



**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,   Giri 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 Giri 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**

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**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:**

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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.

10-10-14

DATE OF RECEIPT

SIGNATURE

Mandy Garsod - Deputy City Clerk  
La Vista

☒ 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, 5<sup>th</sup> 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.

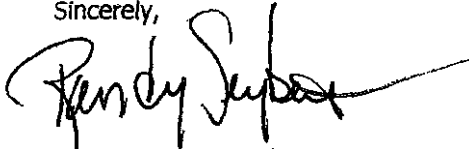
PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 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

*An Equal Opportunity/Affirmative Action Employer*

William F. Austin  
Commissioner

**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**

clerk's signature

**DATE**

**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

|                                       |            |    |
|---------------------------------------|------------|----|
| <b>RECEIVED</b>                       |            |    |
| MAY 28 2014                           |            |    |
| NEBRASKA LIQUOR<br>CONTROL COMMISSION |            |    |
| QA                                    | Rep 080115 |    |
| D                                     | 108481     | RS |

Applicant name Jiban 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.

|                             |  |
|-----------------------------|--|
| PAYMENT TYPE <u>CR 1775</u> | <br>1400013514 |
| AMOUNT <u>400 -mm</u>       |  |
| RECEIPT <u>168016</u>       |  |
| RECEIVED                    |  |


RECEIVED

MAY 23 2014

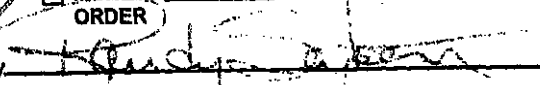
NEBRASKA LIQUOR  
CONTROL COMMISSION

- ✓ 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)
- ✓ 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        | Gibson & Yarnum GLE  |      |        |
| FOR         | New App  |      |        |
|             | Fingerprint - LK - 1524 - 76   |      |        |
|             | <input type="checkbox"/> CASH  |      |        |
|             | <input checked="" type="checkbox"/> CHECK #  | 1725 | \$ 400 |
|             | <input type="checkbox"/> MONEY#  |      |        |
|             | ORDER  |      |        |
| 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](http://www.lcc.ne.gov)

Office Use

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- ☐ 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]  
Signature of Seller

State of Nebraska

County of Douglas

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

[Signature]  
Notary Public Signature

Affix Seal Here



[Signature]  
Signature of Buyer

State of Nebraska

County of Douglas

The forgoing instrument was acknowledged before  
me this June 2, 2014  
Date

[Signature]  
Notary Public Signature

Affix Seal Here



1400013476

RM 125  
7/4/2012



Signature of **SELLER**

Signature of **BUYER**

Print Name

Print Name

State of Nebraska, County of \_\_\_\_\_

State of Nebraska, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me

The foregoing instrument was acknowledged before me

this \_\_\_\_\_ (date)

this \_\_\_\_\_ (date)

by \_\_\_\_\_  
Name(s) of Person(s) Acknowledged [individual(s) signing document]

by \_\_\_\_\_  
Name(s) of Person(s) Acknowledged [individual(s) signing document]

Notary Public signature

\_\_\_\_\_

Notary Public signature

\_\_\_\_\_

ADMINISTRATIVE REVIEW – Office use only

Date: 6-9-14

Rep: RS – Lic. Class: D – Lic. # 108481

☒ Approved mm

☐ 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'**

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



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

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**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/)

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
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)  
Commission will call this person with any questions we may have on this application**

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_

**PREMISE INFORMATION**Trade Name (doing business as) La Vista MartStreet Address #1 9849 Giles Road La Vista, NE 68128

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

City La Vista County Sarpy Zip Code 68128Premise Telephone number 402-598-2759Business e-mail address jibangiri@hotmail.comIs this location inside the city/village corporate limits: ☒ YES

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

Name Jiban GiriStreet 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**

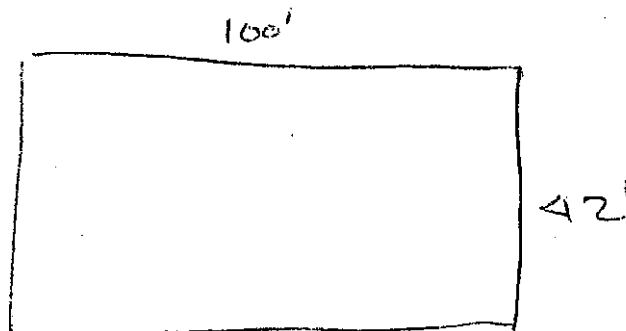
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions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

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

Single Story Bldg 100' x 42'

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☐ NO  
**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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**APPLICANT INFORMATION**

**NEBRASKA LIQUOR**

**CONTROL COMMISSION**

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY (§§3-12515)**

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

- 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 Eddy's convenience store

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

☒ YES ☐ NO Sending in.

