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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 I LIQUOR LICENSE APPLICATION FOR EL VALLARTA III, LLC DBA EL VALLARTA MEXICAN RESTAURANT IN LA VISTA, NEBRASKA.

WHEREAS, El Vallarta III, LLC dba El Vallarta Mexican Restaurant, 8045 S 83<sup>rd</sup> Avenue, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class I 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 I Liquor License application submitted by El Vallarta III, LLC dba El Vallarta Mexican Restaurant, 8045 S 83<sup>rd</sup> Avenue, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 16TH DAY OF FEBRUARY, 2016.

CITY OF LA VISTA

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Douglas Kindig, Mayor

ATTEST:

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Pamela A. Buethe, CMC  
City Clerk

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**LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM**

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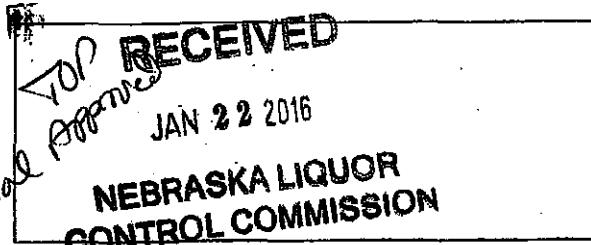
**TO:** PAM BUETHE, CITY CLERK  
**FROM:** BOB LAUSTEN, POLICE CHIEF  
**SUBJECT:** LOCAL BACKGROUND- CORPORATE LIQUOR LICENSE / MANAGER- EX. VALLARTA  
MEXICAN RESTAURANT  
**DATE:** 2/8/2016  
**CC:**

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The police department conducted a check of computerized records on the applicant, Betsy Mata for criminal conduct in Nebraska and Sarpy County in reference to the Liquor License application. The applicants has no criminal entries.

APPLICATION FOR LIQUOR LICENSE  
CHECKLIST - RETAIL

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



Applicant Name El Vallarta III, LLC

Trade Name El Vallarta Mexican  
Restaurant

Previous Trade Name

Repl 106366  
RS

E-Mail Address: elvallartallc@gmail.com

9-

**116271**

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 or law enforcement agency listed in the enclosed fingerprint brochure.

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

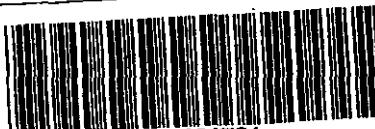
3) Enclose the appropriate application forms;

Individual License (requires insert form 1)

Partnership License (requires insert form 2)

Corporate License (requires insert form 3a & 3c)

Limited Liability Company (LLC) (requires form 3b & 3c)



1600001761

4. If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for.

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

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

a) Provide a copy of the purchase agreement from the seller (must read applicants name)

CK 2431  
\$400.00

FORM 100  
REV 11/2010

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RECORDED

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

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

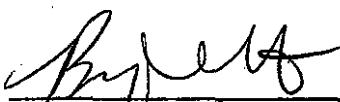
8. Enclose a list of any inventory or property owned by other parties that are on the premise.

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

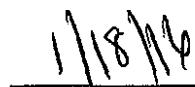
10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

11. Submit a copy of your business plan.

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



Signature



Date

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Trade Name (doing business as) El Vallarta Mexican Restaurant

Street Address #1 8045 S. 83rd Ave

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

City La Vista County Sorpy Zip Code 68128

Premise Telephone number (402) 331-1613

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

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

Name El Vallarta

Street Address #1 1160 Highland Dr

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

City Blair State NE Zip Code 68108

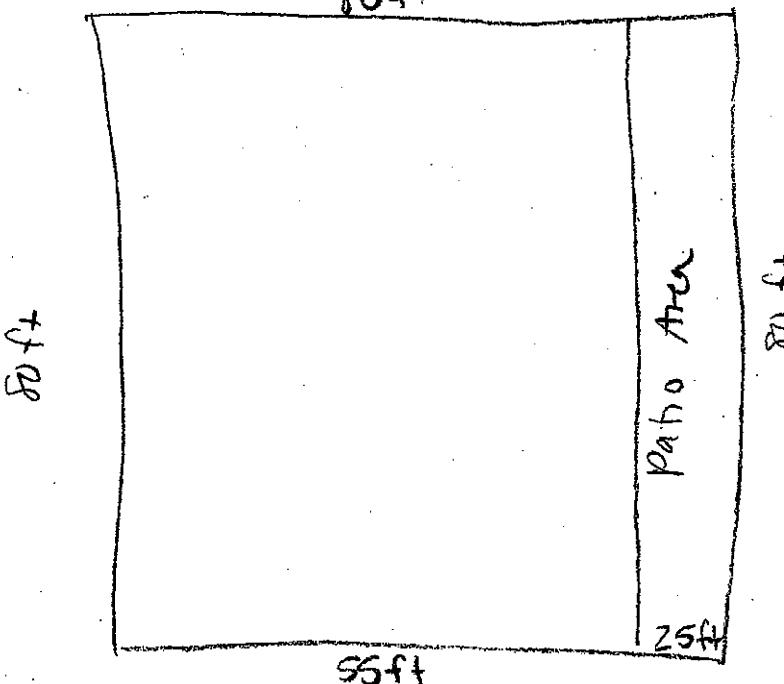
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

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

Length 80 feet  
Width 80 feet

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

One story 6,400 sq foot bay with patio area in Brentwood Village Shopping Center.



