February 23, 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 Ross Capital Inc., dba Corky Canvas / Corky
Board, 3700 S. 9th Street, Ste. C, requesting a Class I-122380 liquor license.

This is an existing business that held a Class I liquor license. The Nebraska Liquor Control Commission
has issued a Temporary Operating Permit to Ross Capital Inc.

The President/CEO of Ross Capital Inc. is Michael Ross, 50% shareholder.
The Vice President/Secretary of Ross Capital Inc. is Lisa Ross, 50% shareholder.

Michael Ross & Lisa Ross are both registered for the RHC Alcohol Management Training session on
March 8, 2018.

Mr. Ross has the following traffic convictions:

10-13-2010  Speeding 10 mph or less  Infraction
            (Florence, SC)

Mr. Ross has no criminal convictions.

Ms. Ross has the following traffic convictions:

04-25-2005  Speeding 6-10 mph  Infraction
            (NSP / Pierce Co)
03-08-2005  Pass on right side  Infraction
            (NSP / Pierce Co)

Ms. Ross has no criminal convictions.

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) 471-2614
Website: www.lcc.nebraska.gov

RECEIVED
FEB 2 2018

NEBRASKA LIQUOR
CONTROL COMMISSION

No Hot List: YES NO
New/Replacing #: 94602
Class Type 1

122380 Initial BH

Applicant name Michael L. Ross Ross Capital Inc
Trade name Corky Canvas/Corky Boards
Previous trade name The Corky Canvas
Contact email address mikelisaross@ptcnet.net

PH (402) 230-8080

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.

* Lease

<table>
<thead>
<tr>
<th>DATE</th>
<th>02/12 No. 169423</th>
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<tbody>
<tr>
<td>FROM</td>
<td>Ross Capital Inc</td>
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<tr>
<td>FOR</td>
<td>Retail Application</td>
</tr>
<tr>
<td>CASH</td>
<td>$400.00</td>
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Receipt
2/15/18 Misc Dep

Office use only
PAYMENT TYPE CK 169423
AMOUNT 400

Received: JM
1. **✓** Fingerprints 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. **NO** 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) **NO**
   c. Enclose a list of the assets being purchased (furniture, fixtures and equipment) **NO**

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
APPLICATION FOR LIQUOR LICENSE
RETAIL
NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 99046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.1cc.nebraska.gov/

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

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**RETAIL LICENSE(S)**

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Application Fee $400 (nonrefundable)

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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

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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: ___________________________ Phone number: ___________________________

Firm Name: ___________________________
PRESUMES INFORMATION
Trade Name (doing business as) Corky Canvas/Corky Boards

Street Address #1 3700 S 9th St

Street Address #2 Suite C

City Lincoln County NE Zip Code 68502

Premises Telephone number (402) 421-6731

→ Business e-mail address lincoln@corkycanvas.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 Michael L. Ross

Street Address #1 716 W Florence St

Street Address #2

City Pierce State NE Zip Code 68767

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 24' x width 57' 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

[Diagram of area]
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>Michael L. Ross</td>
<td>07/08</td>
<td>Florence, SC</td>
<td>Speeding</td>
<td>Guilty, Fine</td>
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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 **Corky Canvas LLC 094602**

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 **Corky Canvas LLC 094602**

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) Midwest 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)

Lisa M. Ross, spouse, 50% owner

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.

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.

Midwest Bank - Michael & Lisa Ross

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

**Experience:**

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<tr>
<th>Applicant Name/Job Title</th>
<th>Date of Employment:</th>
<th>Name &amp; Location of Business</th>
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13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- Lease: expiration date ____________________________
- Deed
- Purchase Agreement

14. When do you intend to open for business? January 27th, 2018

15. What will be the main nature of business? Entertainment making art.

16. What are the anticipated hours of operation? 10am to 11pm

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**

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<tr>
<th>APPLICANT: CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>TO</th>
<th>SPOUSE: CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>TO</th>
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<tbody>
<tr>
<td>716 W Florence St, Pierce, NE 68767</td>
<td>2013</td>
<td>current</td>
<td>716 W Florence St, Pierce, NE 68767</td>
<td>2013</td>
<td>current</td>
</tr>
<tr>
<td>1137 Took Place, Florence, SC 29505</td>
<td>2006</td>
<td>2013</td>
<td>1137 Took Place, Florence, SC 29505</td>
<td>2006</td>
<td>2013</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 Lancaster

2nd day of February 2018

___________________________________________________________
Notary Public signature

The foregoing instrument was acknowledged before me this

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

In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.
APPLICATION FOR LIQUOR LICENSE
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: Brogan Gray PC

Name of Corporation that will hold license as listed on the Articles
Ross Capital Incorporated

Corporation Address: 716 W Florence ST
City: Pierce State: NE Zip Code: 68767

Corporation Phone Number: (843) 230-8089 Fax Number

Total Number of Corporation Shares Issued: 500

Name and notarized signature of President/CEO (Information of president must be listed on following page)
Last Name: Ross First Name: Michael MI: L.

