

G

RESOLUTION NO. _____

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA RECOMMENDING TO THE NEBRASKA LIQUOR CONTROL COMMISSION, APPROVAL OF THE CLASS 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:

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

UMGawod - 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

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

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 _____
clerks signature

DATE _____

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** _____
clerks signature

APPLICATION FOR LIQUOR LICENSE CHECKLIST - RETAIL

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

RECEIVED

NOV 4 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

QA	Repl 088429
Class Type D	Li 110675 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	CK No #
AMOUNT:	\$ 400
RECEIPT #	168220
Received:	mm



1400025089

FORM 100
REV 12/2013
PAGE 1

RECEIVED
mp

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

Date

RECEIPT	
DATE	11-4-2014
FROM	Shakti Fuels LLC
FOR	Nebraska ADP
	
<input type="checkbox"/> CASH	
<input checked="" type="checkbox"/> CHECK # <u>16 Number</u>	
<input type="checkbox"/> MONEY#	
<input type="checkbox"/> ORDER	
Received by <u>John S. Sander</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 INFORMATIONTrade Name (doing business as) La Vista SinclairStreet Address #1 8307 Park View Blvd.

Street Address #2 _____

City La Vista County SARPY Zip Code 68128Premise Telephone number 402-331-4145Business e-mail address sinclv14@gmail.comIs 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 _____

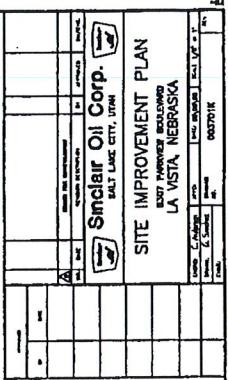
City S. Sioux City State NE Zip Code 68776**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

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

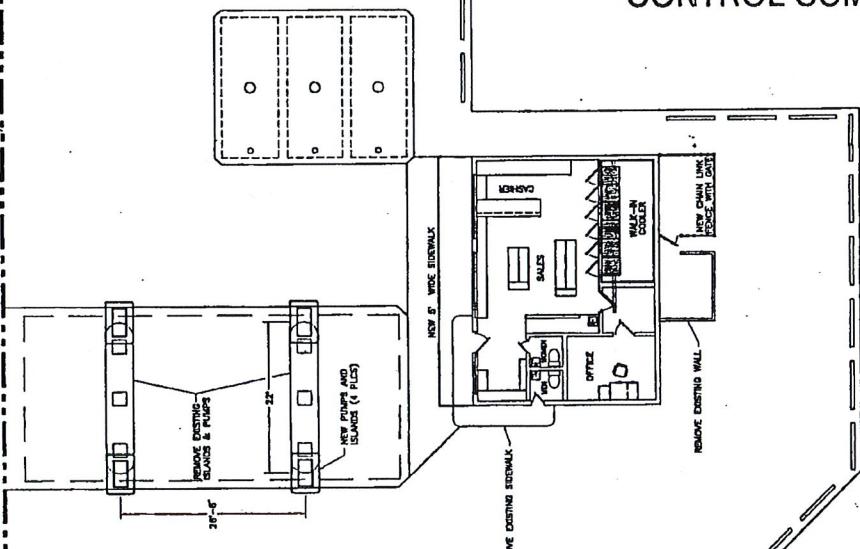
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



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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	ROL C Disposition

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

YES NO

" B " 088429

If yes, give name of business and liquor license number _____

- 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

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

NOV 4 2014

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 - Manilal 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.