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NEBRASKA LIQUOR  
CONTROL COMMISSION

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

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES  NO

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

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
See attached				

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

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YES  NO

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If yes, give name of business and liquor license number #106366

- Submit a copy of the sales agreement
- Include a list of alcohol being purchased, list the name brand, container size and quantity
- Submit a list of the furniture, fixtures and equipment

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

## 3. Was this premise licensed as liquor licensed business within the last two (2) years?

YES  NO

If yes, give name and license number El Vallarta III, LLC, #106366

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

YES  NO

If yes:

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

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

YES  NO

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

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

YES  NO

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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.

Bank of the West - Betsy Mata

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.

El Vallarta, LLC - #096812

El Vallarta III, LLC - #106366

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

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Betsy Mata	02/2013	ServPro - certified alcohol server

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 July 2019  
 Deed  
 Purchase Agreement

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NEBRASKA LIQUOR  
CONTROL COMMISSION

14. When do you intend to open for business? Currently open

15. What will be the main nature of business? Restaurant

16. What are the anticipated hours of operation? 11am - 11pm

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

RESIDENCE FOR THE PAST 10 YEARS FOR ALL PERSONS REQUIRED TO SIGN, INCLUDING SPOUSES					
APPLICANT: CITY & STATE	YEAR FROM      TO		SPOUSE: CITY & STATE	YEAR FROM      TO	
1160 Highland Dr Blair, NE 68008	OCT 2013	now	1160 Highland Dr Blair, NE 68008	OCT 2013	now
1262 Deerfield Blvd #223 Blair, NE	OCT 2011	OCT 2013	1262 Deerfield Blvd #223 Blair, NE	OCT 2011	OCT 2013
319 S. Arwood Springfield, MO	JULY 1997	OCT 2011	3132 S Ferguson Springfield, MO	DEC 2004	OCT 2011

If necessary attach a separate sheet.

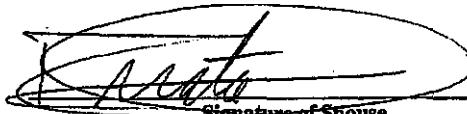
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) 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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.



Signature of Applicant



Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

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Signature of Spouse

JAN 22 2016

Signature of Applicant

Signature of Spouse

NEBRASKA LIQUOR  
CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska  
County of Washington

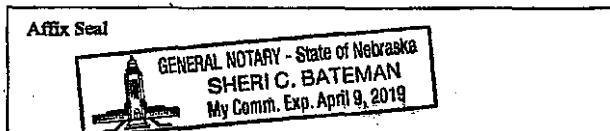
The foregoing instrument was acknowledged before me this

January 19, 2016  
date

by Betsy Mata + Roberto Mata

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.

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

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

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

**Attach copy of Articles of Organization (articles must show barcode) received by Secretary of State's office**

Name of Registered Agent: David U. Drew

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

E1 Vallarta III, LLC 010185410

LLC Address: 8045 S. 83rd Ave

City: La Vista State: NE Zip Code: 68128

LLC Phone Number: (402)331-1613 LLC Fax Number (402) 331-1671

Name of Managing/Contact Member

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

Last Name: Mata First Name: Betsy MI: D

Home Address: 1160 Highland Dr City: Blair

State: NE Zip Code: 6800X Home Phone Number: \_\_\_\_\_

Betsy Mata  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska Washington County of Washington The foregoing instrument was acknowledged before me this

Date: January 19, 2016 by Betsy Mata Notary Public name of person acknowledge

Affix Seal	GENERAL NOTARY - State of Nebraska SHERI C. BATEMAN My Comm. Exp. April 9, 2019
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(List names of all members and their spouses (even if a spouse affidavit has been submitted))

Last Name: Mata First Name: Betsy MI: D  
Social Security Number: 138-88-7092 Date of Birth: 5/01/87  
Spouse Full Name (indicate N/A if single): Roberto Mata Jr  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership 100%

---

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

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

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ **RECEIVED**  
Social Security Number: \_\_\_\_\_ Date of Birth: JAN 22 2016  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_ **NEBRASKA LIQUOR**  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ **CONTROL COMMISSION**  
Percentage of member ownership \_\_\_\_\_

**(list names of all members and their spouses (even if the spouse is not a family member has been submitted))**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ JAN 22 2016

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

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

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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

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

Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO

If yes, provide the following:

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

Indicate the company's tax year with the IRS (Example: January through December)

Starting Date: 1/1/14

Ending Date: 12/31/16

Is this a Non-Profit Corporation?

