

CCID 321

TYPE OF LICENSE: CLASS "T" LIQUOR LICENSE

NAME & ADDRESS: ULTRA NAIL BAR, LLC

DBA "ULTRA NAIL BAR"

17660 WRIGHT STREET, SUITE 16

RECEIVED: FEBRUARY 12, 2014

45TH DAY: SATURDAY, MARCH 29, 2014

HEARING DATE: MARCH 11, 2014 - 27TH DAY

AND/OR PERSONS CONTACTED: MICHAEL LESMEISTER

CONTACT - GUANG YING HUGHES

402-321-3385

POSTED: 2-26-14

NOTIFIED: 2-28-14

NEW APPLICATION, NEW LOCATION.

RECEIPT

RECEIVED
14 FEB 12 PM 1:27
CITY CLERK
OMAHA NE 68102

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

To: CLERK-OF OMAHA

Subject: ULTRA NAIL BAR LLC dba ULTRA NAIL BAR I-106647
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.

February 12, 2014

DATE OF RECEIPT

Cameron Johnson

SIGNATURE

Urgent For Review Please Comment Please Reply Please Recycle

STATE OF NEBRASKA

RECEIVED

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)

14 FEB 12 PM 1:37

CITY CLERK
OMAHA, NEBRASKA

February 12, 2014

OMAHA CITY CLERK
1819 FARNAM STREET
OMAHA NE 68183

RE: ULTRA NAIL BAR LLC dba ULTRA NAIL BAR I-106647

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

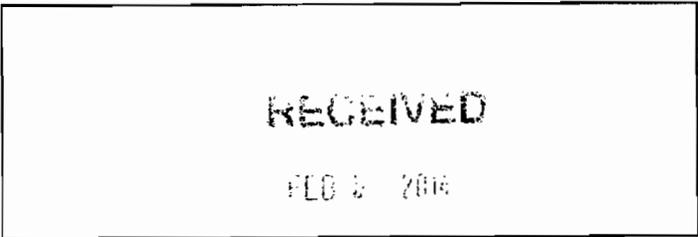
Bob Batt
Chairman

An Equal Opportunity/Affirmative Action Employer

William F. Austin
Commissioner

**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



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 N/A Phone number: _____

Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) Ultra Nail Bar

Street Address #1 1766D Wright ST Suite 16

Street Address #2 _____

City Omaha County Douglas Zip Code 68130

Premise Telephone number 402 321 7385

Business e-mail address michael.lesmeister@yahoo.com

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

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

Name Michael Lesmeister

Street Address #1 19516 Mayberry St

Street Address #2 _____

City Elkhorn State NE Zip Code 68022

**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 80 x width 24 in feet

Is there a basement to be licensed? Yes ___ No X If yes, length ___ x width ___ in feet

Is 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

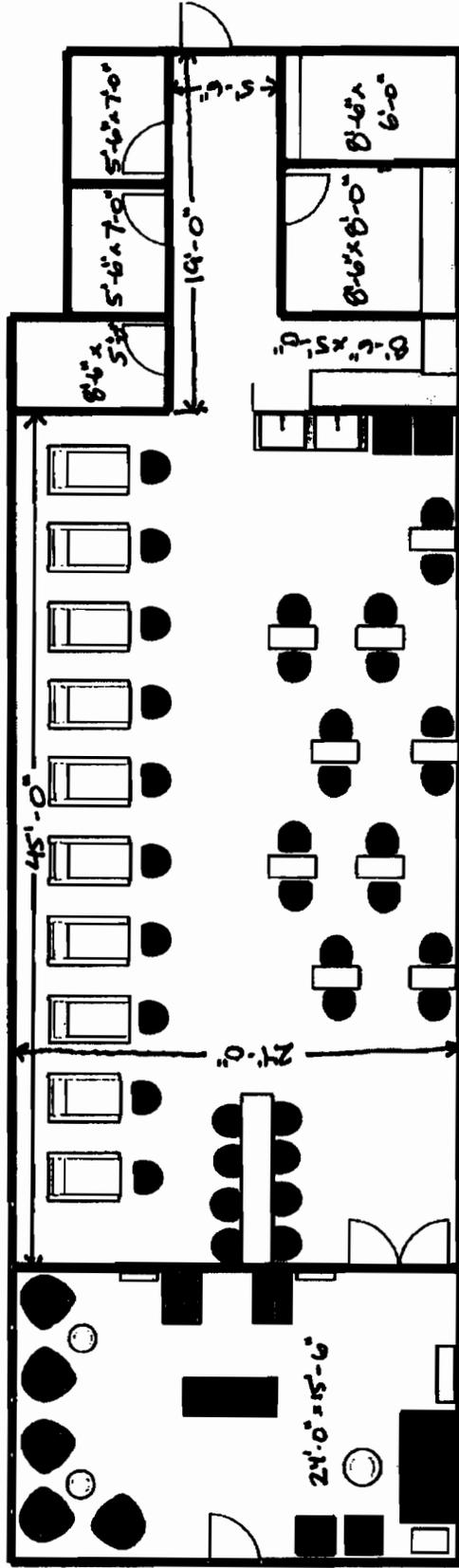
** See Attached*

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APR 2008

108

801



0ft

24ft

48ft

PARC 1957 0816 16

FB 66 STATUS 2 CLASS C

ADDITIONAL ADDR EXEMPT 0 EXEMPT TYPE TAX DISTRICT 1001 SID F-
PROP HOUSE HALF DIR ----STREET NAME----- TYPE SUFFIX APT AREA ZIP CODE
ADDRESS 17650 WRIGHT ST OMA 68130

