



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 D LIQUOR LICENSE APPLICATION FOR GIRI LLC DBA LA VISTA MART IN LA VISTA, NEBRASKA.

WHEREAS, Girl LLC dba La Vista Mart, 9849 Giles Road, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class D 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 D Liquor License application submitted by Girl LLC dba La Vista Mart, 9849 Giles Road, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 1ST DAY OF JULY, 2014.

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Pamela A. Buethe, CMC
City Clerk



**LA VISTA POLICE DEPARTMENT
INTER-DEPARTMENT MEMO**

TO: Pam Buethe, City Clerk

FROM: Chief Robert S. Lausten

DATE: June 10, 2014

RE: LOCAL BACKGROUND- LIQUOR LICENSE- MANAGER
GIRI, LLC. DBA: LA VISTA MART

CC:

The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Liquor License and Manager application. Jiban Giri has no entries in Nebraska.

RECEIPT

From: NLCC Randy.Seybert@nebraska.gov
Phone: 402/471-4885
Fax: 402/471-2814

To: CLERK-OF OMAHA
Subject: GIRI LLC dba LA VISTA MART D-108481
NEW APPLICATION

PLEASE COMPLETE THE BOTTOM SECTION IMMEDIATELY UPON RECEIPT OF THIS APPLICATION AND FAX OR EMAIL THIS FORM BACK ACKNOWLEDGING THE RECEIPT OF THIS APPLICATION. PLEASE DATE STAMP IF THAT OPTION IS AVAILABLE. THANK YOU.

6-10-14

DATE OF RECEIPT

Mandy Garrison - Deputy City Clerk
La Vista

SIGNATURE

Urgent For Review Please Comment

Please Reply

Please Recycle

STATE OF NEBRASKA

Dave Heineman
Governor

NEBRASKA LIQUOR CONTROL COMMISSION

Robert B. Rupe Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7252 (TTY)

June 9, 2014

**LA VISTA CITY CLERK
8116 PARK VIEW BLVD
LA VISTA NE 68128 2198**

RE: GIRI LLC dba LA VISTA MART D-108481

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days, not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

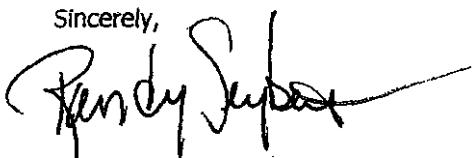
PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,



NEBRASKA LIQUOR CONTROL COMMISSION
Randy Seybert
Licensing Division

Enclosures

**Janice Wiebusch
Commissioner**

**Bob Batt
Chairman**

**William F. Austin
Commissioner**

An Equal Opportunity/Affirmative Action Employer

RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION

RS

Date Mailed from Commission Office: June 9, 2014

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, Sec. 134 (7) (reissue 1984) 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:

GIRI LLC dba LA VISTA MART D-108481

9849 GILES ROAD

OMAHA NE 68128

DUE: 07/24/2014

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: _____

7. Check one: The motion passed: _____ The 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 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

RECEIVED	
MAY 28 2014	
NEBRASKA LIQUOR CONTROL COMMISSION	
QA	Rep 080115
D	108481 RS

Applicant name Jibran Giri

Trade name La Vista Mart

Previous trade name Eddy's convenience Store

Contact email address jibangiri@hotmail.com

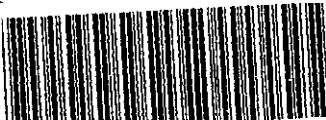
Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

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

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

1. Application CR 1775 400 mm 168016 Signature	 1400013514	
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FORM L-100
REV 12/2013
PAGE 1

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MAY 23 2014

3) Enclose the appropriate application forms:

Individual license (requires insert form 1- form number 104)

Partnership license (requires insert form 2- form number 105)

Corporate license (requires insert form 3a & 3c- form number 101 and 103)

Limited liability company (LLC) (requires form 3b & 3c- form number 102 and 103)

NEBRASKA LIQUOR
CONTROL COMMISSION

4. If building is being leased send a copy of signed lease. Lease must be in the name of the individual, corporation or limited liability company making application. Lease term must run through the license year being applied for (see page 3).

