

G

**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 CK LIQUOR LICENSE APPLICATION FOR SALSA WORKS LLC DBA BLACK EYE DIVE, LA VISTA, NEBRASKA.

WHEREAS, Salsa Works LLC dba Black Eye Dive, 7121 Harrison Street, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class CK 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 CK Liquor License application submitted by Salsa Works LLC dba Black Eye Dive, 7121 Harrison Street, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 6TH DAY OF AUGUST, 2013.

CITY OF LA VISTA

---

Douglas Kindig, Mayor

ATTEST:

---

Pamela A. Buethe, CMC  
City Clerk

---

---

**LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM**

---

---

**TO:** PAM BUETHE, CITY CLERK  
**FROM:** BOB LAUSTEN, POLICE CHIEF  
**SUBJECT:** LOCAL BACKGROUND- LIQUOR LICENSE---BLACK EYE DIVISION  
**DATE:** 7/10/2013  
**CC:**

---

The police department conducted a check of computerized records on the applicants, Mark & Cynthia Zych for criminal conduct in Nebraska and Sarpy County in reference to the Liquor License application. The applicants have traffic violations entries only.

# ► RECEIPT

6/28/2013

From: Jackie B Matulka – jackie.matulka@nebraska.gov

Phone: (402) 471 – 4881

Fax: (402) 471 – 2814

Nebraska Liquor Control Commission

To: City Clerk of La Vista –pbuethe@cityoflavista.org

App Info: Salsa Works LLC DBA Black Eye Dive

Class CK 104022

PLEASE COMPLETE THE BOTTOM SECTION IMMEDIATELY UPON RECEIPT OF THIS APPLICATION

SIGN AND DATE STAMP THIS RECEIPT AND EITHER FAX OR EMAIL THIS FORM BACK

--THANK YOU

---

DATE OF RECEIPT

---

SIGNATURE

# RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION

Date delivered from NLCC office: June 28, 2013

JBM

I, \_\_\_\_\_ Clerk of \_\_\_\_\_  
(City, Village or County)

Nebraska, hereby report to the Nebraska Liquor Control Commission in accordance with Revised Statutes of Nebraska, Chapter 53, Section 134 (7) the recommendation of said city, village or county, as the case may be relative to the application for a license under the provisions of the Nebraska Liquor Control Act as applied for by:

**Salsa Works LLC DBA Black Eye Dive**

**7121 Harrison Street, La Vista, NE 68128 (Sarpy County)**

**NEW APPLICATION for Class CK 104022**

**45 days – August 12, 2013**

1. Notice of local hearing was published in a legal newspaper in or of general circulation in city, village or county, one time not less than 7 nor more than 14 days before time of hearing.

**Check one:** Yes \_\_\_\_\_ No \_\_\_\_\_

The Statutes require that such hearing shall be held not more than 45 days after the date of receipt of this notice from the Commission.

2. Local hearing was held not more than 45 days after receipt of notice from the Nebraska Liquor Control Commission.

**Check one:** Yes \_\_\_\_\_ No \_\_\_\_\_

3. Date of hearing of Governing Body: \_\_\_\_\_

4. Type or write the Motion as voted upon by the Governing Body. If additional Motions are made by the Governing Body, then use an additional page and follow same format.

\_\_\_\_\_

\_\_\_\_\_

5. Motion was made by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

6. Roll Call Vote: \_\_\_\_\_

**Check one:** Motion Passed: \_\_\_\_\_ Motion Failed: \_\_\_\_\_

8. If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which the motion was made.

\_\_\_\_\_

\_\_\_\_\_

(Attached additional page(s) if necessary)

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Clerks Signature)

**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.ne.gov](http://www.lcc.ne.gov)

QA  
Rep1 - 07/06/06  
TOP - denied

training required

sent to  
email  
date  
6-28-13

Applicant Name Salsa Works, LLC

Trade Name d/b/a Black Eye Dive

Previous Trade Name N/A

E-Mail Address: cidskitchen@q.com

CK - **104022**

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 state. *6-24-13 entered into database 6-28-13 Enf & local*

**REQUIRED ATTACHMENTS**

Each item must be checked and included with application or marked N/A (not applicable)

1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office. See fingerprint brochure <http://www.lcc.ne.gov/brochures/fingerprint.pdf>.

2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.

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)

N/A 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 making application. Lease term must run through the license year being applied for.

5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. If buying the business of a current liquor license holder:

a) Provide a copy of the purchase agreement from the seller (m)



1300015269

CK # 12208 - \$400  
# 12225 - \$100 >mm

RECEIVED  
PAGE 1

- b) Provide a copy of alcohol inventory being purchased (must include brand names and container size)
- c) Enclose a list of the assets being purchased (furniture, fixtures and equipment)

7. If planning to operate on current liquor license; enclose Temporary Operating Permit (T.O.P.)(form 125).

8. Enclose a list of any inventory or property owned by other parties that are on the premise.

9. For citizenship, residency and voter registration requirements see enclosed brochure.

10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

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.

✓ Cynthia L Ziffh  
Signature

6/12/2013

Date

① Articles of Organization sent in on 6/12/13 - working on

② Business Purchase Agreement not submitted - working on

③ Commercial Purchase Agreement for the building deal - 70%

# 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.ne.gov/](http://www.lcc.ne.gov/)



## RETAIL LICENSE(S)

Application Fee \$400 (non refundable)

- 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
- 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
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

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

- 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)

Name James P. Clements, Jr. Phone number: (402) 341-1200

Firm Name Welch Law Firm, P.C.

Trade Name (doing business as) Black Eye Dive

Street Address #1 7121 Harrison Street

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

City La Vista County Sarpy #59 Zip Code 68128

Premise Telephone number (402) 541-5275 E-mail cidskitchen@q.com

Is this location inside the city/village corporate limits:

YES

NO

City

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

Name Cynthia L Zych

Street Address #1 3015 S. 94th Street

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

City Omaha State NE Zip Code 68124

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-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 46 feet  
Width 41 feet

Is there a basement? Yes  No

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

No Basement No Outdoor Area

See attached  
map

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

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.

