

**RESOLUTION NO. \_\_\_\_**

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA RECOMMENDING TO THE NEBRASKA LIQUOR CONTROL COMMISSION, APPROVAL OF THE CLASS C LIQUOR LICENSE APPLICATION OF HOA RESTAURANT HOLDER LLC DBA HOOTERS, LA VISTA, NEBRASKA.

WHEREAS, HOA Restaurant Holder dba Hooters, 12710 Westport Parkway, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class C Liquor License, and

WHEREAS, the Nebraska Liquor Control Commission has notified the City of said application, and

WHEREAS, the City has adopted local licensing standards to be considered in making recommendations to the Nebraska Liquor Control Commission, and

WHEREAS, said licensing standards have been considered by the City Council in making its decision.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, hereby recommend to the Nebraska Liquor Control Commission approval of the Class C Liquor License application submitted by HOA Restaurant Holder dba Hooters, 12710 Westport Parkway, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 5TH DAY OF MARCH, 2019.

CITY OF LA VISTA

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Douglas Kindig, Mayor

ATTEST:

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Pamela A. Buethe, CMC  
City Clerk

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/](http://www.lcc.nebraska.gov/)

RECEIVED

FEB 06 2019

NEBRASKA LIQUOR  
CONTROL COMMISSION

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

RETAIL LICENSE(S)

Application Fee \$400 (nonrefundable)

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- J LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

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

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

Class C license term runs from November 1 – October 31

All other licenses run from May 1 – April 30

Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING**

- Individual License (requires insert 1 FORM 104)
- Partnership License (requires insert 2 FORM 105)
- Corporate License (requires insert 3a FORM 101 & 3c FORM 103)
- Limited Liability Company (LLC) (requires form 3b FORM 102 & 3c FORM 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)**

Commission will call this person with any questions we may have on this application

Name Robert W. Futhey and Ryan M. Ricke

Phone number: (402)341-6000

Firm Name Fraser Stryker, PC LLC

**PREMISES INFORMATION**Trade Name (doing business as) HootersStreet Address #1 12710 Westport Parkway

Street Address #2 \_\_\_\_\_

City La VistaCounty SarpyZip Code 68138

Premises Telephone number \_\_\_\_\_

Business e-mail address sfulton@hooters.comIs this location inside the city/village corporate limits: YES  NO \_\_\_\_\_

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

Name Hooters of America, Attn: Shauna FultonStreet Address #1 1815 The Exchange

Street Address #2 \_\_\_\_\_

City AtlantaState GAZip Code 30339**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

