February 15, 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 Floor Dimensional Inc., dba Plum Crazy Lounge, 7301 South 27th Street, Ste. 150, requesting a Class C-122336 liquor license.

Mr. David J. Stokke is the President of Floor Dimensional Inc.

Floor Dimensional Inc., Corporate Members:
David J. Stokke – President (100%)
Barbara A. Stokke – Treasurer (0%)
Shawna A. Hightree – Secretary (0%)

David C. Stokke has submitted an application to be the manager.

David J. Stokke's criminal & driving history is as follows:

There were no criminal convictions located for David J. Stokke.

08-31-1983   Motor Vehicle Noise Level      Infraction
             (Lancaster CO / LPD)
08-31-1983   Unnecessary Noise W/ Motor Vehicle   Infraction
             (Lancaster CO / LPD)
07-30-1984   Speeding Regulations             Infraction
             (Lancaster CO / LPD)
10-24-1984   Speeding Regulations             Infraction
             (Lancaster CO / LPD)
06-23-1986   Speeding Regulations             Infraction
             (Lancaster CO / LPD)
06-27-2003   Violate Speed Limit 6-10 over     Infraction
             Seat Belt Violation
             (Lancaster CO / LPD)
03-27-2006   Violate Speed Limit 6-10 over     Infraction
             Seat Belt Violation
             (Lancaster CO / LPD)
Barbara Stokke's criminal & driving history is as follows:

There were no criminal convictions located for Barbara Stokke.

12-29-1988  Improper Registration on Motor Vehicle  Infraction
            (Lancaster CO / LPD)
10-26-1992  Improper Registration on Motor Vehicle  Infraction
            (Lancaster CO / LPD)
06-09-2003  Violate Speed Limit 6-10 over
            Seat Belt Violation  Infraction
            (Lancaster CO / LPD)

David C. Stokke's criminal & driving history is as follows:

There were no criminal convictions located for David C. Stokke.

01-16-2014  No Operators License  Infraction
            Seat Belt Violation
            (Lancaster CO / LPD)
10-28-2014  Fictitious License Plates
            Improper Registration on Motor Vehicle  Infraction
            (Lancaster CO / LPD)

David J. Stokke & David C. Stokke are both registered for the RHC Alcohol Management Training session on March 8, 2018.

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
JAN 8 2018

NEBRASKA LIQUOR
CONTROL COMMISSION

Hot List: YES □ NO ○ New/Replacing # 122336
Class Type C

Initial BH

Applicant name David J. Stokke
Trade name Floor Dimensional Inc
Previous trade name The Floor Service
Contact email address bastokke@gmail.com

Floor Dimensional Inc
Plum Crazy Lounge
David
ph # 402-601-6294

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.

RECEIPT

DATE 1-18-18 No. 169414
FROM Floor Dimensional Inc
FOR Retail Application

CASH □
CHECK # 12763 $400
MONEY ORDER □

Received by

Office use only
PAYMENT TYPE ♦ CHK # 12763
AMOUNT $400

Rpt 169414
18H

11/8/18. MISC Def
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
XX  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)
XX  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__________________________________ Phone number:__________________________________

Firm Name__________________________________________
1. **x** 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. **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
PREMISES INFORMATION
Trade Name (doing business as)  Plum Crazy Lounge

Street Address #1  7301 South 27th St. Suite# 150,160,170

Street Address #2

City  Lincoln  County  Lancaster  Zip Code  68506

Premises Telephone number  (402) 601-6294

Business e-mail address  Plumcrazy7301@gmail.com

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

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

Name  David J. Stokke

Street Address #1  1620 Susan Circle

Street Address #2

City  Lincoln  State  Nebraska  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 247' 50" x width 69' 67" in feet

Is there a basement?  Yes  No

Is there an outdoor area?  Yes  No

If yes, length x width in feet

If yes, length 43' x width 13' in feet

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

---

[Diagram of the premises showing various rooms and dimensions]

Suite #150 - #160 - #170
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>
<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>David J. Stokke</td>
<td>??????</td>
<td>Lincoln, Ne.</td>
<td>Traffic Violations</td>
<td>See Attachment</td>
</tr>
<tr>
<td>David J. Stokke</td>
<td>1988</td>
<td>Lincoln, Ne.</td>
<td>DWI</td>
<td>1 - year probation</td>
</tr>
<tr>
<td>Barbara A. Stokke</td>
<td>??????</td>
<td>Lincoln, Ne.</td>
<td>Traffic Violations</td>
<td>See Attachment</td>
</tr>
</tbody>
</table>