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
Cynthia Zych	07/1993	Pomona, CA	Invalid Driver's License	Guilty/Convicted
Cynthia Zych	04/1994	Pomona, CA	Driving with suspended license	Guilty/Convicted
Cynthia Zych	04/1994	Pomona, CA	Avoiding registration requirements	Guilty/convicted
Cynthia Zych	08/1999	Omaha, NE	License vehicle w/o liability insurance.	Plea of guilty.
Cynthia Zych	08/1999	Omaha, NE	No registration in vehicle	Plea of guilty.
Cynthia Zych	08/2002	Omaha, Ne	License vehicle w/o liability insurance.	Plea of guilty.

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

YES  NO

If yes, give name of business and liquor license number Cornwells Tavern and Grill - #017066

- 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 Cornwells Tavern and Grill - #017066

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

YES  NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. 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)

**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 premise 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)

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

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.

Centennial Bank, Ashland, Nebraska. Cynthia Zych

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.

N/A

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:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

*training required*

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Cynthia Zych	1979	Tended bar at Drew Place in Omaha, NE

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? June 2013

15. What will be the main nature of business? Short order food and drink

16. What are the anticipated hours of operation? Weds. - Thurs. 11 a.m. to 8 p.m. and Fri - Sun 11 a.m. to 10 p.m.

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

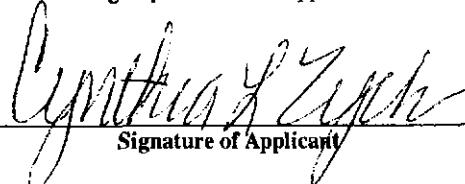
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Cynthia L Zych, Omaha, NE	1997	2013	Mark J Zych Omaha, NE	1958	2013

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.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures.  
<http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>



Cynthia L. Zych

Signature of Applicant



Mark Zych

Signature of Spouse

Signature of Applicant

Signature of Spouse

#### ACKNOWLEDGEMENT

State of Nebraska

County of Douglas

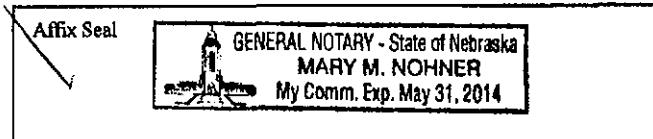
June 12, 2013  
date

by

Cynthia L. Zych  
name of person acknowledged

Mary M. Nohner

Notary Public signature



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

**APPLICATION FOR LIQUOR LICENSE  
CATERING LICENSE**

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

**FEE \$100.00**

**RECEIVED**

JUN 13 2013

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

**CLASS OF LICENSE AND NUMBER** APPLYING FOR RETAIL LICENSE ALONG WITH THIS APPLICATION.

**NAME OF LICENSEE** SALSA WORKS, LLC

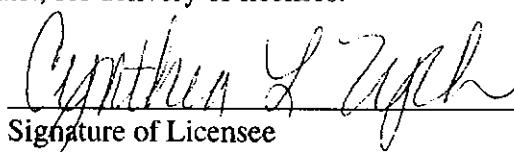
**TRADE NAME** BLACK EYE DIVE

**PREMISE ADDRESS** 7121 Harrison Street

**CITY/STATE/ZIP CODE** La Vista, NE 68124



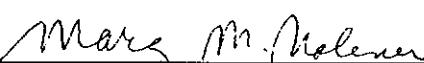
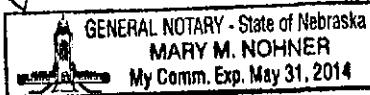
A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.



Cynthia L Zeph

Signature of Licensee

Subscribed in my presence and sworn to before me this 12<sup>th</sup> day of June, 2013



Mary M. Nohner  
Notary Public Signature & Seal

**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.ne.gov](http://www.lcc.ne.gov)

Office Use

**Corporate manager, including their spouse, are required to adhere to the following requirements**

- 1) Must be a citizen of the United States**
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska**
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport**
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol**
- 5) Must be 21 years of age or older**
- 6) May be required to take a training course**

Name of Corporation/LLC: Salsa Works, LLC

Premise License Number: \_\_\_\_\_  
(if new application leave blank)

Premise Trade Name/DBA: Black Eye Dive

Premise Street Address: 7121 Harrison Street

City: La Vista State: NE Zip Code: 68128

Premise Phone Number: (402) 541-5275

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. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

*3/11/2011 application is filed in 2011*

**CORPORATE OFFICER/MANAGING MEMBER SIGNATURE**  
(Faxed signatures are acceptable)

Gender:  MALE  FEMALE

Last Name: Zych

First Name: Cynthia

L

signed  
Cynthia

Home Address (include PO Box if applicable): 3015 S. 94th Street

City: Omaha

County: Douglas

Zip Code: 68124

Home Phone Number: (402) 733 - 0146 Business Phone Number: (402) 541-5275

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: 08/09/1958

Place Of Birth: Omaha, Nebraska

YES

NO

Spouses Last Name: Zych

First Name: Mark

MI: J

signed  
Mark  
Printed

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

Drivers License Number & State: \_\_\_\_\_ E

Date Of Birth: 04/24/1958

Place Of Birth: Omaha, Nebraska

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha, Nebraska	1997	2013	Omaha, Nebraska	1958	2013

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	2013	First Student	Chris	402-572-6161
2008	2013	The Salsa Works	Self	402-541-5275

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. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

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
Cynthia Zych	07/1993	Pomona, CA	Invalid Driver's License	Guilty/Convicted
Cynthia Zych	04/1994	Pomona, CA	Driving with suspended license	Guilty/Convicted
Cynthia Zych	04/1994	Pomona, CA	Avoiding registration requirements	Guilty/convicted
Cynthia Zych	08/1999	Omaha, NE	License vehicle w/o liability insurance	Plea of guilty
Cynthia Zych	08/1999	Omaha, NE	No registration in vehicle	Plea of guilty
Cynthia Zych	08/2002	Omaha, NE	License vehicle w/o liability insurance	Plea of guilty

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.

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. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?  
(Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

YES

NO

*prints enclosed*

5. List any alcohol related training and/or experience (when and where).

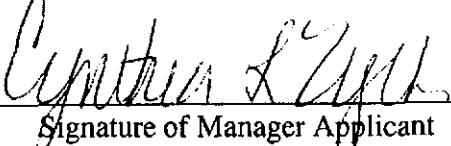
Cynthia Zych tended bar in 1979 at Drew Place in Omaha, Nebraska.