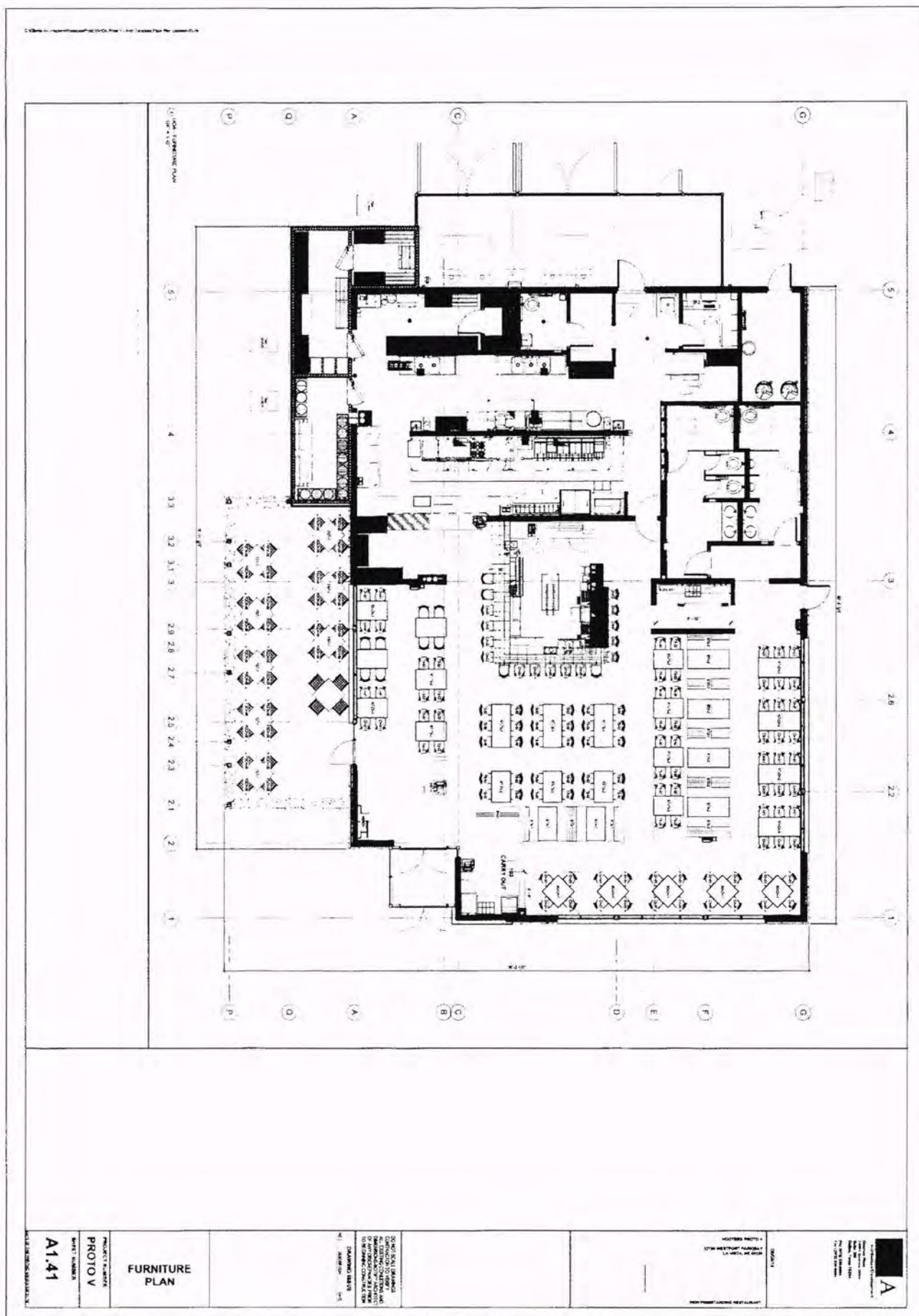
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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 77 x width 90 in feetIs there a basement? Yes        No  If yes, length        x width        in feetIs there an outdoor area? Yes  No        If yes, length 38 x width 15 in feet

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

*C - purchase agreement for pic*



## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)

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

YES  NO

If yes, please explain below or attach a separate page

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted ( city & state)	Description of Charge	Disposition
Terrance M. Marks	07/2018	Sandy Springs, GA	Passing Stationary Emergency Vehicle	Plead, paid fine
Terrance M. Marks	11/2009	Atlanta, GA	Speeding	Plead, paid fine
Cecile Y. Marks	09/1989	Ventura County, CA	Unknown (paper files purged)	Unknown (paper files purged)

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

YES  NO

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?

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:

- 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?

YES  NO

If yes, list the lender(s) \_\_\_\_\_

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

YES  NO

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

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**No silent partners**

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

YES  NO

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

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

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

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

YES  NO

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

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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.

**Bank of America - Terrance Marks and Dirk Montgomery**

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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.

**See attached**

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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:

Applicant Name	Date (mm yyyy)	Name of program (attach copy of course completion certificate)

List of NLCC certified training programs

Experience:

Applicant Name Job Title	Date of Employment:	Name & Location of Business

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? Fall 2019

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

16. What are the anticipated hours of operation? Monday-Thursday 11AM to 11PM; Friday/Saturday 11AM to 12AM; Sunday 11AM to 10 PM

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					
APPLICANT CITY & STATE	YEAR FROM      TO		SPOUSE CITY & STATE	YEAR FROM      TO	
Terrance M. Marks: Atlanta, GA	2005	2018	Cecile Y. Marks: Atlanta, GA	2005	2018

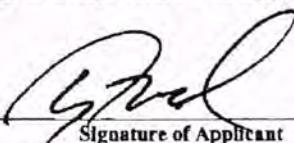
If necessary attach a separate sheet.

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.

