tr>
<tr>
<td>Omaha, NE</td>
<td>2017</td>
<td>2017</td>
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</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>
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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>
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*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>
<td>Catherine Goff / manager</td>
<td>present</td>
<td>Blaze Pizza, Lincoln NE</td>
</tr>
<tr>
<td>Catherine Goff / Salesman</td>
<td>2014-2017</td>
<td>Minu's Cafe, Riverside CA</td>
</tr>
<tr>
<td>Catherine Goff / Manager</td>
<td>2008-2010</td>
<td>Buffalo Wild Wings, Chino Hills, CA</td>
</tr>
</tbody>
</table>

5. Have you enclosed form 147 regarding fingerprints?

[X] 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.

[Signature]
Signature of Manager Applicant

[Signature]
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

[Signature]
Notary Public signature

[Date]

[Signature]
NAME OF PERSON BEING ACKNOWLEDGED

[Seal]

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.
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.lic.nebraska.gov

Applicant Name: ON THE RISE LINCOLN, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: BLAZE PIZZA
(Doing Business As)

843-849-1877                     bworley@otrba.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

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

• Fingerprinted 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: KEVIN ALLARDICE          Date of Birth: ______________
   Date fingerprints were taken: 01/30/2003 Location where fingerprints were taken: PD MT. PLEASANT, SC
   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: MARIANNE ALLARDICE       Date of Birth: ______________
   Date fingerprints were taken: 01/30/2003 Location where fingerprints were taken: PD MT. PLEASANT, SC
   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: ANDREW ROBERTSON         Date of Birth: ______________
   Date fingerprints were taken: 01/03/18 Location where fingerprints were taken: BioMetric Impressions
   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: CATHERINE GOFF           Date of Birth: ______________
   Date fingerprints were taken: 12/21/2017 Location where fingerprints were taken: Douglas Co Sheriff's Office
   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): KEVIN P. ALLARDICE               Title: MANAGING MEMBER

Signature: [Signature]                      Date: 1/3/2018

FORM 147
REV DEC 2016
PAGE 2