*Training required*

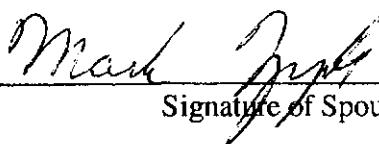
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. 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

County of

Douglas

The foregoing instrument was acknowledged before me this

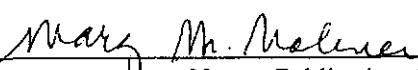
June 12, 2013

date

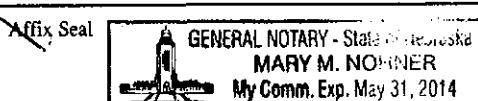
by

Cynthia L. Zych

name of person acknowledged



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.



Search Your Voter  
Registration  
Information



Search Your Polling  
Place



Search Your  
Provisional Ballot



Search Your  
Absentee Ballot

### Registrant Detail

Name	Mark Zych
Party	Democrat
Polling Place	Rockbrook United Methodist 9855 West Center Road Fellowship Hall : :::: HNDCP. USE SOUTHWEST ENTRANCE Omaha, NE 68124

### Districts

District Name	District Type
Westside Community Schools	School District
Metro Com College Dist 4	Community College District
U.S. Congressional District 2	U.S. Congressional District
Appeals Court Judge Dist 4	Judge of Appeals Court Dist.
County Judge Dist 4	Judge of County Court Dist.
District Judge, Dist 4	Judge of District Court Dist.
Juv Crt Judge, Douglas Co.	Judge of Juvenile Court
Supreme Court Judge Dist 4	Judge of Supreme Court Dist.
Legislative District 20	Legislative District
Papio NRD SubD 4	Natural Resources District
Omaha PPD SubD Metro	Public Power District
PSC District 2	Public Service Comm District
Board of Regents District 8	Board of Regents
ESU 3 District 3	ESU District
Omaha City Council Ward 5	City Council (Ward)
County Commissioner Dist 02	County Board (Commiss./Superv)
Metropolitan Utilities Dist	Utilities District
Mayor of Omaha	Mayor
State Board of Education Dist 8	State Board of Education
Learning Community 1 - Dist 3	Learning Community Coordinating Council

[Información en español](#)

© Copyright 2011 [Election Systems and Software](#). All rights reserved.  
VoterView 2.3.996.0



douglas county  
ELECTION COMMISSION

225 North 115th Street  
Omaha, Nebraska 68154-2520  
Phone: (402) 444 - VOTE (8683)  
[www.votedouglascounty.com](http://www.votedouglascounty.com)

Dave Phipps, Election Commissioner

STATE OF NEBRASKA      }      SS  
COUNTY OF DOUGLAS

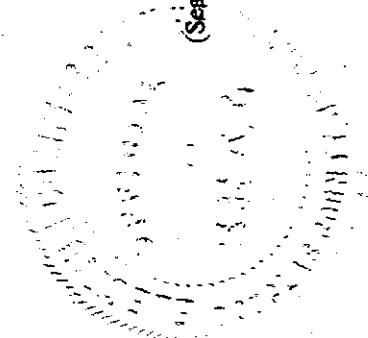
I, DAVE PHIPPS, Election Commissioner of Douglas County, Nebraska, do certify that Mark J Zych, now residing at 3015 S 94 St, Omaha, Nebraska 68124, registered for voting in this office on 01/05/2011, stating under oath that he was born in Omaha, NE, and giving his birth date as 04/25/1958.

In testimony whereof, I have hereunto set my hand and caused to be affixed hereto, the seal of this office, in the City of Omaha, County of Douglas, State of Nebraska, this 23rd day of May, 2013.

DAVE PHIPPS  
Election Commissioner of  
Douglas County, Nebraska

By Mark J Zych      \_\_\_\_\_  
Deputy

(Seal)



AK

## Omaha-Douglas County Health Department

185176

VS-5

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

## Division of Vital Statistics

## CERTIFICATE OF LIVE BIRTH

1. PLACE OF BIRTH a. COUNTY Douglas		2. USUAL RESIDENCE OF MOTHER a. STATE Nebraska	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Omaha, Nebraska		b. COUNTY Douglas	
c. FULL NAME OF (If NOT in hospital or institution, give street HOSPITAL OR INSTITUTION INSTITUTION St. Catherine's Hospital		c. CITY (If outside corporate limits, write RURAL) OR TOWN Omaha, Nebraska	
d. STREET ADDRESS 4114 Drexel		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) Mark		b. (First) John c. (Last) Zych	
4. SEX Male	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH 4 25 58
FATHER OF CHILD			
7. FULL NAME Stanley		a. (First) George b. (Middle) Zych c. (Last) White	
8. AGE (At time of this birth) 28 Yrs.		9. BIRTHPLACE (City, town or county) (State or foreign country) Omaha, Nebraska	
10. BIRTHPLACE (City, town or county) (State or foreign country) Omaha, Nebraska		11a. USUAL OCCUPATION Building Contractor	
11b. KIND OF BUSINESS OR INDUSTRY Self Employed			
MOTHER OF CHILD			
12. FULL MAIDEN NAME Louise		a. (First) Virginia b. (Middle) Cherek c. (Last) White	
14. AGE (At time of this birth) 33 Yrs.		16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now liv- ing? 3	
15. BIRTHPLACE (City, town or county) (State or foreign country) Omaha, Nebraska		b. How many OTHER children were born alive but are now dead? 0	
17. INFORMANT'S SIGNATURE OR NAME-Relationship Mrs. Louise Zych-Mother		c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
18a. SIGNATURE I hereby certify that this child was born alive on the date stated above at 2:28 a.m.		18b. M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS Omaha, Nebraska		19. MOTHER'S MAILING ADDRESS Same as #2	
20. DATE REC'D BY LOCAL REC. Apr. 29, 1958		21. REGISTRAR'S SIGNATURE E. D. Lyman, M.D.	

I hereby certify that the above is a true and correct copy of the certificate of birth recorded in the City of Omaha, County of Douglas, State of Nebraska.