If yes:

- a) Attach temporary operating permit (TOP) (form 125)
- b) TOP will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, including family or friends, to establish and/or operate the business?

☐ YES ☒ NO

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

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

☐ YES ☒ NO

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

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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.

Jiban 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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NEBRASKA LIQUOR  
CONTROL COMMISSION

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

NONE

NLCC certified training program completed:

| Applicant Name | Date<br>(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](http://www.lcc.ne.gov/traininginfo.html)

Experience:

| Applicant Name/Job Title | Date of<br>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 16<sup>th</sup>, 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<br>FROM TO |         | SPOUSE: CITY & STATE | YEAR<br>FROM TO |         |
| Omaha, NE  | 2005            | present | Omaha, NE            | 2005            | present |
| Bellevue, NE   | 2001            | 2005    | Bellevue, NE         | 2003            | 2005    |
|  |                 |         |                      |                 |         |
|  |                 |         |                      |                 |         |
|  |                 |         |                      |                 |         |

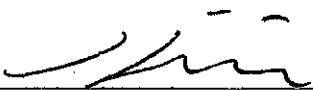
If necessary attach a separate sheet.



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   |
| Jiban Giri  |
| Print Name  |

|             |
|-------------|
| Jamuna Giri |
| Signature   |
| Jamuna Giri |
| Print Name  |

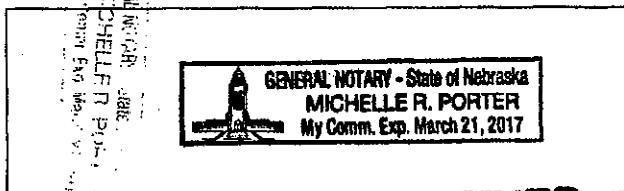
|                     |
|---------------------|
| Signature of Spouse |
| Print Name          |

|                     |
|---------------------|
| Signature of Spouse |
| Print Name          |

### ACKNOWLEDGEMENT

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

The foregoing instrument was acknowledged before me this  
Jiban Giri and Jamuna Giri  
 name of person(s) acknowledged (individual(s) signing)



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MAY 23 2014

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.

NEBRASKA LIQUOR  
 CONTROL COMMISSION

FORM 100  
 REV 12/2013  
 PAGE 8



**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)

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**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: Jiban Giri

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

GIRL 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: Jiban MI: \_\_\_\_\_

Home Address: 8803 Webster Plz City: Omaha

State: NE Zip Code: 68114 Home Phone Number: \_\_\_\_\_

Jiban  
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Lancaster  
May 23, 2014  
Date  
Michelle Porter

The foregoing instrument was acknowledged before me this

by Jiban Giri  
name of person acknowledged

Affix Seal



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

Last Name: Giri First Name: Tiban 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: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_

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NEBRASKA LIQUOR  
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 \_\_\_\_\_

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

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

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

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

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

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

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NEBRASKA LIQUOR  
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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NEBRASKA LIQUOR  
CONTROL COMMISSION

**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)

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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](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 Plz

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 spouse's information (Even if a spousal affidavit has been submitted)

MAY 23 2014

☒ YES

☐ NO

NEBRASKA LIQUOR  
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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<br>FROM TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE<br>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 RECEIVED please list charges by each individual's name.

☐ YES ☒ NO

MAY 23 2014

If yes, please explain below or attach a separate page.

## NEBRASKA LIQUOR CONTROL COMMISSION

| Name of Applicant | Date of<br>Conviction<br>(mm/yyyy) | Where<br>Convicted<br>( City & State) | Description<br>of<br>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<br>(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](http://www.lcc.ne.gov/traininginfo.html)

Experience:

| Applicant Name / Job Title | Date of<br>Employment: | Name & Location of Business: |
|----------------------------|------------------------|------------------------------|
|                            |                        |                              |
|                            |                        |                              |
|                            |                        |                              |
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|                            |                        |                              |
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|                            |                        |                              |
|                            |                        |                              |
|                            |                        |                              |

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 OATH AND CONSENT OF INVESTIGATION MAY 23 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

Sancastr  
May 23, 2014  
date

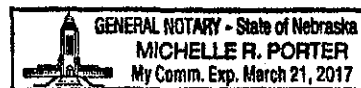
The foregoing instrument was acknowledged before me this

by

Tiban Giri and Tamuna Giri  
name of person acknowledged

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.