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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 SHAKTI FUELS LLC DBA LA VISTA SINCLAIR IN LA VISTA, NEBRASKA.

WHEREAS, Shakti Fuels LLC dba La Vista Sinclair, 8307 Park View Boulevard, 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 Shakti Fuels LLC dba La Vista Sinclair, 8307 Park View Boulevard, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 2ND DAY OF DECEMBER, 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:** November 17, 2014

**RE:** LOCAL BACKGROUND- LIQUOR LICENSE- CORPORATE &  
MANAGER-SHAKTI FUEL, LLC. DBA SINCLAIR GAS STATION

**CC:**

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The police department conducted a check of computerized records regarding the applicant for the Corporate and Manager applications. Maulin Patel (Shakti Fuel, LLC, DBA SINCLAIR GAS STATION). Matras has no criminal record in Nebraska. The manager applicant, Manoj Desai, also has no entries in Sarpy and Douglas counties.

# RECEIPT

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

**To:** CLERK-OF LA VISTA

**Subject:** SHAKTI FUELS LLC. dba LA VISTA SINCLAIR D-110675  
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.

11-12-14

DATE OF RECEIPT

M. Bawed - 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, 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)

November 12, 2014

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

**RE: SHAKTI FUELS LLC. dba LA VISTA SINCLAIR D-110675**

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: November 12, 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:

**LA VISTA CITY CLERK  
8116 PARK VIEW BLVD  
LA VISTA NE 68128 2198  
DUE: 12/29/2014**

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

**RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION****RS**

Date Mailed from Commission Office: November 12, 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:

**LA VISTA SINCLAIR**  
**8307 PARK VIEW BLVD**  
**LA VISTA NE 68128**  
**DUE: 12/29/2014**

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** \_\_\_\_\_  
clerk's 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

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NOV 4 2014		
NEBRASKA LIQUOR CONTROL COMMISSION		
QA	Repl 088429	
Class Type D	LI <b>110675</b>	Initial RS

Applicant name Shakti Fuels LLC

Trade name La Vista Sinclair

Previous trade name N / A

Contact email address sinclv14@gmail.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.

Office use only	
PAYMENT TYPE	<u>CK No #</u>
AMOUNT:	<u>\$ 400</u>
RECEIPT #	<u>168220</u>
Received:	<u>mm</u>

  
1400025089

RECEIVED  
mp



X 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).

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

X 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).

X 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.

X 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>


X 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.

X 11. Submit a copy of your business plan.

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

                      
Signature

                      
Date

RECEIPT	DATE	<u>11-4-2014</u>	No. 168220
	FROM	<u>Shakti Fuels LLC</u>	
	FOR	<u>New App</u>	
	<div style="display: flex; align-items: center;"><div style="flex: 1;"></div><div style="flex: 2;"><div><input type="checkbox"/> CASH</div><div><input checked="" type="checkbox"/> CHECK # <u>No Number</u></div><div><input type="checkbox"/> MONEY#</div><div>ORDER</div></div><div style="flex: 1; text-align: right;"><div>\$ <u>2150</u></div><div><u>no</u></div></div></div>		
Received by <u>Andy Seiden</u>			



**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/

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**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 Jennifer M. Tomka Phone number: 402.475.3865  
Firm Name Boucher Law Firm

**PREMISE INFORMATION**Trade Name (doing business as) La Vista SinclairStreet Address #1 8307 Park View Blvd.

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

City La VistaCounty SARPYZip Code 68128Premise Telephone number 402-331-4145Business e-mail address sinclv14A@gmail.com

Is this location inside the city/village corporate limits:

☒

YES

☐

NO

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

Name Manoj K. DesaiStreet Address #1 400 Dakota Avenue

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

City S. Sioux CityState NEZip Code 68776**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 37 x width 27 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