Bellevue

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

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

Signature of Spouse

Print Name

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Signature

NOV 4 2014

NEBRASKA LIQUOR
Print Name
CONTROL COMMISSION

Signature of Spouse

Print Name

ACKNOWLEDGEMENT

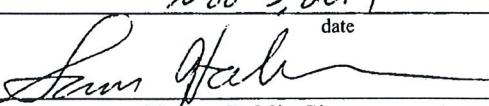
State of Nebraska
County of Douglas

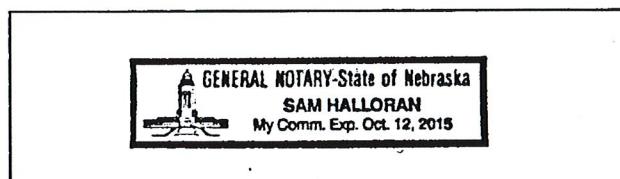
Nov 3, 2014 date
by _____

The foregoing instrument was acknowledged before me this

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

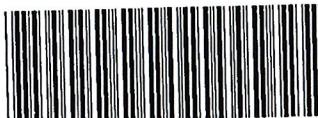
On (date) 09/29/19 seller and buyer entered into a contract for sale of the

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

Janessa M. Borg

Signature of SELLER

Mark

Signature of BUYER

Lawrence M. Rogers

Print Name

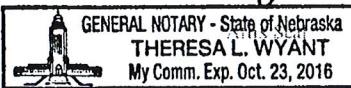
State of Nebraska, County of *Douglas*

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

Print Name

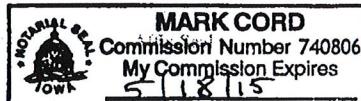
State of Nebraska, County of *Town* *Woodbury*

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



Date: 11/5/14

ADMINISTRATIVE REVIEW – Office use only

Rep: RSP – Lic. Class: D – Lic. # 110675

Approved _____

Denied MM

Reason for Denial:

No purchase agreement for business

11/7/2014 New purchase agreement dated 9/24/14
OK to issue TDP - 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'

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



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

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

Office Use

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NEBRASKA LIQUOR
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

The foregoing instrument was acknowledged before me this

Date: 10/20/14 by Maulin N Patel
name of person acknowledge


Affix Seal

MARK CORD
Commission Number 740806
My Commission Expires
5/18/15

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: _____ **RECEIVED**

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____ **NOV 4 2014**

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

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



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

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Form 103
Rev 9/2013
Page 2 of 6

NOV 4 2014

**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

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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NOV 4 2014

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)
		RECEIVED
		NOV 4 2014
		NEBRASKA LIQUOR CONTROL COMMISSION

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

Experience:

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

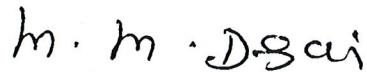
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true.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

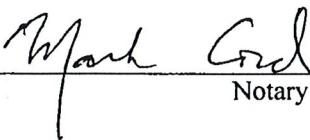
County of Woodbury

10/20/14

date

The foregoing instrument was acknowledged before me this

by Manoj K 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

Office Use

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**NEBRASKA LIQUOR
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)

State of IowaCounty of WoodburyOctober 31, 2014

date

Mark Cord

Notary Public signature

Mayuri M. Desai

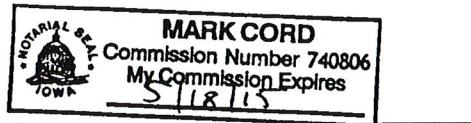
Printed name of spouse asking for waiver

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.

Manoj K. Desai

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

State of IowaCounty of WoodburyOctober 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

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NOV 4 2014

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

NEBRASKA LIQUOR
CONTROL COMMISSION

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 29, 2014

By: Niraj Patel
Niraj Patel, Personal Guarantor

Date Executed: September 29, 2014

By: Maulin Patel
Maulin Patel, Personal Guarantor

Date Executed: September 29, 2014

EXHIBIT "A"
Legal Description – Nebraska

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NEBRASKA LIQUOR
CONTROL COMMISSION

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.
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.

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NEBRASKA LIQUOR
CONTROL COMMISSION

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.