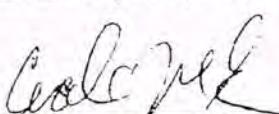
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person 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



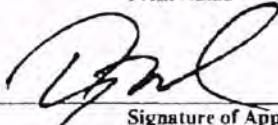
Signature of Applicant



Signature of Spouse

**Terrance M. Marks, President**

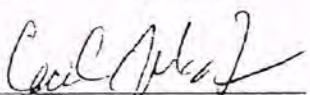
Print Name



Signature of Applicant

**Cecile Y. Marks**

Print Name



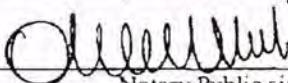
Signature of Spouse

Print Name

Print Name

State of Georgia  
County of Cobb

01/24/2019  
date



Notary Public signature

#### ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this

**Terrance M. Marks**

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

A. Valsarochi  
NOTARY PUBLIC  
Cobb County, GEORGIA  
My Comm. Expires  
01/26/2020

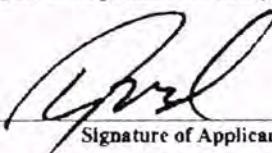
In compliance with the ADA, this application is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

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 cause of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

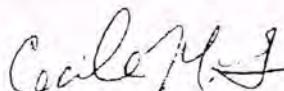
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Must be signed in the presence of a notary public by applicant(s) and spouse(s). See [guideline](#) for required signatures



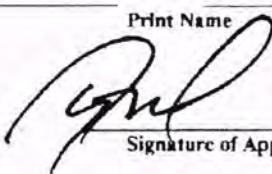
Signature of Applicant



Signature of Spouse

**Terrance M. Marks, President**

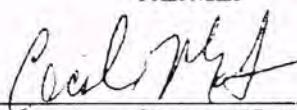
Print Name



Signature of Applicant

**Cecile Y. Marks**

Print Name



Signature of Spouse

Print Name

Print Name

**ACKNOWLEDGEMENT**

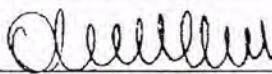
State of Nebraska Georgia  
County of Cobb

01/24/2019

date

by Cecile Y. Marks

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



Notary Public signature

A. Valsacchi  
NOTARY PUBLIC  
Cobb County, GEORGIA  
My Comm. Expires  
01/26/2020

In compliance with the ADA, this application is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

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

**RECEIVED**

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FEB 06 2019

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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: CT Corporation System

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

HOA Restaurant Holder, LLC

LLC Address: 12710 Westport Parkway

City: La Visa State: GA Zip Code: 68138

LLC Phone Number: (770)799-2316 LLC Fax Number: (404)800-7771

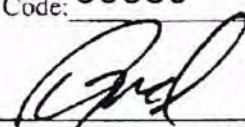
Name of Managing/Contact Member

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

Last Name: Marks First Name: Terrance MI: M.

Home Address: 565 Trimble Lake Ct. NE City: Atlanta

State: GA Zip Code: 30339 Home Phone Number: \_\_\_\_\_



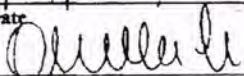
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska Georgia  
County of Cobb

1/24/2019

Date



The foregoing instrument was acknowledged before me this

by Terrance M. Marks

name of person acknowledge

A. Valeschki

NOTARY PUBLIC  
Cobb County, GEORGIA  
My Comm. Expires  
01/26/2020

Apex Seal

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

Last Name: Marks First Name: Terrance MI: M

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Cecile Y. Marks

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 0%- Manager

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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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 **HOA Funding, 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](http://www.lcc.nebraska.gov)

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**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: HOA Funding, LLC

Controlling Corporation Address: 1815 The Exchange

City: La Vista State: GA Zip Code: 68138

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

1. Full Name: Terrance M. Marks

Job Title: Manager and President

2. Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

3. Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

4. Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

**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.llc.nebraska.gov](http://www.llc.nebraska.gov)

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NEBRASKA LIQUOR  
CONTROL COMMISSION

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- 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: **The Corporation Trust Company**