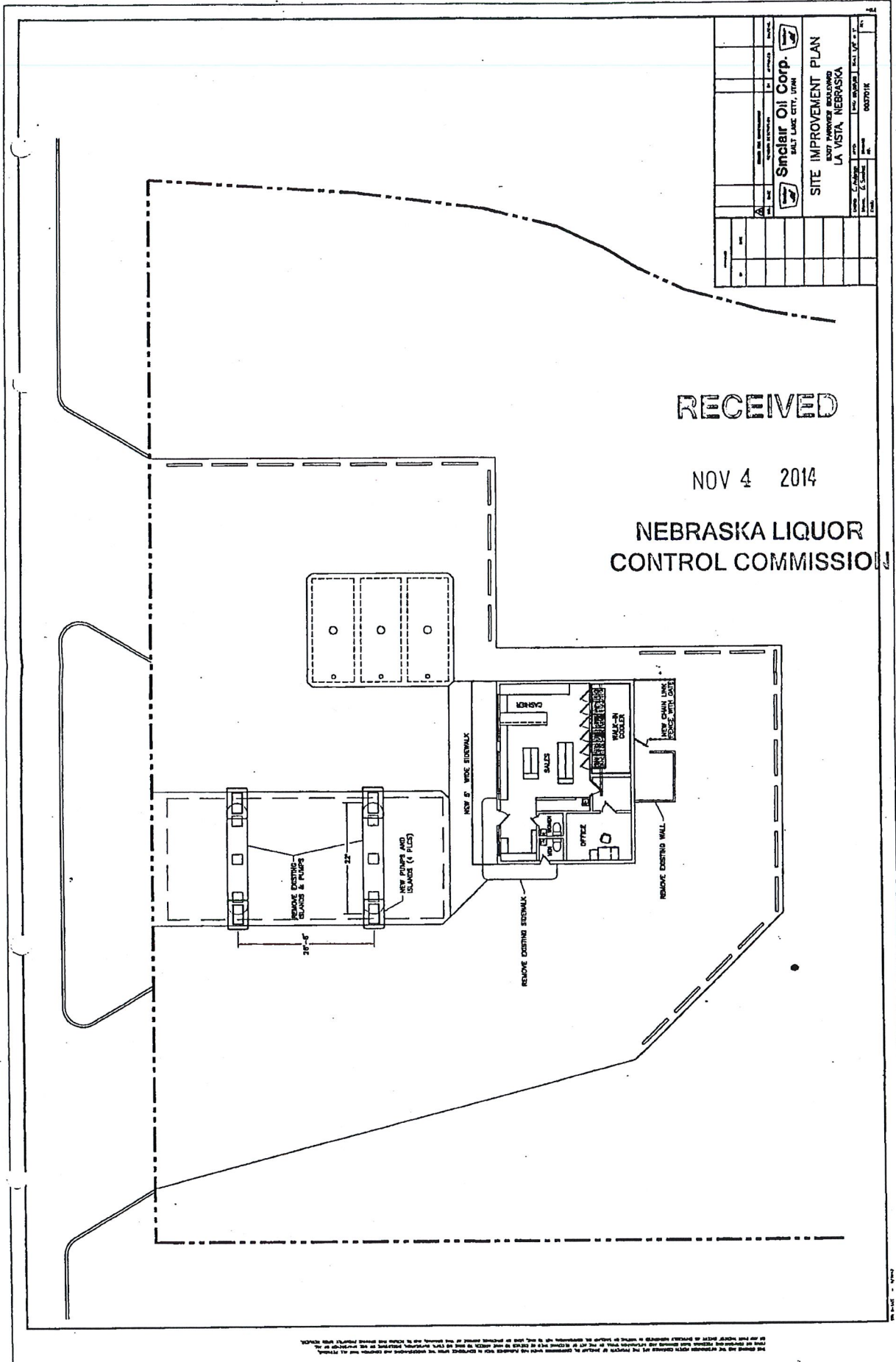
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



[illegible]

NOV 4 2014

NEBRASKA LIQUOR  
CONTROL COMMISSION



**APPLICANT INFORMATION****1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. 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

NOV 4 2014

**NEBRASKA LIQUOR**

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	CONTROL COMMISSION

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

☒ YES ☐ NO

If yes, give name of business and liquor license number " B " 088429

- 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 \_\_\_\_\_

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

☒ YES ☐ NO

If yes:

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



5. Are you borrowing any money from any source, 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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**No silent partners**

NEBRASKA LIQUOR  
CONTROL COMMISSION

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.

Great Western Bank

- Maulin N Patel

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.