Home Address: 716 W Florence ST City: Pierce
State: NE Zip Code: 68767 Home Phone Number: (843) 230-8089

Signature of President/CEO

ACKNOWLEDGEMENT
The foregoing instrument was acknowledged before me this 2nd day of February 2018
by Michael L. Ross
name of person acknowledge

State of Nebraska
County of Lancaster
Date

[Signature]

Affix Seal
GENERAL NOTARY - State of Nebraska
JESSICA CHRISP
My Comm. Exp. March 25, 2018
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Social Security Number</th>
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<tr>
<td>Ross</td>
<td>Michael</td>
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<tr>
<td>Title:</td>
<td>President</td>
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<td>Number of Shares:</td>
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<td></td>
<td>/Treasurer</td>
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<td>Spouse Full Name (indicate N/A if single):</td>
<td>Lisa M. Ross</td>
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<td>Spouse Social Security Number:</td>
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<td>Lisa</td>
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<td>Title:</td>
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<td>Number of Shares:</td>
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<td>dent/Secretary</td>
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<td>Spouse Full Name (indicate N/A if single):</td>
<td>Michael L. Ross</td>
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<td>Spouse Social Security Number:</td>
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<td>Spouse Social Security Number:</td>
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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

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.

- 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.
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: Ross Capital Incorporated

Premises Information
Liquor License Number: 0941602 Class Type I (if new application leave blank)
Premises Trade Name/DBA: Corky Canvas/Corky Boards
Premises Street Address: 3700 S 9th St, Suite C
City: Lincoln County: NE Zip Code: 68502
Premises Phone Number: (402) 421-6731
Premises Email address: lincoln@corkycanvas.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: Ross     First Name: Michael     MI: L

Home Address: 716 W Florence ST
City: Pierce     County: NE     Zip Code: 68767
Home Phone Number: (843) 230-8089

Social Security

Date Of Birth: [ ] Place Of Birth: Onawa, IA
Email address: mikelisaross@ptcnet.net

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

✓ YES

Spouse's information

Spouses Last Name: Ross     First Name: Lisa     MI: M

Social Security

Driver's License

Date Of Birth: Norfolk, NE

Applicant & Spouse must list residence(s) for the past ten (10) years - Applicant

<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>716 W Florence ST, Pierce, NE 68767</td>
<td>2013</td>
<td>current</td>
<td>716 W Florence ST, Pierce, NE 68767</td>
<td>2013</td>
<td>current</td>
</tr>
</tbody>
</table>
MANAGER'S LAST TWO EMPLOYERS

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<tr>
<th>YEAR FROM</th>
<th>TO</th>
<th>NAME OF EMPLOYER</th>
<th>NAME OF SUPERVISOR</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>current</td>
<td>Nucor Steel Nebraska</td>
<td>Rob Colton</td>
<td>402-644-0200</td>
</tr>
<tr>
<td>2006</td>
<td>2013</td>
<td>Nucor Cold Finish SC</td>
<td>Rex Query</td>
<td>(843) 395-8689</td>
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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 (**S53-131.01**) 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: ____________________________

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<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:

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<tr>
<th>Applicant Name / Job Title</th>
<th>Date of Employment</th>
<th>Name &amp; Location of Business</th>
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5. Have you enclosed form 147 regarding fingerprints?

☑ YES  ☐ NO
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 853-131.01) 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 Lancaster  

[Signature of Notary Public]

The foregoing instrument was acknowledged before me this 2nd day of February 2018 by Michael L. Ross and Lisa M. Ross.