Dated this 24th day of August 1958

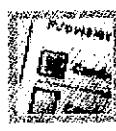
*Edward J. Smith, M.D.*  
Registrar



Search Your Voter  
Registration  
Information



Search Your Polling  
Place



Search Your  
Provisional Ballot



Search Your  
Absentee Ballot

#### Registrant Detail

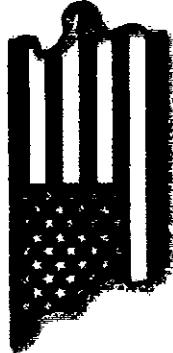
Name	Cynthia Zych
Party	Democrat
Polling Place	Rockbrook United Methodist 9855 West Center Road Fellowship Hall HNDCP, USE SOUTHWEST ENTRANCE Omaha, NE 68124

#### Districts

District Name	District Type
Westside Community Schools	School District
Metro Com College Dist 4	Community College District
U.S. Congressional District 2	U.S. Congressional District
Appeals Court Judge Dist 4	Judge of Appeals Court Dist.
County Judge Dist 4	Judge of County Court Dist.
District Judge, Dist 4	Judge of District Court Dist.
Juv Crt Judge, Douglas Co.	Judge of Juvenile Court
Supreme Court Judge Dist 4	Judge of Supreme Court Dist.
Legislative District 20	Legislative District
Papio NRD SubD 4	Natural Resources District
Omaha PPD SubD Metro	Public Power District
PSC District 2	Public Service Comm District
Board of Regents District 8	Board of Regents
ESU 3 District 3	ESU District
Omaha City Council Ward 5	City Council (Ward)
County Commissioner Dist 02	County Board (Commiss./Superv)
Metropolitan Utilities Dist	Utilities District
Mayor of Omaha	Mayor
State Board of Education Dist 8	State Board of Education
Learning Community 1 - Dist 3	Learning Community Coordinating Council

[Información en español](#)

© Copyright 2011 [Election Systems and Software](#). All rights reserved.  
VoterView 2.3.996.0



douglas county

## ELECTION COMMISSION

STATE OF NEBRASKA }      SS  
COUNTY OF DOUGLAS }

225 North 115th Street  
Omaha, Nebraska 68154-2520  
Phone: (402) 444 - VOTE (8683)  
[www.votedouglascounty.com](http://www.votedouglascounty.com)

Dave Phipps, Election Commissioner

I, DAVE PHIPPS, Election Commissioner of Douglas County, Nebraska, do certify that Cynthia L Zych, now residing at 3015 S 94 St, Omaha, Nebraska 68124, registered for voting in this office on 10/24/2007, stating under oath that she was born in Omaha, NE, and giving her birth date as 08/09/1958.

In testimony whereof, I have hereunto set my hand and caused to be affixed hereto, the seal of this office, in the City of Omaha, County of Douglas, State of Nebraska, this 23rd day of May, 2013.

DAVE PHIPPS  
Election Commissioner of  
Douglas County, Nebraska

By *Bachul Kinnar* \_\_\_\_\_  
Deputy

(Seal)

OK

CERTIFICATE OF LIVE BIRTH

188072

1. PLACE OF BIRTH a. COUNTY <b>Douglas</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Nebraska</b>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Omaha</b>		b. COUNTY <b>Douglas</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street HOSPITAL OR INSTITUTION <b>St. Catherine's Hospital</b> address or location)		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Omaha</b>	
3. CHILD'S NAME (Type or print) <b>Cynthia</b>		a. (First) <b>Cynthia</b>	b. (Middle) <b>Lynn</b>
4. SEX <b>Female</b>		a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
		c. DATE OF BIRTH <b>8-9-58</b>	
FATHER OF CHILD			
5. FULL NAME <b>Richard</b>		a. (First) <b>Anthony</b>	b. (Middle) <b>Ranalle</b>
6. AGE (At time of this birth) <b>26</b> Yrs.		c. (Last) <b>White</b>	
7. BIRTHPLACE (City, town, or county) (State or foreign country) <b>Omaha, Nebraska</b>		8. USUAL OCCUPATION <b>Baker</b>	
9. KIND OF BUSINESS OR INDUSTRY <b>Omar Bakery Company</b>			
MOTHER OF CHILD			
10. FULL MAIDEN NAME <b>Mary</b>		a. (First) <b>Mae</b>	b. (Middle) <b>Reynek</b>
11. COLOR OR RACE <b>White</b>		12. COLOR OR RACE <b>White</b>	
13. AGE (At time of this birth) <b>23</b> Yrs.		14. BIRTHPLACE (City, town or county) (State or foreign country) <b>Omaha, Nebraska</b>	
15. INFORMANT'S SIGNATURE OR NAME—Relationship <b>Mary Ranalle - mother</b>		16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <b>0</b>	
17. DATE REC'D BY LOCAL REG. <b>AUG 14 1958</b>		b. How many OTHER children were born alive but are stillborn (born dead after now dead? <b>0</b>	
18. SIGNATURE <i>Frederick J. Langdon</i>		c. How many children were stillborn (born dead after 20 weeks pregnancy? <b>0</b>	
18. ADDRESS <i>3610 Dodge Street</i>		19. M. D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
20. REGISTRAR'S SIGNATURE <b>E. D. LYMAN, M. D.</b>		21. MOTHER'S MAILING ADDRESS <b>Same as #2</b>	

I hereby certify that the above is a true and correct copy of the certificate of birth recorded in the City of Omaha, County of Douglas, State of Nebraska.

Dated this 23rd day of September 1958

*ED Langdon M.D.*

Registrar

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

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

Office Use

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 (2 cards per person)
- 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)

Name of Registered Agent: **Cynthia Zych**

**Salsa Works, L.L.C.**

LLC Address: **3015 South 94th Street**

City: **Omaha** State: **NE** Zip Code: **68124**

LLC Phone Number: **(402) 541 - 5275** LLC Fax Number: **None**

Last Name: **Zych** First Name: **Cynthia** MI: **L**

Home Address: **3015 S. 94th Street** City: **Omaha**

State: **NE** Zip Code: **68124** Home Phone Number: **(402) 733 - 1046**

*Cynthia L. Zych*  
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of *Douglas*

The foregoing instrument was acknowledged before me this

Date

by *Cynthia L. Zych*  
name of person acknowledge

*June 12, 2013*

Mary M. Nohner

Affix Seal

GENERAL NOTARY - State of Nebraska  
MARY M. NOHNER  
My Comm. Exp. May 31, 2014

Last Name: Zych First Name: Cynthia MI: L

Social Security Number:         -    -     Date of Birth:     -    -    -

Spouse Full Name (indicate N/A if single): Zych, Mark J.

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

Percentage of member ownership 0%

Signed  
prints  
Voter  
BL

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 \_\_\_\_\_

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

YES       NO

If yes, provide the following:

- 1) Name of corporation \_\_\_\_\_
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Starting Date: January      Ending Date: December

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.