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 (must read applicants name).

b) Provide a copy of alcohol inventory being purchased (must include brand names and container size)

c) Enclose a list of the assets being purchased (furniture, fixtures and equipment).

7. If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).

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

9. For citizenship enclose copy of U.S. birth certificate; U.S. passport or naturalization paper

For residency enclose proof of registered voter in Nebraska

See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>

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 stamp.

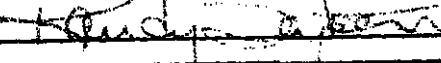
11. Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.


Signature

05-22-14
Date

RECEIPT

DATE	5-23-2014	NO.	168016
FROM	Sibari & Amanda GIEI		
FOR	New App		
Fees received: - C.R. - 1924 - \$76			
<input type="checkbox"/> CASH		\$100	
<input checked="" type="checkbox"/> CHECK # 1725		\$100	
<input type="checkbox"/> MONEY#		\$100	
ORDER		\$100	
Received by 			

APPLICATION FOR TEMPORARY
OPERATING PERMIT (TOP)

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

Office Use

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JUN 9 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

Enclose completed application for liquor license from purchasers

Enclose document showing sale of business; document may be in the form of purchase agreement/contract, management agreement or promissory note. Must include purchase date or closing date within 2-3 weeks of requesting TOP. Must show name of business being sold. Must be signed by seller.

NAME OF EXISTING BUSINESS (SELLER) AND LICENSE

Eddys 080115

On (date) 4-4-14 seller and buyer entered into a contract for sale of the business known as Eddys

Buyer seeks to obtain a Temporary Operating Permit (TOP) to allow them to operate the business under the same terms and conditions of premise licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days.

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesaler under section §53-123.02. A seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.



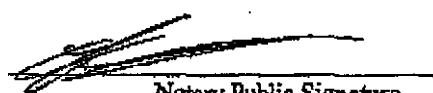
Signature of Seller

State of Nebraska

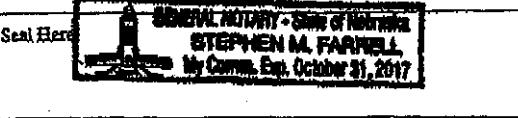
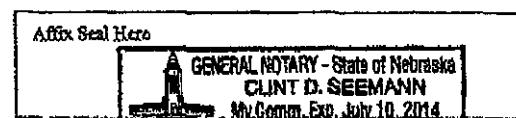
County of Douglas

The forgoing instrument was acknowledged before
me this 5/2/14

Date



Notary Public Signature



1400013476

RM 125
7-4-2012

Signature of **SELLER**

Print Name

State of Nebraska, County of _____

The foregoing instrument was acknowledged before me
this _____ (date)
by _____
Name(s) of Person(s) Acknowledged [individual(s) signing document]

Notary Public signature

MM

Signature of **BUYER**

Print Name

State of Nebraska, County of _____

The foregoing instrument was acknowledged before me
this _____ (date)
by _____
Name(s) of Person(s) Acknowledged [individual(s) signing document]

Notary Public signature

ACIV Sze

ADMINISTRATIVE REVIEW – Office use only				
Date: <u>6-9-14</u>	Rep: <u>RS</u>	Lic. Class: <u>D</u>	Lic. # <u>108481</u>	
<input checked="" type="checkbox"/> Approved <u>mpm</u>	<input type="checkbox"/> Denied _____	Reason for Denial: _____ _____		

2

108481 Temporary Operating Permit

Nebraska Liquor Control Commission

14-481

Class D

Issued: 06/09/2014 – Expires: 09/08/2014

GIRI LLC

DBA: LA VISTA MART, 9849 GILES ROAD, LAVISTA

Description: ENTIRE ONE STORY BLDG APPROX 100' X 42'