Shakti Petroleum, Inc. 1009 W, Mission Avenue, Bellevue, NE 68005 " D " 086870

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

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Maulin N. Patel	10/2014	RBST
		RECEIVED

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 Employment:	Name & Location of Business
		NOV 4 2014
		NEBRASKA LIQUOR
		CONTROL COMMISSION

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? 10/24/14

15. What will be the main nature of business? C- Store with Gas Station

16. What are the anticipated hours of operation? 5 am to 11 pm, 5 am to 1 am on weekends

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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Sioux City, IA	2003	till date	unmarried		


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  MAULIN NIRAJ PATEL _____ Print Name	<b>RECEIVED</b>  _____ Signature  NOV 4 2014  NEBRASKA LIQUOR CONTROL COMMISSION _____ Print Name
_____ Signature of Spouse  _____ Print Name	_____ Signature of Spouse  _____ Print Name

#### ACKNOWLEDGEMENT

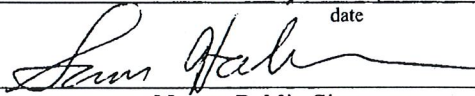
State of Nebraska

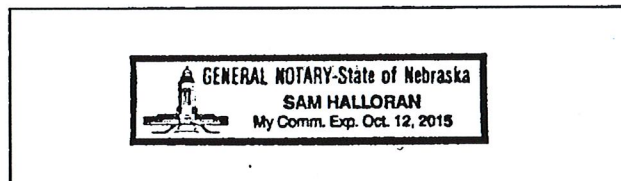
County of Douglas

The foregoing instrument was acknowledged before me this

Nov 3, 2014 by \_\_\_\_\_  
date

Maulin Niraj Patel  
name of person(s) acknowledged (individual(s) signing)

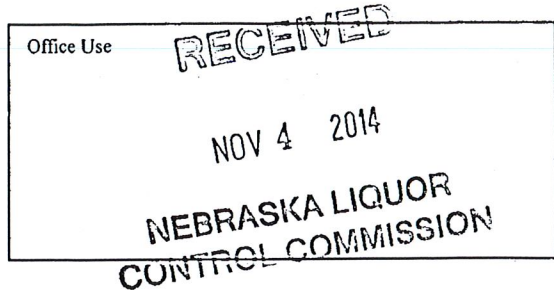
  
\_\_\_\_\_  
Notary Public Signature



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 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



- ☒ Application for a temporary operation permit (TOP) must be included with the application for liquor license. TOP will not be considered without the completed application for a liquor license.
- ☒ Enclose documentation showing sale of business; document may be in the form of a purchase agreement/contract, management agreement or promissory note. Sale of business document must include the following: name of business being sold, purchase date or closing date within 2-3 weeks of requesting TOP and must be signed by the seller and buyer.
- ☒ TOP's are valid for 90 days from date of issuance and cannot be extended past the expiration date (no exceptions).
- ☒ Seller's liquor license will terminate upon issuance of the TOP.
- ☒ If the seller's liquor license is up for renewal during the TOP it will not be necessary for the seller to renew.

NAME OF CURRENT LICENSEE (SELLER):

AVP LLC

SELLER'S LICENSE #:

088429

On (date) 09/29/14 seller and buyer entered into a contract for sale of the

business known as (TRADE NAME):

AVP Energy # 5

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

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



1400025107



Lawrence M. Rogers

Signature of **SELLER**

Lawrence M. Rogers

Print Name

State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me

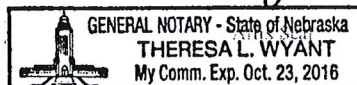
this 23rd day of October, 2014 (date)

by Lawrence M. Rogers

Name(s) of Person(s) Acknowledged (individual(s) signing document)

Theresa L. Wyant

Notary Public signature



Maulin N. Patel

Signature of **BUYER**

Maulin N. Patel

Print Name

State of ~~Nebraska~~ <sup>Iowa</sup>, County of Woodbury

The foregoing instrument was acknowledged before me

this October 31, 2014 (date)

by Maulin N. Patel

Name(s) of Person(s) Acknowledged (individual(s) signing document)

Mark Cord

Notary Public signature



ADMINISTRATIVE REVIEW - Office use only

Date: 11/5/14

Rep: RS - Lic. Class: D - Lic. # 110675

☐ Approved

☒ Denied mm

Reason for Denial:

No purchase agreement for business

11/7/2014 New purchase agreement dated 9/26/14  
ok to issue TOP - mm

# Temporary Operating Permit

Nebraska Liquor Control Commission

14 – 675

Class D

Issued: 11/07/2014 – Expires: 02/05/2015

## SHAKTI FUELS LLC

DBA: La Vista Sinclair, 8307 Park View Blvd, La Vista, 68128

Description: Single Story Bldg. Approx. 37' x 27'

---

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\*

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

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

Office Use

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CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent:

Niraj Patel

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

Shakti Fuels LLC

010150223

Corporation Address: 4305 46th Street

City: Sioux City

State: IA

Zip Code: 51108

Corporation Phone Number: 712-490-8054

Fax Number

Total Number of Corporation Shares Issued: 100

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Patel

First Name: Maulin

MI: N

Home Address: 4305 46th Street

City: Sioux City

State: IA

Zip Code: 51108

Home Phone Number: 712-202-1371

Signature of President/CEO

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Iowa  
County of ~~Woodbury~~

10/20/14

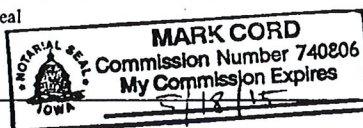
Date

Mark Cord

The foregoing instrument was acknowledged before me this

by Maulin N Patel  
name of person acknowledge

Affix Seal





List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Patel First Name: Maulin MI: N

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

Title: President Number of Shares 100

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

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

---

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

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

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

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

---

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

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

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

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

---

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

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

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

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



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

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

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

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

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

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NEBRASKA LIQUOR  
CONTROL COMMISSION

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

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

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

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

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

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

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

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

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

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

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

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

Is the applying corporation 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 Corporation's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

---

Is this a Non-Profit Corporation?

☐ YES

☒ NO

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

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

Office Use

**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: Shakti Fuels LLC

**Premise information**

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

Premise Trade Name/DBA: La Vista Sinclair

Premise Street Address: 8307 Park View Blvd.

City: La Vista County: Sarpy Zip Code: 68128

Premise Phone Number: 402-331-4145

Email address: sinclv@gmail.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)

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NOV 4 2014  
Form 103  
Rev 9/2013  
Page 2 of 6  
**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)

Office Use

**Manager must:**

- Complete all sections of the application – make sure it is signed by a **corporate officer\***  
\*corporate officer must be an individual on file with the Liquor Control Commission
- Include two signed, completed fingerprint cards with a check for \$38 payable to the NE State Patrol (unless you have fingerprints on file with us that are less than two years old, you must indicate that on the application). If fingerprints were rolled at Nebraska State Patrol indicate cards to be mailed by NSP.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card with application

**Spouse who will not participate in the business, spouse must:**

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

**Spouse who will participate in the business, the spouse must:**

- Sign the application
- Include two signed, completed fingerprint cards with a check for \$38 payable to the NE State Patrol (unless you have fingerprints on file with us that are less than two years old, you must indicate this on the application). If fingerprints were rolled at Nebraska State Patrol indicate cards to be mailed by NSP.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Desai First Name: Manoj MI: K  
Home Address (include PO Box if applicable): 400 Dakota Avenue  
City: S. Sioux City County: Dakota Zip Code: 68776  
Home Phone Number: \_\_\_\_\_ Business Phone Number: 402-331-4145  
Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: India  
Email address: mmdesai@yahoo.com

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

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Desai First Name: Mayuri MI: M  
Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: India

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
South Sioux City	2003	till date			

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Form 103  
Rev 9/2013  
Page 3 of 6

NEBRASKA LIQUOR  
CONTROL COMMISSION



# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2003	2010	Regency Inn	Mayuri Desai	402-494-3226
2010	till date	Shakti Petroleum Inc	Nick Patel	402-293-1644

## 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
Manoj Desai	01/2009	S. Sioux City, NE	No Valid Reg.	Plea via Waiver w/ fine (Same)
"	" "	" "	" " "	

## 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):

Shakti Petroleum, Inc. - Bellevue

## 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: 10/14/14 Name on Certificate: Manoj K. Desai

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
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		NOV 4 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 Employment:	Name & Location of Business:
Manager	05/21/2010	Bellevue Sinclair 1009 W. Mission Ave. Bellevue, NE 68005