**Nebraska Secretary of State**

- John A. Gale

*Articles***Business Services**

Home » Corporation and Business Entity Searches

Mon Jun 24 13:17:26 2013

For Letters of Good Standing (\$6.50), Certificates of Good Standing (\$10.00), and/or images (\$0.45 per page) of documents filed with the Secretary of State please click the corresponding service below:

**NEW SEARCH**[Back to Search Results](#)**Pay Services:**[Online Images of Filed Documents](#) | [Good Standing Documents](#)

## Entity Name

THE SALSA WORKS, L.L.C.

SOS Account Number

10135101

## Principal Office Address

3015 SOUTH 94TH STREET  
OMAHA, NE 68124

## Registered Agent and Office Address

CYNTHIA ZYCH  
3015 SOUTH 94TH STREET  
OMAHA, NE 68124

## Designated Office Address

3015 SOUTH 94TH STREET  
OMAHA, NE 68124

## Nature of Business

Not Available

## Entity Type

Domestic LLC  
Qualifying State: NE

## Date Filed

May 06 2010

## Account Status

Active

**Pay Services:**

Click on the pay service items you wish to view. Your Nebraska Online account will be charged the indicated amount for each item you view.

**- Images of Filed Documents**

If an item is a link, the document may be retrieved online, otherwise you must contact the Secretary of State's office to obtain a copy of the document.

Code	Trans	Date	Price
AL	Articles Limited	May 06 2010	\$0.90 = 2 page (s) @ \$0.45 per page
PP	Proof of Publication	Jun 14 2010	\$0.45 = 1 page (s) @

*Articles***BR** Biennial Report

Mar 18 2011

\$0.45  
per page\$0.45 =  
1 page  
(s) @  
\$0.45  
per page**BR** Biennial Report

Mar 29 2013

\$0.45 =  
1 page  
(s) @  
\$0.45  
per page**- Letter of Good Standing**

I require a Letter of Good Standing for this Corporation. - This is an online/electronic Letter of Good Standing which is immediately available for viewing or printing and will be charged to your Nebraska.gov account.

\$6.50

[View/Update Letters of Good Standing addressee information](#)**- Certificate of Good Standing**

Click here to order a Certificate of Good Standing which contains the State Seal and signature of the Secretary of State. The certificates are mailed from the Secretary of State's office within 2-3 business days.

\$10.00

[Click Here](#) to view FAQ for explanation for requesting a Letter of Good Standing available online or Certificate of Good Standing available from Secretary of State's office.

[Back to Top](#)**For Help/Information about Images, please view the FAQ. Thank you!****If you cannot find the entity you are looking for, contact the Business Division at (402) 471-4079.  
For technical difficulties/assistance please call Nebraska.gov: 1-800-747-8177**

# Articles Page 1

**ARTICLES OF ORGANIZATION****OF****THE SALSA WORKS, L.L.C.**

The undersigned, desiring to form a limited liability company for the purposes hereinafter set forth, under and in conformity with the laws of the State of Nebraska do hereby make this written certificate in duplicate and hereby verify:

1. Name. The name of the Company shall be The Salsa Works, L.L.C.

2. Duration. The period of duration of the company shall be thirty (30) years from the date these Articles of Organization are filed with the Secretary of State of the State of Nebraska.

3. Purpose. The purpose for which the company is organized is to engage in the business of acting as an intermediary of buyers and sellers of various goods and services and further may engage in and do any lawful act concerning any and all lawful businesses, other than the businesses of banking or insurance, for which a limited liability company may be organized under the laws of the State of Nebraska.

4. Principal Place of Business – Registered Agent. The address of the principal place of business of the company in Nebraska is:

3015 South 94<sup>th</sup> Street, Omaha, Nebraska 68124

The name and address of the company's registered agent in Nebraska is:

Cynthia Zych, 3015 South 94<sup>th</sup> Street, Omaha, Nebraska 68124.

5. Property Contributed. The total amount of cash contributed to stated capital and other, and a description and agreed value of property other than cash contributed is as follows:

<u>Name</u>	<u>Description and Agreed Value</u>
Cynthia Zych	\$1,000.00 cash contribution
Total Cash Value Contributed:	\$1,000.00 cash contribution

6. Additional Contribution. The total additional contributions agreed to be made by all members and the times at which or events upon the happening of which they shall be made are as follows:

Additional contributions shall be made at such times and in such amounts as may be unanimously agreed upon by the members as provided in the Operating Agreement of the company.

7. Additional Members. The members of the company shall have the right to admit additional members from time to time, which new members shall be admitted upon the affirmative vote of a majority in interest of the current members of the limited liability company. Except as provided in the Operating Agreement, the interest of the members of the company may not be transferred or assigned.

8. Right to Continue Business. In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, then by a two-third (2/3) vote of the remaining members voting in interest of the company shall have the right to continue the business of the company.

9. Management. Management of the company shall be vested in a Manager as elected by the Members of the Company in a manner provided in the Operating Agreement. The name and address of the initial Manager is:

Cynthia Zych, 3015 South 94<sup>th</sup> Street, Omaha, Nebraska 68124.

10. Internal Affairs. The regulation of the internal affairs of the limited liability company are set forth in the Operating Agreement of the limited liability company and shall govern the operation of the business and the members accordingly.

Executed in duplicate, original counterparts by the undersigned members on the  
3 day of May, 2010.

  
Cynthia Zych

## Business Plan Black Eye Dive

Building owner of the properties located at 7121 through 7133 Harrison Street, La Vista, Nebraska in Sarpy County will be the proprietor of the establishment located in 7121 Harrison. The owner, Cynthia Zych, has a vested interest in the success of all businesses located in the retail center as well as the safety, cleanliness and curb appeal to the community and surrounding residential neighbors.

The retail center was purchased in May of 2010 with the final acquisition in May of 2013. The primary purpose, for the owner, was to replace job loss in 2009 and to own a commercial kitchen to produce salsa for retail distribution and catering.