NE Sec of State John A Gale - CORP CRTD
1001069684
SHAKTI FUELS, L.L.C.
Filed: 07/12/2011 10:22 AM
Pgs: 1

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 8th day of July, 2011

By: Mark C. Cord III
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

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

PRECINCT
WARD

NE NEBR.	MAI	NE	FOR USE OF DATE	VOT	U															
MIDDLE NAME OR INITIAL		PRIMARY ELECTION																		
GE																				
			that: first yred; and s false i. The usand																	

3280891 Nebraska Voter Registration Application 2

Please Print

Election Office Use Only: O107

- Are you a citizen of the United States of America? Yes No
- Are you at least 18 years of age, or will you be 18 years of age on or before the 1st Tuesday following the 1st Monday in November of this year? Yes No

System ID Number: _____ Precinct: 2 Split: 001
 Congressional _____ Commissioner/Supervisor District: _____
 Legislative _____ NRD _____ Fire _____
 Other Districts: _____

IF YOU CHECKED "NO" IN RESPONSE TO EITHER OF THE QUESTIONS ABOVE; DO NOT COMPLETE THIS APPLICATION

3. Personal Information:

Last Name <i>DECAI</i>	Desig	First Name <i>MARY</i>	M Name/MI <i>K</i>	Suffix	Maiden Name (if applicable)	
Nebraska Drivers Lic. #; if none last 4 digits SS #		Date of Birth	Place of Birth <i>INDIA</i>		Phone Number	Home <input checked="" type="checkbox"/> Unlisted <input type="checkbox"/>
					Work	<input type="checkbox"/>

4. Current Residence Address:

Address example: 1612 N Michigan Avenue SW Apt. 322 Oakdale, NE 68104
 House Number *400* Direction *DAKOTA AVE* Street/Road Name *DAKOTA AVE* Street Type *Direction* Unit Type *Unit #* City/Town *S. SIOUX CITY* State *NE* Zip *687*

If no numeric street or road address, provide directions from nearest town:

Postal address, if different than residence address:

School Dist:	County: <i>Dakota</i>	Inside city limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, provide Section/Township/Range _____ / _____ / _____
--------------	-----------------------	--

If previously registered, provide - Name:

Address:

5. Party Affiliation: Democrat Republican Nebraska Green Non-Partisan (No Party Affiliation)
 Other (If checking other, print the name of the party) _____

Note: If you wish to vote in both partisan and non-partisan primary elections for state and local offices, you must indicate a political party affiliation on the registration application.
 If you register without a political party affiliation (non-partisan) you will receive only non-partisan ballots for state and local offices at the primary elections.
 If you register without a political party affiliation, you may vote in partisan primary elections for congressional offices.

Applicant's Oath: To the best of my knowledge and belief, I declare under penalty of election falsification that: I live in the State of Nebraska at the address provided in this application. I have not been convicted of a felony or, if convicted it has been at least two years since I completed my sentence for the felony including any parole term; I have not been officially found to be non compos mentis (mentally incompetent); and I am a citizen of the United States.

IMPORTANT: Any registrant who signs this application knowing that any of the information on the application is false shall be guilty of a Class IV felony under section 32-1502 of the statutes of Nebraska. The penalty for such is up to 5 years imprisonment, a fine of up to \$10,000.00 or both.

6. Applicant's Signature *Theresa DeCai*Date Applicant Signed *9/14/08*

(Full name or mark. If unable to sign, include name & address of person providing assistance)

7. Registration taken by:

Date Election Office Received

STATE OF NEBRASKA)
SS)

DAKOTA COUNTY)

I, the undersigned County Clerk in and for Dakota County, NE, do hereby certify this is a true and correct copy as the same appears of record in this office.

Dated this 9th day of *October*, 2014
 County Clerk

For Co.
Clerk's Us
Only

ID Required
Y/N

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NOV 4 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

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NOV 4 2014

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



RBST Online
Training Credentials

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

Patel RBST General Wallet Card

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NEBRASKA LIQUOR
ADDENDUM TO ASSET PURCHASE AGREEMENT 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.

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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