YES

NO

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

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**JAN 22 2016**

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

**MANAGER APPLICATION**  
**INSERT - FORM 3c**

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

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**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)
- Provide a copy of one of the following: US birth certificate, naturalization papers or US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska

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

- Sign the application
- 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
- 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)
- Provide a copy of one of the following: birth certificate, naturalization papers or US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska
- Spousal Affidavit of Non Participation Insert **not required**

**MANAGER APPLICATION  
INSERT - FORM 3c**

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

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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

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

[Redacted]

Name of Corporation/LLC: El Vallarta III, LLC

[Redacted]

Premise License Number: 10354 (if new application leave blank)

Premise Trade Name/DBA: El Vallarta Mexican Restaurant

Premise Street Address: 8045 S. 83rd Ave

City: La Vista State: NE Zip Code: 68128

Premise Phone Number: (402) 331-1613

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)



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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Gender:  MALE  FEMALE

Last Name: Mata First Name: Betsy MI: D

Home Address (include PO Box if applicable): 1100 Highland Dr

City: Blair, NE County: Washington Zip Code: 68008

Home Phone Number: Business Phone Number: (402) 533-8068

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

Date Of Birth: Place Of Birth: \_\_\_\_\_

YES

NO

Spouses Last Name: Mata First Name: Roberto MI: \_\_\_\_\_

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

Date Of Birth: Place Of Birth: \_\_\_\_\_

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Blair, NE	Oct 2011	Now	Blair, NE	Oct 2011	Now
Springfield, MO	1997	2011	Springfield, MO	Dec 2004	Oct 2011

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Form 103  
Rev 11/2012  
Page 3 of 5

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	present	El Vaclarta	Roberto Mata Jr	
2006	2011	El Rincon Latino	Gloria Danla	

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
See attached				

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?  YES  NO  
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?  YES  NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?  
(Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)  
 YES  NO

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

Betsy Mata - Servpro Certified Alcohol RECEIVED

JAN 22 2016

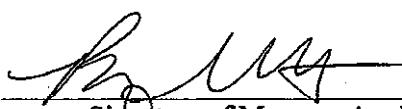
Form 103  
Rev 11/2012  
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NEBRASKA LIQUOR  
CONTROL COMMISSION

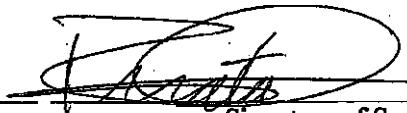
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true.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

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

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



Signature of Manager Applicant



Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska  
County of

Washington

January 19, 2016

date

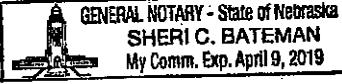
The foregoing instrument was acknowledged before me this

by Betsy Mata & Roberto Mata

name of person acknowledged



Notary Public signature

Affix Seal
 GENERAL NOTARY - State of Nebraska SHERI C. BATEMAN My Comm. Exp. April 9, 2019

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.

RECEIVED

JAN 22 2016

NEBRASKA LIQUOR  
CONTROL COMMISSION

**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)

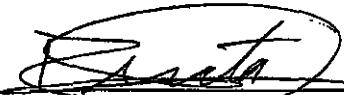
Office Use

**RECEIVED**

JAN 22 2016

**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.

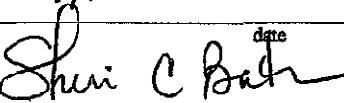


Signature of spouse asking for waiver  
(Spouse of individual listed below)

State of Nebraska

County of Washington

January 1, 2016

  
date  
Sheri C. Bateman

Notary Public signature

Roberto Mata, Jr.

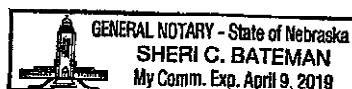
Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this  
Roberto Mata, Jr.

by

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.

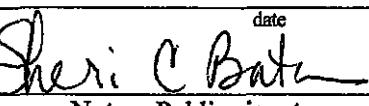


Signature of individual involved with application  
(Spouse of individual listed above)

State of Nebraska

County of Washington

January 1, 2016

  
date  
Sheri C. Bateman

Notary Public signature

Betsy Mata

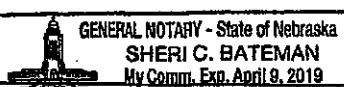
Printed name of applying individual

The foregoing instrument was acknowledged before me this

Betsy Mata

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.