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

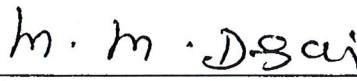
**PERSONAL OATH AND CONSENT OF INVESTIGATION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant

  
Signature of Spouse

**ACKNOWLEDGEMENT**

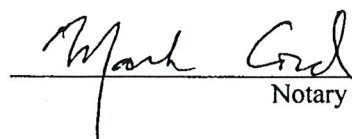
State of ~~Nebraska~~ Iowa

County of Woodbury

10/20/14  
date

The foregoing instrument was acknowledged before me this

by Manojk Desai & Mayuri M. Desai  
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.



# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

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

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CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

M. M. Desai

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Mayuri M. Desai

Printed name of spouse asking for waiver

State of Iowa

County of Woodbury

October 31, 2014

date

Mark Cord

Notary Public signature

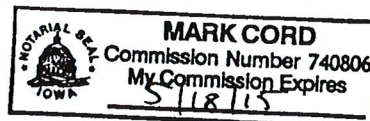
The foregoing instrument was acknowledged before me this

by

Mayuri M. Desai

name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]

Signature of individual involved with application  
(Spouse of individual listed above)

State of Iowa

County of Woodbury

October 31, 2014

date

Mark Cord

Notary Public signature

Manoj K. Desai

Printed name of applying individual

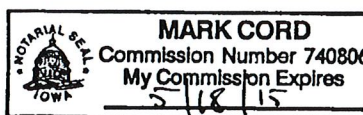
The foregoing instrument was acknowledged before me this

by

Manoj K. Desai

name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.



Copy to: Michael P. Earl  
c/o The Lund Company  
450 Regency Parkway, Ste 220  
Omaha, NE 68114  
C-402-669-1874  
Email- [mearl@lundco.com](mailto:mearl@lundco.com)

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Copy to: PURCHASER'S ATTORNEY  
Mark C. Cord III  
Berenstein, Moore, Heffernan, Moeller & Johnson, LLP  
501 Pierce Street, #300  
Sioux City, IA 51101  
(712) 252-0020  
[mcord@berensteinlawfirm.com](mailto:mcord@berensteinlawfirm.com)

14.12 Due Diligence Investigation and Confidentiality. Except as may be required by applicable governmental authorizes, Purchaser shall hold in confidence and cause his employees, agents and contractors to hold in confidence the terms of this Agreement and all engineering, environmental and other reports he cause to be made with respect to the Covered Property.

14.13 Assignment. Purchaser shall be permitted, prior to Closing, only upon written consent of Seller, which shall not be unreasonably withheld, to assign and transfer Purchaser's rights under this Agreement, or any part of it; provided, however, no such assignment shall release, reduce or otherwise affect Purchaser's obligations under this Agreement.

14.14 Cooperation. The parties hereto agree to cooperate with each other in every reasonable way in carrying out the transactions contemplated hereby, in obtaining and delivering all required Closing documents, and obtaining the required governmental approvals, and agree to use their best efforts to expeditiously accomplish same.

14.15 Agency. The Broker(s) involved in this transaction is/are:

Purchaser is represented by The Lund Company and Michael Earl as Broker/Agent in this transaction. Seller is represented by Sooner Investments and Dean Ingram as its Broker/Agent in this transaction.

14.16 RESERVED.

14.17. Broker(s) Compensation. Purchaser and Seller acknowledge that Dean Ingram of Sooner Investment, as Agent of Seller and Mike Earl of The Lund Co. as Agent of Purchaser will equally split 6% of the Purchase Price paid by Seller at the time of payment. At Closing, \$6,000 of the initial \$100,000 down payment will be paid with remainder paid as payments are made pursuant to the Contract for Deed and Real Estate Contract – Installments. Both Purchaser and Seller warrant to each other that neither of them has engaged any broker or agent, except as referenced above, and each will indemnify the other against and hold the other harmless from any claims for fees or commissions from any other broker or agent.

14.18 Execution of this Agreement. This Agreement may be executed via facsimile transmission with originals to follow in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

14.19 Personal Guaranty. Niraj Patel, by his signature below, hereby personally guarantees to Seller all amounts owed by Purchaser pursuant to this Agreement.