The Black Eye Dive will open for lunch and close early evening on a limited schedule weekly. It will have a non-traditional bar hours, avoiding the 2 AM closing and promote various food products for sit down or take out customers. It will continue with catering outside events under The Black Eye and Tie. It currently has a very low keyed, well established, courteous customer base and the scheduled hours will coincide with what has been the current traffic flow. The location is the oldest business in La Vista for over 65 years as a bar and while we will serve liquor, wine and spirits the primary focus will be food. The business will drive traffic throughout the retail center helping the other smaller start up businesses and be the anchor for that particular retail center. The immediate residential community is excited about the changes and improvements to the property and welcomes the venue. The addition of the Black Eye Dive puts the building at 100% leased. Business begets business and its success is linked directly to the building and the other tenant's success.

# Assets

#2

## Asset List

Bar Stools and Chairs

Tables

3 compartment SINK

Chest freezer and refrigerator

Cooking Hood and Fan

Light Fixtures

ADA restroom Fixtures

Walk in Cooler

Pool Table

Fryer

Stove Grill

MOP sink

3 SS prep Tables

4 TV

Glassware

Storage Shelves

Bar and Bar Cabinetry

Exterior sign

Can crusher

Pickle Machine

Coolers

Deed is for  
Salsa Works LLC



OMAHA AREA BOARD OF REALTORS®  
COMMERCIAL PURCHASE AGREEMENT

(This is a legally binding contract. If not understood, seek legal advice.)



NP DODGE REAL ESTATE

Broker

4-6-13

date

The undersigned Buyer, (whether one or more) agrees to purchase the Property described as follows:

1. Address: 7121-7123 HARRISON ST. (AVON, NE) Zip Code 68128
2. Legal Description(Property): The N 65.5' OF E 125' LOT 1 (AVON) REFILE, AN ADDITION TO THE CITY, including all fixtures and equipment permanently attached to the Property, OR (AVON) REFILE.
3. Personal Property: The only personal property included is as follows: COKING HOD & FIRE SUPPRESSION SYSTEM, 7 CEILINGS, SINK, ALL LIGHT FIXTURES, CEILING TILES, MOUNTING GRID, ALL ADA ATTACHED FIXTURES, EXTERIOR SIGN, MOUNTING GRID & MOUNTING, & ALL ELECTRICAL CONNECTIONS, ETC.
4. Conveyance: Seller represents that they have good, valid and marketable title, in fee simple, and agrees to convey title to Property to Buyer or his nominee by warranty deed or ONLY free and clear of all liens, encumbrances or special taxes levied or assessed, except None, subject to all building and use restrictions, utility easements not exceeding ten (10) feet in width abutting the boundary of the Property, and covenants now of record.
5. Assessments: Seller agrees to pay any assessments for public improvements previously constructed, or ordered or required to be constructed by the public authority, but not yet assessed. Seller is not aware of any public improvements ordered or required to be constructed but not yet constructed.
6. Purchase Price: Buyer agrees to pay ONE HUNDRED SIXTY FIVE THOUSAND DOLLARS, \$165,000.00 DOLLARS on the following terms: \$1000.00

(Deposit) deposited herewith as evidenced by the receipt attached below. In the event this offer is not accepted by the Seller within the time specified, the Deposit shall be refunded. In the event of refusal or failure of the Buyer to consummate the purchase, the Seller may, at his option, retain the Deposit as liquidated damages for failure to carry out the agreement of sale. Balance to be paid in immediately available funds at closing of the sale.

7. Applicable Conditions: This agreement is conditioned upon the happening of each of the following events. If each of the same have not occurred within the time stated, this offer shall be null and void, and any deposit returned to Buyer.

\* SELLER TO PROVIDE A LIST OF ALL FURNITURE, FIXTURES & EQUIPMENT NOW ON THE PREMISES THAT IS TO BE INCLUDED IN THE SALE. BUYER TO INSPECT PREMISES & REVIEW LIST AND APPROVE THE PERSONAL PROPERTY LIST WITHIN 48 HOURS AFTER RECEIPT. LIST TO BE PROVIDED BY SELLER TO BUYER WITHIN 48 HOURS AFTER ACCEPTANCE.

- 1) Property to be sold "where is, as is", with no warranties or guarantees given or implied by Seller or Agents.
- 2) Offer subject to purchaser securing financing through commercial bank within 30 days of acceptance. If loan is not approved, this offer is null & void & earnest money to be refunded to purchaser within 10 days after rejection.

8. Taxes:  Douglas/Sarpy County Taxes: All consolidated real estate taxes which become delinquent in the year in which closing takes place shall be treated as though all are current taxes, and those taxes shall be prorated as of date of closing, and all prior years' taxes, interest, and other charges, if any, will be paid by Seller.

Other Counties Taxes: All consolidated real estate taxes for the year in which closing takes place (based on current assessment and tax rate) shall be prorated as of date of closing, and Seller shall, also, pay all prior years' taxes, interest, and other charges.

9. Rents, Deposit And Leases, If Rented: Any tenant deposits and leases shall be assigned to Buyer at no cost. All collected rents shall be prorated to date of closing. Copies of all current leases shall be provided to the Buyer at the time of closing.

10. Sanitary and Improvement District (S.I.D.): Buyer understands that this property is located within S.I.D. # \_\_\_\_\_ and acknowledges a receipt of the most recently filed S.I.D. Statement.

11. Conveyance of Title: Seller shall furnish a current title insurance commitment to Buyer as soon as practical. If title defects are found, Seller must cure them within a reasonable time. If title defects are not cured within a reasonable time period, the Buyer may rescind this agreement and the Deposit shall be refunded. Approximate closing date to be May 15, 2018, and possession shall be delivered at closing. The cost of an Owners title insurance policy shall be equally divided between Buyer and Seller.

# Purchase - Building

#13

## Commercial Purchase Agreement - cont.

12. Escrow Closing: Buyer and Seller acknowledge and understand that the closing of the sale may be handled by an Escrow Agent and that the Broker is authorized to transfer the Deposit or any other funds it receives to said Escrow Agent. After said transfer, Broker shall have no further responsibility or liability to Buyer or Seller for the accounting for said funds. Escrow Agent's charge for the escrow closing shall be equally divided between Buyer and Seller. *Bauken TITLE*

13. State Documentary Tax: The State Documentary Tax on the deed shall be paid by the Seller.

14. Insurance: Any risk of loss to the Property shall be borne by the Seller until title has been conveyed to the Buyer. In the event, prior to closing, the structures on the Property are materially damaged by fire, explosion or any other cause, Buyer shall have the right to rescind this agreement, and Seller shall then refund the Deposit to Buyer. Buyer agrees to provide his own hazard insurance.