[Affix 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.lcc.nebraska.gov

Applicant Name: Ross Capital Incorporated
(Corporation, LLC, Partnership or Individual)

Trade Name: Corky Canvas/Corky Boards
(Doing Business As)

(843) 230-8089 mikelisaross@ptcnet.net
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

- 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: Michael L. Ross  
Date of Birth:  
Date fingerprints were taken: 12/19/2017  
Location where fingerprints were taken: Norfolk, NE  
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: Lisa M. Ross  
Date of Birth:  
Date fingerprints were taken: 12/20/2017  
Location where fingerprints were taken: Norfolk, NE  
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): Michael L. Ross  
Title: President

Signature: Michael L. Ross  
Date: 2/2/2018
APPLICATION FOR TEMPORARY OPERATING PERMIT (aka T.O.P.)

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

Nebraska Liquor Control Act §53-149 (2) A license issued under the act terminates immediately upon the sale of the licensed premises named in such license. The purchaser or transferee may submit an application for a license under the act prior to closing such sale or transfer. While such application is pending, the purchaser may request and obtain a temporary operating permit from the commission which shall authorize the purchaser to continue the business which was conducted on the purchased premises under the terms and conditions of the terminated license for ninety days or until the purchaser has obtained a license in its own name, whichever occurs sooner. Prior to the issuance of a temporary operating permit, the purchaser shall supply the commission with documentation from the seller that the seller is current on all accounts with any wholesaler under section §53-123.02. A seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense. In the absence of such temporary operating permit, the purchaser shall not manufacture, store, or sell alcoholic liquor on the purchased premises until the purchaser has obtained a license in the purchaser’s own name. If the application is withdrawn by the applicant or is denied by the commission, the previous license may be reinstated at the discretion of the commission upon request by the previous licensee.

Temporary Operating Permit (T.O.P.) Review Check List

OFFICE USE ONLY

SELLER INFO:
License Class & Number: 1 0941602
Licensee: Corky Canvas LLC
DBA: Corky Canvas

BUYER INFO:
License Class & Number: 1 122380
Licensee: Ross Capital LLC
DBA: Corky Canvas Corky Boards

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

☐ Signature of Buyer on T.O.P. Application
☐ Reviewed Buyer’s Criminal History
☐ Reviewed Purchase Agreement
☐ Other:________________________

Administrative Review - Office Use Only

Reviewed by: Jackie
☐ Approved ☐ Denied Date: 2-5-2018

Comments:________________________

TOP 2/17/18 - ASAP

Rules and Regulations Chapter 2 Section 004
TEMPORARY OPERATING PERMITS

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

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

AND

NAME OF LICENSE APPLICANT (BUYER):
ROSS CAPITAL INC

ON 12/22/2017 SELLER AND BUYER ENTERED INTO A CONTRACT FOR SALE OF THE ALCOHOL RELATED
BUSINESS KNOWN AS: Corky Canvas or Corky Boards
(Seller’s Trade Name)
LOCATED AT: 3700 S. 9th St. Suite C Lincoln NE 68502
(Street Address) (City) (State) (Zip Code)

BUYER SEeks TO OBTAIN A TEMPORARY OPERATING PERMIT (TOP) TO ALLOW BUYER TO OPERATE THE BUSINESS UNDER
THE SAME TERMS AND CONDITIONS OF THE CURRENT LICENSEE; SUBJECT TO APPROVAL BY THE NEBRASKA LIQUOR
CONTROL COMMISSION (NLCC) FOR A PERIOD NOT TO EXCEED 90 DAYS (NO EXCEPTIONS).

SELLER HEREBY DECLARES THAT THEY ARE CURRENT ON ALL ACCOUNTS WITH ALL NEBRASKA LICENSED WHOLESALERS
UNDER SECTION §53-123.02. ANY SELLER WHO PROVIDES FALSE INFORMATION REGARDING SUCH ACCOUNTS IS GUILTY
OF A CLASS IV MISDEMEANOR FOR EACH OFFENSE.

Angela Lewis
Signature of SELLER
(Do not sign until in the presence of the Notary Public)

Angela Lewis
Printed Name of SELLER

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me this:

2nd day of February 2018
(date)

By: Angela Lewis
name of person(s) signing document in front of Notary

Jessica Chirip
Notary Public Signature

Michael J Ross
Signature of BUYER
(Do not sign until in the presence of the Notary Public)

Michael J Ross
Printed Name of BUYER

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me this:

2nd day of February 2018
(date)

By: Michael J Ross
name of person(s) signing document in front of Notary

Jessica Chirip
Notary Public Signature

GENERAL NOTARY - State of Nebraska
JESSICA CHRISP
My Comm. Exp. March 25, 2018