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

**HOA Funding, LLC**

LLC Address: **1815 The Exchange**

City: **Atlanta** State: **GA** Zip Code: **30339**

LLC Phone Number: **(770)799-2316** LLC Fax Number: **(404)800-7771**

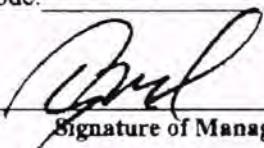
Name of Managing/Contact Member

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

Last Name: **Marks** First Name: **Terrance** MI: **M.**

Home Address: **565 Trimble Lake Ct. NE** City: **Atlanta**

State: **GA** Zip Code: **30342** Home Phone Number: \_\_\_\_\_



Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of **Nebraska** County of **Cobb** GEORGIA

Date: **01/24/2019**

The foregoing instrument was acknowledged before me this

by **Terrance M. Marks**

name of person acknowledge

**A. Valosochi**  
NOTARY PUBLIC  
Cobb County, GEORGIA  
My Comm. Expires  
01/28/2020

Affix Seal

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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Percentage of member ownership \_\_\_\_\_

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Percentage of member ownership \_\_\_\_\_

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Percentage of member ownership \_\_\_\_\_

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Percentage of member ownership \_\_\_\_\_

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Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Is the applying Limited Liability Company controlled by another corporation/company?

YES       NO

If yes, provide the following:

1) Name of corporation **HOA Systems, 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

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

Starting Date: **January**

Ending Date: **December**

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Is this a Non Profit Corporation?

YES       NO

If yes, provide the Federal ID #. \_\_\_\_\_

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

**MANAGER APPLICATION  
INSERT - FORM 3c**

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

Office Use	RECEIVED
FEB 06 2018	
NEBRASKA LIQUOR CONTROL COMMISSION	

**MUST BE:**

- ✓ 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

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Corporation/LLC information

Name of Corporation/LLC: HOA Restaurant Holder, LLC

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Premise information

Liquor License Number: \_\_\_\_\_ Class Type \_\_\_\_\_ (if new application leave blank)

Premise Trade Name/DB Hooters

Premise Street Address 12710 Westport Parkway

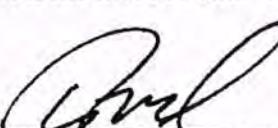
City: La Vista County: Sarpy Zip Code: 68138

Premise Phone Number: \_\_\_\_\_

Premise Email address: [sfulton@hooters.com](mailto:sfulton@hooters.com)

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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: Lomba First Name: Devin MI: M.

Home Address: 2765 Hazel Street, Apt 2

City: Omaha County: Douglas Zip Code: 68105

Home Phone Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

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

YES

NO

Spouse's information

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS**

**APPLICANT**

**SPOUSE**

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha, NE	2015	current			
New Bedford, MA	2013	2015			
Omaha, NE	2009	2013			

## MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2017	2017	Olive Garden		402-393-8404
2015	2017	Twin Peaks	Crystal Owen	402-333-8001

### 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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Devin Lomba	05/2012	Omaha, NE	Misdemeanor-Shoplifting	Guilty Plea
Devin Lomba	11/2012	Omaha, NE	Misdemeanor-Failure to show Operating License	Guilty Plea
Devin Lomba	04/2015	Omaha, NE	Misdemeanor- No insurance & failure to comply with citation	Guilty Plea
Devin Lomba	07/2013	Omaha, NE	Misdemeanor- No valid registration	Guilty Plea
Devin Lomba	04/2018	Omaha, NE	Misdemeanor- Speeding & no operator's license	Guilty Plea
Devin Lomba	10/2018	Omaha, NE	Misdemeanor- Speeding & no operator's license	Guilty Plea

### 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):

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### 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: \_\_\_\_\_

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Devin Lomba	11/2018	Hooters Bar Training Certification
Devin Lomba	10/2017	ServSafe

\*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Devin Lomba/Bartender	10/2017	Hooters, Council Bluffs, IA

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.

***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.

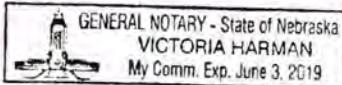
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Signature of Manager Applicant Signature of Spouse

### ACKNOWLEDGEMENT

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

2-4-19 by Devin M. Lomba  
date NAME OF PERSON BEING ACKNOWLEDGED

Victoria Harman  
Notary Public signature  




In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.