**Robert B Rupe - Executive Director
Nebraska Liquor Control Commission
301 Centennial Mall South, 5th Floor
Lincoln, NE 68509
(402) 471 – 2571**



*** NO EXTENSIONS OF THIS PERMIT WILL BE ALLOWED***

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MAY 23 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

**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/

**CLASS OR LICENSE FOR WHICH APPLICATION IS MADE AND TYPE
(CHECK DESIRED CLASS)**

RETAIL LICENSE(S)

Submit \$400 Non Refundable Application Fee

- 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

LICENSE YEAR

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
(CHECK ONLY ONE)**

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

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

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

Name _____ Phone number: _____

Firm Name _____

PREMISE INFORMATIONTrade Name (doing business as) La Vista MartStreet Address #1 9849 Giles Road LaVista, NE 68128

Street Address #2 _____

City La Vista County Sarpy Zip Code 68128Premise Telephone number 402-598-2759**RECEIVED**Business e-mail address jibangiri@hotmail.com

MAY 23 2014

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

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

**NEBRASKA LIQUOR
CONTROL COMMISSION**Name JibangiriStreet Address #1 8803 Webster Plaza

Street Address #2 _____

City Omaha State NE Zip Code 68114**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

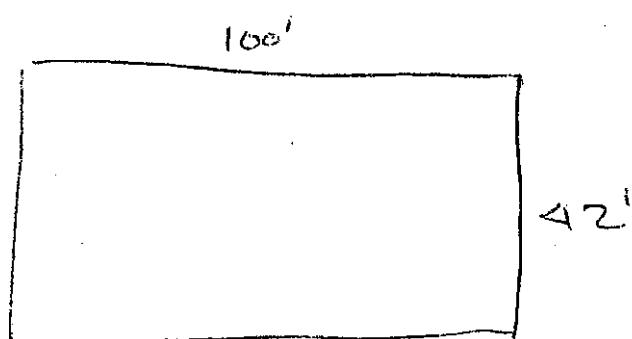
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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 premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 100' x width 42' in feetIs there a basement to be licensed? Yes No If yes, length _____ x width _____ in feetIs there an outdoor area? Yes No If yes, length _____ x width _____ in feet

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

Single Story Ridge 100' x 42'



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MAY 23 2014

APPLICANT INFORMATION

NEBRASKA LIQUOR

CONTROL COMMISSION
S53-125(S)

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. Include traffic violations. 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. The 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

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

YES NO

If yes, give name of business and liquor license number Eddy's Convenience Store 080115

- 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 Eddy's Convenience Store

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

YES NO Sending in.

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, including family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) _____

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

YES NO

MAY 23 1994

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

NEBRASKA LIQUOR
CONTROL COMMISSION

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.

Jibon Giri, First Westroads Bank.

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

None

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MAY 25 2014

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

NEBRASKA LIQUOR
CONTROL COMMISSION

NONE

NLCC certified training program completed:

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

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

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? June 16th, 2014

15. What will be the main nature of business? Gas Station

16. What are the anticipated hours of operation? Mon - Sat: 6-10, Sun: 6-9

17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, 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	
Omaha, NE	2005	present	Omaha, NE	2005	present
Bellevue, NE	2001	2005	Bellevue, NE	2003	2005

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


Signature

Print Name

Jamuna Gir
Signature
Jamuna Gir
Print Name

Signature of Spouse

Signature of Spouse

ACKNOWLEDGEMENT

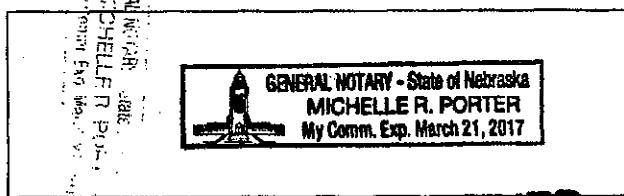
State of Nebraska

County of

State of Nebraska
County of Lincoln
May 23, 2014 by
date
Michelle Porter
Notary Public Signature