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

| YES | NO |

**If yes,** give name of business and liquor license number ______________________________

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 ______________________________

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?

xx YES _______NO

If yes, list the lender(s) Loandepot.com, LLC / Home equity loan

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

xx YES _______NO

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

Spouse

No silent partners

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

xx YES _______NO

If yes, list such item(s) and the owner: 4-speed rails, 4-dish racks, 2-bar sinks, POS system 2-built in bars / Sun Holdings, L.L.C.

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?

xx 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?

xx 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 Bank, David J. Stokke / Barbara A. Stokke

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.

**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>David J. Stokke</td>
<td>01/2018</td>
<td>Responsible Beverage Service Training</td>
</tr>
<tr>
<td>Barbara A. Stokke</td>
<td>12/2017</td>
<td>Responsible Beverage Service Training</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>
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</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.**

- **XX** Lease: expiration date February 29th 2020
- Deed
- Purchase Agreement

14. When do you intend to open for business? **March 1st 2018**

15. What will be the main nature of business? **Bar / Lounge**

16. What are the anticipated hours of operation? **8-12 Sun 8-1 Mon-Thur 8-2 Fri & Sat**

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

**RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

<table>
<thead>
<tr>
<th>APPLICANT: CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
<th>SPOUSE: CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln, Nebraska</td>
<td>2008</td>
<td>2018</td>
<td>Lincoln, Nebraska</td>
<td>2008</td>
<td>2018</td>
</tr>
<tr>
<td></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 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 ________________  

The foregoing instrument was acknowledged before me this 

_______, 2018 by David J. Stokke and Barbara A. Stokke  

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

Brett Miller  
Notary Public signature

---

**GENERAL NOTARY-State of Nebraska**

BRET MILLER  
My Comm. Exp. January 30, 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.
APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

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

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:
1) All officers, directors and stockholders must be listed
2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
3) Officers, directors and stockholders 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 Incorporation

Name of Registered Agent: David J. Stokke

Name of Corporation that will hold license as listed on the Articles
Floor Dimensional Inc.

Corporation Address: 1620 Susan Circle

City: Lincoln State: Nebraska Zip Code: 68506

Corporation Phone Number: (402) 601-6294 Fax Number: None

Total Number of Corporation Shares Issued: 1,000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Stokke First Name: David MI: J.

Home Address: 1620 Susan Circle City: Lincoln

State: Nebraska Zip Code: 68506 Home Phone Number: (402) 601-4190

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

Jan 18, 2018

Date

The foregoing instrument was acknowledged before me this

by David J. Stokke

name of person acknowledge

Affix Seal

FORM 101
REV DEC 2015
Page 1 of 4
List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Stokke  First Name: Barbara  MI: A.

Social Security Number:  

Title: Treasurer  Number of Shares: 0

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

Spouse Social Security Number:   

Last Name: Hightree  First Name: Shawna  MI: A.

Social Security Number:  

Title: Secretary  Number of Shares: 0

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

Spouse Social Security Number:   

Last Name: Stokke  First Name: David  MI: J.

Social Security Number:  

Title: President  Number of Shares: 1,000

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

Spouse Social Security Number:   

Last Name:  First Name:  MI:  

Social Security Number:  Date of Birth:  

Title:  Number of Shares  

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

Spouse Social Security Number:  Date of Birth:  

FORM 101
REV DEC 2015
Page 2 of 4
Is the applying corporation controlled by another corporation/company?

☐ YES  ☒ NO

If yes, complete controlling corporation insert form 185

Indicate the Corporation’s tax year with the IRS (Example January through December)

Starting Date: January 1st  Ending Date: December 31st

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.

• 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

• 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

Name of Corporation/LLC: Floor Dimensional Inc.

Premise Information

Liquor License Number: ______________________ Class Type ______________ (if new application leave blank)

Premise Trade Name/DBA: Plum Crazy Lounge

Premise Street Address: 7301 South 27th St. Suites # 150,160,170

City: Lincoln County: Lancaster Zip Code: 68506

Premise Phone Number: (402) 601-6294

Premise Email address: Plumcrazy7301@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)
Manager's information must be completed below. PLEASE PRINT CLEARLY

Last Name: Stokke  First Name: David  MI: C.