14.20 Effective Date. The "Effective Date" of this Agreement shall be September 26, 2014.

IN WITNESS WHEREOF the parties hereto have executed this Agreement as of the date set forth above.

AVP Energy, LLC  
"Seller"

By: Larry M. Rogers

Larry M. Rogers, its Manager

By: Mike Gramm

Mike Gramm, its Manager

Date Executed: September 29, 2014

Shakti Fuels, LLC, a Nebraska limited liability company, and or assigns  
"Purchaser"

By: Niraj Patel

Niraj Patel, its Agent

Date Executed: September 28, 2014

By: Niraj Patel

Niraj Patel, Personal Guarantor

Date Executed: September 28, 2014

By: Maulin Patel

Maulin Patel, Personal Guarantor

Date Executed: September 28, 2014

**EXHIBIT "A"**  
**Legal Description – Nebraska**

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EXHIBIT "C"  
Due Diligence Materials

To the extent any of the below are in Seller's possession, Seller shall deliver to Purchaser the following:

1. Real Estate tax bills for the current year and the last two (2) years and copies of all correspondence regarding any tax reassessment.
2. Copies of fully executed service contracts, if any, including without limitation the following:

- a) Waste disposal
- b) Fuel
- c) Landscape/gardening
- d) Snow removal
- e) Fire equipment maintenance
- f) General maintenance (janitorial)
- g) Security
- h) Roof maintenance
- i) Heating and air conditioning service and repair
- j) Water/sewer plan
- k) Pest control
- l) Any and all other service contracts.

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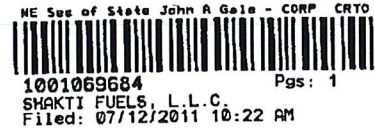
NEBRASKA LIQUOR  
CONTROL COMMISSION

3. Copies of existing engineering and geological studies for the Property.
4. Details regarding any litigation threatened or pending against the Property and/or Seller with respect to the Property during the last three (3) years and copies of all insurance policies.
5. Copies of any existing environmental reports, memoranda or documents with regard to the Property.
6. Copies of licenses and permits, including the following: a) Certificate of Occupancy for the Building; b) Water/sewer, c) Certificates of Occupancy for tenant spaces, d) beer and liquor licenses.
7. Copies of Seller's existing contracts with Sinclair.
8. An inventory of all tangible personal property owned and used in connection with operation of the Property, including without limitation: a) office equipment and furniture; b) appliances, c) maintenance equipment, tools and supplies inventory.

9. Copies of construction, engineering, architectural, and building plans and specifications for the Property.
10. Copies of existing title insurance commitments or policies and surveys.
11. Copies of such other documents, information and materials reasonably requested by Purchaser.

STATE OF NEBRASKA

SHAKTI FUELS, L.L.C.



**CERTIFICATE OF ORGANIZATION**  
Submit in Duplicate

- First:** The name of the limited liability company is **SHAKTI FUELS, L.L.C.**
- Second:** The address of the initial designated office is 1009 West Mission, Bellevue, NE 68005.
- Third:** The address of its registered office in the State of Nebraska is 1009 West Mission, Bellevue, NE 68005. The name of the registered agent at such address is Niraj Patel.

**In Witness Whereof**, the undersigned has executed this Certificate of Organization this 8<sup>th</sup> day of July, 2011

By: \_\_\_\_\_

Mark C. Cord III, Organizer

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**



STATE OF NEBRASKA ♦ SECRETARY OF STATE'S OFFICE  
1445 "K" STREET, STATE CAPITOL SUITE 1301 • LINCOLN, NE • 68509  
BUSINESS SERVICES DIVISION

CORPORATIONS

P.O. BOX 94608  
(402) 471-4079  
FAX: 471-3666

UNIFORM COMMERCIAL CODE

P.O. BOX 95104  
(402) 471-4080  
FAX: 471-4429

NOTARY

P.O. BOX 95104  
(402) 471-2558  
FAX: 471-4429

JOHN A. GALE  
Secretary of State

[www.sos.state.ne.us](http://www.sos.state.ne.us)

JUDY JOBMAN  
Deputy Secretary of State

BERENSTEIN, MOORE, ET AL  
ATTN: MARK C. FORD  
P.O. BOX 3207  
SIOUX CITY, IA 511023207

July 12, 2011

**ACKNOWLEDGEMENT OF FILING**

The document(s) listed below were filed with the Nebraska Secretary of State's Office, Corporation Division. A label has been affixed to each filing signifying the filing stamp for the Nebraska Secretary of State's Office, Corporation Division. This filing label indicates the date and time of the filing and also references a document number that can be used to reference this filing in the future.