The foregoing instrument was acknowledged before me this

Jibon Giri and Jamuna Giri
(name of person(s) acknowledged (individual(s) signing))



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MAY 22

NEBRASKA LIQUOR
CONTROL COMMISSION

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.llcc.ne.gov

Office Use

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MAY 23 2014
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 (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)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Jibran Giri

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

GIRI LLC 010192272

LLC Address: 8803 Webster Plaza

City: Omaha State: NE Zip Code: 68114

LLC Phone Number: 402-598-2759 LLC Fax Number: _____

Name of Managing/Contact Member

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

Last Name: Giri First Name: Jibran MI: _____

Home Address: 8803 Webster Pk City: Omaha

State: NE Zip Code: 68114 Home Phone Number: _____

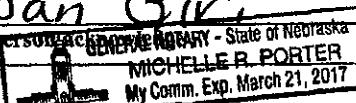
Jibran Giri
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Pancrester
Date May 23, 2014
by Michelle Porter

The foregoing instrument was acknowledged before me this

by


name of person acknowledging: Michelle R. Porter
My Comm. Exp. March 21, 2017

Affix Seal

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

Last Name: Giri First Name: Jibar MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100% _____

Last Name: _____ First Name: _____ MI: _____

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Social Security Number: _____ Date of Birth: _____

MAY 23 2014

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

Spouse Social Security Number: _____ Date of Birth: _____

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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 _____

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: _____ **RECEIVED**

Spouse Full Name (indicate N/A if single): _____ MAY 23 2014

Spouse Social Security Number: _____ Date of Birth: _____ **NEBRASKA LIQUOR**

Percentage of member ownership _____ **CONTROL COMMISSION**

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 _____

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 _____
- 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: Jan 1 Ending Date: Dec 31

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

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MAY 23 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

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.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

MUST BE:

- Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- Nebraska resident. Include copy of voter registration in the State of Nebraska
- Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.
- 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: GIRI LLC

Premise information

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

Premise Trade Name/DBA: La Vista Mart

Premise Street Address: 9849 Giles Road

City: La Vista County: Sarpy Zip Code: 68128

Premise Phone Number: 402-598-2759

Email address: jibangiri@hotmail.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi


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

Manager's information must be completed below. PLEASE PRINT CLEARLY

Last Name: Giri First Name: Jiban MI:

Home Address (include PO Box if applicable): 8803 Webster P17

City: Omaha County: Douglas Zip Code: 68114

Home Phone Number: Business Phone Number:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Nepal

Email address: jibangiri@hotmail.com

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

MAY 23 2014

YES

NO

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Spouse's Information

Spouses Last Name: Giri First Name: Jamuna MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Nepal

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	2005	present	Omaha, NE	2005	present
Bellevue, NE	2001	2005	Bellevue, NE	2003	2005

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1999 present	First Data	Mark Martinez	(402) 777-1095

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, ~~RECEIVED~~ please list charges by each individual's name.

YES NO

MAY 23 2014

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

YES NO

IF YES, list the name of the premise(s):

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

YES NO

4. List the alcohol related training and/or experience (when and where) of the person making application.

***NLCC** Training Certificate Issued: _____ Name on Certificate: _____

NONE

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
		RECEIVED
		MAY 23 2014
		NEBRASKA LIQUOR CONTROL COMMISSION

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

5. 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

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PERSONAL DATA AND STATEMENT OF INVESTIGATION 2/1/2014

NEBRASKA LIQUOR

CONTROL COMMISSION

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

Lancaster

The foregoing instrument was acknowledged before me this

May 23, 2014

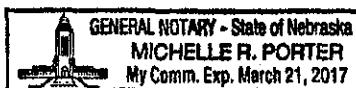
date

by Tibin Giri and Jamuna Giri
name of person acknowledged

Michelle Porter

Notary Public signature

Affix Seal



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