15. Wood Infestation: Buyer agrees to pay the cost of a wood destroying insect inspection of the building, attached and detached structures, and Seller agrees to pay for any treatment or repair work found necessary for issuance of a termite warranty and/or treatment of any wood destroying insects. Buyer agrees to accept the treated Property upon completion of repairs.

16. Smoke Detector: Seller agrees to install, at Seller's expense, smoke detectors as required by law.

17. Condition of Property: Seller represents to the best of the Seller's knowledge, information and belief, there are no latent defects in the property. Seller agrees to maintain the heating, air conditioning, water heater, sewer, plumbing, electrical systems and any built-in appliances in working condition until delivery of possession.

18. Environmental: Seller represents to the best of Seller's knowledge, information and belief, there are no conditions present or existing with respect to the Property which may give rise to or create Environmental Hazards or Liabilities and there are no enforcement actions pending or threatened with respect thereto.

*✓* 19. THIS OFFER IS BASED UPON BUYER'S PERSONAL INSPECTION OR INVESTIGATION OF THE PROPERTY AND NOT UPON ANY REPRESENTATION OR WARRANTIES OF CONDITION BY THE SELLER OR SELLER'S AGENT.

20. Offer Expiration: This offer to purchase is subject to acceptance by Seller on or before 4-7-13, at  
5:00 o'clock P.M.

21. Agency: The REALTORS® involved in this transaction are:

  is agent for Seller.  
 THENESE & MARK WENNER is agent for Buyer.  
   is acting as limited dual agent  
representing both Buyer and Seller.

22. Broker Compensation:

Buyer and Seller acknowledge that NP 2006 is being paid a fee by Seller and this fee will be shared by Brokers based on their separate agreement.

Buyer and Seller will each compensate their respective Brokers.

WITNESS: M.W.

BUYER:

SSN/Fed. ID#

*aka Salsal Works, LLC* = Buyer  
4-6-2013

WITNESS:  

BUYER:

SSN/Fed. ID#

ADDRESS:  

City

State

Zip

Phone

7121-7123 Harrison St.  
Property Address

# Purchase Building

#13

Commercial Purchase Agreement - cont.

Should be  
corp name  
on deed**RECEIPT**

(NAME FOR DEED) RECEIVED FROM: Cynthia Clegg the sum of  
ONE THOUSAND DOLLARS 100/100 (\$ 1,000.00) DOLLARS (by CHECK 12187) to  
apply to the purchase price of the Property on terms and conditions as stated. This receipt is not an acceptance of the above offer to purchase.

NO DUE  
REALTOR® (Company Name)

16506 Lakeside Drive #119  
OFFICE ADDRESS

Theresa Wehrer / Mark Wehrer  
AGENTS NAME (Printed)

DW  
AGENTS SIGNATURE

**ACCEPTANCE**

4/7/13  
date

The Seller accepts the foregoing proposition on the terms stated and agrees to convey title to the Property, deliver possession, and perform all the terms and conditions set forth, and acknowledges receipt of an executed copy of this agreement except for the following modifications:

Except property is to remain on the active market for  
back up offers only, until buyer delivers bank approval  
letter. Counter offer expires 4/9/13.

WITNESS: Spit Lawrence

SELLER: Mark Clegg SS#Fed. ID#

WITNESS: Spit Lawrence

SELLER: Dave Conner SS#Fed. ID#

ADDRESS:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Victoria Baswell

**BUYER RECEIPT AND ACCEPTANCE**

Buyer acknowledges a fully executed copy of this agreement and accepts Counter Proposal as set out above, if any.

DATE 4-8-2013

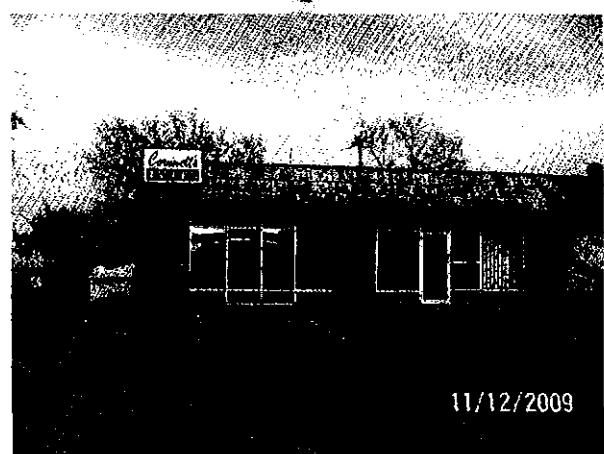
BUYER

Cynthia D. St. Gaudens

7121-7123 University St.  
Property Address

**Active**

Parcel Number: 010330127  
 Location: 7121-7123 W HARRISON ST  
 Owner: THE SALSA WORKS LLC  
 C/O  
 Mail Address: 3105 S 94TH ST  
 OMAHA NE 68124-  
 Legal: LOT 1B2A LA VISTA REPLAT  
 Tax District: 27002  
 Map #: 2959-13-2-30051-000-0005



Click Picture/Sketch for Larger View.

Use arrows to view Picture/Sketch.

THIS IS NOT A PROPERTY RECORD FILE [What does this mean?](#)

**Commercial Information for 1 January Roll Year 2013**

Improvement Information

Business Name: CORNWELL'S TAVERN  
 Primary Description: TAVERN/BAR  
 Commercial units:  
 Lot Sqft: 8125  
 Total Area: 1872

Building Information

Bldg #	Built	STORIES	Total Area	Ext Wall	DESCRIPTION
1	1969	1	1872	CONCRETE BLOCK, STANDARD	TAVERN/BAR

Refinements

Bldg #	Sec #	Code	Description	Sqft or Quantity
1		CANW	CANOPY WOOD	198
1	2	CON	CONCRETE SLAB SF	539
1	2	ASP	ASPHALT PAVING SF	5610

**Sales Information (Updated 6/23/2013)**

Sale Date B & P	Grantor	Grantee	Total Sale Price	Adjusted Sale Price
5/23/2013	CORNWELL BROTHERS PROPERTIES, INC	THE SALSA WORKS LLC	\$165,000	\$165,000
2013- 17102	7313 S 78TH LA VISTA NE 68128-0000	3105 S 94TH ST OMAHA NE 68124-		