Please remember it is your responsibility to notify the Secretary of State's office of any change(s) in the information you filed.






**ACKNOWLEDGEMENT OF FILING FEES RECEIVED**

Action/Service	Company/Entity Name	Fee Received
Certificate of Organization	SHAKTI FUELS, L.L.C.	100.00
Per Page Charge	SHAKTI FUELS, L.L.C.	5.00
	Total Fees Received	\$105.00

Paige S  
Filing Officer





General	Credential	Number	Earned	Expires
Manoj K Desai  400 dakota ave  South sioux city NE 68776	RBST GENERAL	RB-0038016	10-14-2014	10-14-2017
				



NEBRASKA LIQUOR  
CONTROL COMMISSION



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NEBRASKA LIQUOR  
CONTROL COMMISSION

1/2

**MAULIN N PATEL**

has earned a

***Certificate of Achievement***

- for those who serve or sell alcohol in Nebraska

# RB-0038103

Expires: 10-16-2017 Amount Paid: \$

 Responsible Beverage Service Training  
**N E B R A S K A** 



General	Credential	Number	Earned	Expires
Maulin N Patel  4305 46th st  Sioux city IA 51108	RBST GENERAL	RB-0038103	10-16-2014	10-16-2017
RBST	Nebraska	Wallet	Card	



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ADDENDUM TO ASSET PURCHASE AGREEMENT

NEBRASKA LIQUOR  
CONTROL COMMISSION

THIS ADDENDUM TO ASSET PURCHASE AGREEMENT is made and entered into by and between AVP ENERGY, L.L.C., a Oklahoma limited liability company (hereinafter referred to as "Seller") and Shakti Fuels, L.L.C., a Nebraska limited liability company (hereinafter referred to as "Purchaser").

RECITALS

WHEREAS, Seller and Purchaser wish to clarify and confirm certain terms contained in the Asset Purchase Agreement dated September 26, 2014 and accepted September 29, 2014, (hereinafter referred to as "Asset Purchase Agreement") more particularly that Purchaser is purchasing the convenience store operating business located at 8307 Parkview Blvd, La Vista, Sarpy County, Nebraska (operating under the trade name and hereinafter referred to as "AVP ENERGY #5"), and

WHEREAS, Purchaser is in the process of performing and ready to perform the obligations and duties as Purchaser in connection with such Asset Purchase Agreement as to the business of AVP ENERGY #5,

IT IS THEREFORE HEREBY AGREED between the undersigned parties, in consideration of their mutual promises each to the other, as follows:

1. **Transfer of Business.** Seller hereby transfers all of its rights, duties and obligations under the terms and conditions of the Asset Purchase Agreement as to the operating business AVP ENERGY #5 to Purchaser.
2. **Acceptance of Transfer of Business.** Purchaser hereby accepts this transfer and agrees to perform all of the terms and conditions required as Purchaser under the terms of said Asset Purchase Agreement as to the operating business of AVP ENERGY #5, and agrees that all of the terms and conditions are binding upon it.
3. **Binding Agreement.** This Addendum is valid as executed with binding effect upon Seller and Purchaser.
4. **Mutual Cooperation.** Seller and Purchaser agree that they will cooperate with and execute such documents as may be necessary or required to carry out the terms, conditions and intent of the parties described in the Asset Purchase Agreement and this Addendum to sell and transfer the business of AVP ENERGY #5 to Purchaser.

RECEIVED

NOV 7 2014


NEBRASKA LIQUOR  
CONTROL COMMISSION

Effective September 29, 2014.

**SHAKTI FUELS, L.L.C.**, a Nebraska  
limited liability company

By:   
BUYER

**AVP ENERGY, L.L.C.**, an Oklahoma  
limited liability company

By:   
SELLER