Home Address: 1101 Cambridge Court  Apt. #43

City: Lincoln  County: Lancaster  Zip Code: 68505

Home Phone Number: (402) 601-5101

Driver's License Number & State:

Social Security

Date Of Birth: Place Of Birth: Lincoln, Nebraska

Email address: Plumcrazydcsl@gmail.com

Are you married? If yes, complete spouse's information. (Complete 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 residences for the past ten (10) years.

<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>Lincoln, Nebraska</td>
<td>1987</td>
<td>2018</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MANAGER'S LAST TWO EMPLOYERS

<table>
<thead>
<tr>
<th>YEAR</th>
<th>FROM</th>
<th>TO</th>
<th>NAME OF EMPLOYER</th>
<th>NAME OF SUPERVISOR</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>2018</td>
<td></td>
<td>Floor Dimensional Inc.</td>
<td>David J. Stokke</td>
<td>(402) 601-6294</td>
</tr>
<tr>
<td>2007</td>
<td>2008</td>
<td></td>
<td>La Paz Restaurant</td>
<td>unknown</td>
<td>(402) 466-9111</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.

XX 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>David C. Stokke</td>
<td>??????</td>
<td>Lincoln, Ne.</td>
<td>Traffic Violations</td>
<td>See Attachment</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>Lincoln</td>
<td>Improper Reg</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fictitious Plates</td>
<td></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): Plum Crazy Lounge

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?

XX 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: David Charles Stokke

<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>David C. Stokke</td>
<td>01/2018</td>
<td>City Alcohol Permit #LNK-0090318</td>
</tr>
<tr>
<td>David C. Stokke</td>
<td>01/2018</td>
<td>RBST #R8-0090315</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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</tbody>
</table>

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. (Sec §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 of Manager Applicant                  Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska  The foregoing instrument was acknowledged before me this
County of _________________ Jan 18, 2018

by ____________________________________________
NAME OF PERSON BEING ACKNOWLEDGED

__________________________________________
Notary Public signature

Affix Seal  GENERAL NOTARY-State of Nebraska
BRETT MILLER

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.lcc.nebraska.gov

Applicant Name: David J. Stokke
(Corporation, LLC, Partnership or Individual)

Trade Name: Floor Dimensional Inc.
(Doing Business As)

(402) 601-6294 bastokke@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](http://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.
1. Name: David J. Stokke Date of Birth: 
Date fingerprints were taken: 01/12/2018 Location where fingerprints were taken: 3800 N.W. 12th Street
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: David C. Stokke Date of Birth: 
Date fingerprints were taken: 01/12/2018 Location where fingerprints were taken: 3800 N.W. 12th Street
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: Barbara A. Stokke Date of Birth: 
Date fingerprints were taken: 01/02/2018 Location where fingerprints were taken: 3800 N.W. 12th Street
How was payment made to NSP? ☐ NSP PAYPORT ☑ CASH ☐ CHECK SENT TO NSP Ck # 10813 
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): David J. Stokke Title: President

Signature: [Signature]
Date: 01-18-2018
ARTICLES OF INCORPORATION
OF
Floor Dimensional Inc.

FIRST. The name of the corporation is Floor Dimensional Inc.

SECOND. The total number of shares which the corporation shall have the
duty to issue is 1,000 shares of Common Stock, and the par value of each of such
shares is $0.01.

THIRD. The corporation's initial registered office in the State of Nebraska is
located at 6003 Old Cheney Road, 3rd Floor, Lincoln, NE 68516. The name of its initial
registered agent in such office is National Registered Agents, Inc.

FOURTH. The incorporator of the corporation is LegalZoom.com, Inc., 7083
Hollywood Blvd., Suite 180, Los Angeles, California 90028.

FIFTH. The personal liability of the directors of the corporation for monetary
damages for breach of fiduciary duty shall be eliminated to the fullest extent permissible
under Nebraska law. The corporation is authorized to indemnify its directors and officers
to the fullest extent permissible under Nebraska law.

IN WITNESS WHEREOF, the undersigned incorporator has executed these
Articles of Incorporation on the date below.

Date: May 22, 2009

LegalZoom.com, Inc., Incorporator

By:
Karla Figueroa, Assistant Secretary