Roll Year	Land Value	Valuation Information			
		Impr Value	Outbuildings	Total Value	PV
2013	\$32,500	\$54,500	\$0	\$87,000	NO
2012	\$32,500	\$54,500	\$0	\$87,000	NO
2011	\$32,500	\$54,500	\$0	\$87,000	NO
2010	\$32,500	\$54,500	\$0	\$87,000	NO
2009	\$32,500	\$48,500	\$0	\$81,000	NO
2008	\$32,500	\$41,200	\$0	\$73,700	NO
2007	\$32,500	\$41,200	\$0	\$73,700	NO
2006	\$32,500	\$41,200	\$0	\$73,700	NO
2005	\$32,500	\$41,200	\$0	\$73,700	NO
2004	\$32,500	\$41,200	\$0	\$73,700	NO
2003	\$32,500	\$41,200	\$0	\$73,700	NO
2002	\$32,500	\$41,200	\$0	\$73,700	NO
2001	\$32,500	\$32,200	\$0	\$64,700	NO
2000	\$32,500	\$31,553	\$0	\$64,053	NO
1999	\$12,797	\$43,237	\$0	\$56,034	NO
1998	\$12,188	\$41,016	\$0	\$53,204	NO
1997	\$53,204			\$53,204	NO
1996	\$56,494			\$56,494	NO
1995	\$54,090			\$54,090	NO
1994	\$54,090			\$54,090	NO
1993	\$54,090			\$54,090	NO
1992	\$50,000			\$50,000	NO
1991	\$50,000			\$50,000	NO
1990	\$50,000			\$50,000	NO
1989	\$50,000			\$50,000	NO
1988	\$42,041			\$42,041	NO

Levy Information		
Levy Information 2012		
View Past Levy Information		
Fund	Description	Levy
1	COUNTY LEVY	0.299901
127	PAPILLION/LA VISTA SCHOOL	0.09667
180	SCHL DIST 27 BOND 1	0.013586
183	SCHL DIST 27 BOND 2	0.025863
185	SCHL DIST 27 BOND 3	0.111892
186	SCHL DIST 27 BOND 4	0.057852
199	LEARN COMM-GENERAL	0.95
202	ELEM LEARN COM	0.01
425	LAVISTA CITY	0.49
426	LAVISTA CITY BOND	0.06
501	PAPIO NATURAL RESRCE	0.030606
502	PAPIO NRD BOND	0.002147
801	METRO COMMUNITY COLL	0.085
901	AGRICULTURAL SOCIETY	0.001358
1003	ED SERVICE UNIT 3	0.016057
	Total Levy	2.250932

## Treasurer Information

Property Class	2000	Forclosure #	
Mortgage Company #	0	Foreclosure Date	
Mortgage Company			
Exemption Code		Exemption Amount	\$0
Specials	No Specials Found.		
Tax Sales	No Tax Sale Entry(s) Found or All Tax Sales Entry(s) Redeemed.		
Tax Sale #	5714	Tax Sale Date	3/2/2004
Redemption #	5185	Redemption Date	5/24/2004

## Tax Information

\*Click Statement Number to see Treasurer information for paying your taxes with a credit card or Echeck or to print your receipt for a payment you have made by mail or online.

Year	Statement	Tax District	Source	Taxes Due	Total Due	Balance
2012	<a href="#">2012-010330127</a>	27002	REAL	\$1,896.12	\$1,896.12	\$948.06
2011	<a href="#">2011-0043774RP</a>	27002	REAL	\$1,893.58	\$1,893.58	\$0.00
2010	<a href="#">2010-0046119RP</a>	27002	REAL	\$1,863.04	\$1,863.04	\$0.00
2009	<a href="#">2009-0051778RP</a>	27002	REAL	\$1,720.56	\$1,720.56	\$0.00
2008	<a href="#">2008-0056812RP</a>	27002	REAL	\$1,535.72	\$1,535.72	\$0.00
2007	<a href="#">2007-0034334RP</a>	27002	REAL	\$1,523.72	\$1,523.72	\$0.00
2006	<a href="#">2006-0037074RP</a>	27002	REAL	\$1,572.84	\$1,572.84	\$0.00
2005	<a href="#">2005-0040691RP</a>	27002	REAL	\$1,570.88	\$1,570.88	\$0.00
2004	<a href="#">2004-0045876RP</a>	27002	REAL	\$1,629.44	\$1,629.44	\$0.00
2003	<a href="#">2003-0330127RP</a>	27002	REAL	\$1,684.00	\$1,684.00	\$0.00
2002	<a href="#">2002-0330127RP</a>	27002	REAL	\$1,567.68	\$1,567.68	\$0.00
2001	<a href="#">2001-0330127RP</a>	27002	REAL	\$1,376.58	\$1,376.58	\$0.00
2000	<a href="#">2000-0330127RP</a>	27002	REAL	\$1,321.40	\$1,321.40	\$0.00
1999	<a href="#">1999-0330127RP</a>	27002	REAL	\$1,188.94	\$1,188.94	\$0.00
1998	<a href="#">1998-0330127</a>	27002	REAL	\$1,153.10	\$1,153.10	\$0.00
1997	<a href="#">1997-0330127</a>	27002	REAL	\$1,259.42	\$1,259.42	\$0.00
1996	<a href="#">1996-0330127</a>	27002	REAL	\$1,400.18	\$1,400.18	\$0.00
1995	<a href="#">1995-0330127</a>	27002	REAL	\$1,446.38	\$1,446.38	\$0.00
1994	<a href="#">1994-0330127</a>	27002	REAL	\$1,382.52	\$1,382.52	\$0.00
1993	<a href="#">1993-0330127</a>	27002	REAL	\$1,380.80	\$1,380.80	\$0.00
1992	<a href="#">1992-0330127</a>	27002	REAL	\$1,233.92	\$1,233.92	\$0.00
1991	<a href="#">1991-0330127</a>	27002	REAL	\$1,259.58	\$1,259.58	\$0.00
1990	<a href="#">1990-0330127</a>	27002	REAL	\$1,291.50	\$1,291.50	\$0.00
1989	<a href="#">1989-0330127</a>	27002	REAL	\$1,495.37	\$1,495.37	\$0.00
1988	<a href="#">1988-0330127</a>	27002	REAL	\$1,313.15	\$1,313.15	\$0.00

one story building

approx 41 x 46

approx 41 x 46

No Basement

No Dutch door

1 1/2 story

46

1 1/2 story

1 1/2 story

1 1/2 story