-----OWNER OR TAXPAYER INFORMATION-----
NAME LEGACY WEST LLC DATE OF LAST CHANGE 09-23-2011
+ C/O NP DODGE BK/PG OR DOC# 2004 47411
ADDR 13321 CALIFORNIA ST #300 HOMESTEAD DELETE
CITY OMAHA ST NE ZIP 68154 NON NUMERIC ZIP CODE

-----CURRENT VALUE----- -----HOMESTEAD-----
YEAR ---DATE--- ---LAND-- ---IMPR-- --TOTAL-- PAR RSN NUMBER TY CD PCT VALUE
2013 03-09-2013 1824300 2460600 4284900 RA

OVER 1 ACRE IND OVERRIDE AMOUNT
ADDITION NO. 22268 LOT 99 HALF BLOCK 0 HALF
LEGACY SECT TOWN RANGE PLAT 1536

-----LEGAL DESCRIPTION----- -----LEGAL DESCRIPTION-----
1 IRREG 3.49 AC 2
3 4
5 6
7 8

PF1-ADFB

PF5-PNFB

PF6-PAFB

PADL 1957 0816 16

REAL PROPERTY INQUIRY -- LIST ADDITIONAL ADDRESS

PARCEL: 1957 0816 16

02/12/2014

PROPERTY ADDRESS

HOUSE	HALF	DIR	-----STREET NAME-----	TYPE	SUFFIX	APT	AREA
17650			WRIGHT	ST			OMA

PAGE: 1

ADDITIONAL ADDRESSES

* END OF LIST *

HOUSE	HALF	DIR	-----STREET NAME-----	TYPE	SUFFIX	APT	AREA
2717		S	177	ST			OMA
17660			WRIGHT	ST			OMA

PF7 TO PAGE BACKWARD

PF8 TO PAGE FORWARD

APPLICANT INFORMATION

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.

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Michael Lesmeister	5/1991	Brookings SD	DUI	NEBRASKA LIQUOR
Michael Lesmeister	7/1992	Brookings SD	DUI	

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

YES NO

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 (T.O.P.) (form 125)
- b) 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) United Republic Bank

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

YES NO

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

Guangying Hughes - 19% partner/manager
No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES NO

If yes, list such item(s) and the owner. _____

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

YES NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

United Republic Bank : Michael Wesmeister ; Guangying Hughes

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.

Sun Valley Bar & Grill, 300 West P St., Lincoln, NE : Lic # 105599
Michael Wesmeister is part owner in that business.

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

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FEB 2014

NLCC certified training program completed:

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

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

Experience:

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

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- Lease: expiration date May 31 2019
- Deed
- Purchase Agreement

14. When do you intend to open for business? April 14th 2014

15. What will be the main nature of business? Nail Salon & Spa

16. What are the anticipated hours of operation? 9am - 7pm

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
Michael Lesmeister Elkhorn, NE	2004	2014	N/A		
?	Kearney, NE	2002	2004		

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]
Signature

Michael Lesmeister
Print Name

Guangying Hughes
Signature

Guangying Hughes
Print Name

Signature of Spouse

Print Name

[Signature]
Signature of Spouse

DAVID M. HUGHES
Print Name

ACKNOWLEDGEMENT

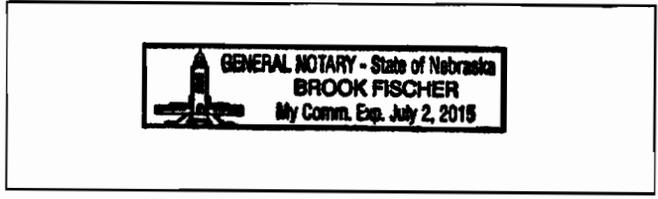
State of Nebraska
County of Douglas

27th of January, 2014 date

[Signature]
Notary Public Signature

The foregoing instrument was acknowledged before me this

by Michael Lesmeister and Guangying Hughes
name of person(s) acknowledged (individual(s) signing)



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

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

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

Office Use

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FEB 5 2014

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

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

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

Name of Registered Agent: Michael Lesmeister

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
Ultra Nail Bar, LLC 010184361

LLC Address: 19516 Mayberry ST

City: Elkhorn State: NE Zip Code: 68022

LLC Phone Number: 402 321 3385 LLC Fax Number _____

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Hughes First Name: Guangying MI: _____

Home Address: 14010 Manderson PLZ APT #102 City: OMAHA

State: NE Zip Code: 68164 Home Phone Number: 402-740-1855

Guangying Hughes
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas
January 28, 2014
Date
Rachel Dai

The foregoing instrument was acknowledged before me this
by Guangying Hughes
name of person acknowledge

Affix Seal

GENERAL NOTARY - State of Nebraska
RACHEL DAI
My Comm. Exp. May 7, 2016

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

Last Name: Lesmeister First Name: Michael MI: L
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: N/A Date of Birth: N/A
Percentage of member ownership 81%

Last Name: Hughes First Name: Guanying MI: _____
Social Security Number: _____ Date of Birth: C
Spouse Full Name (indicate N/A if single): DAVID M. HUGHES
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 19%

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

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

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

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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JERRY STALOWSKI
COMMUNITY COLLEGE

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

YES

NO

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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: 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.

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

ULTRA NAIL BAR, LLC

a limited liability company filed a Certificate of Organization on November 13, 2013.

I further certify that attached is a true and correct copy of the above mentioned Certificate of Organization.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

November 13, 2013

John A. Gale
Secretary of State

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**CERTIFICATE OF ORGANIZATION
OF
ULTRA NAIL BAR, LLC**

The undersigned, desiring to form a limited liability company for purposes hereinafter set forth, under and in conformity with the laws of the State of Nebraska does hereby make this written certificate in duplicate and hereby verify:

**ARTICLE 1
NAME**

The name of the Company is Ultra Nail Bar, LLC.

**ARTICLE 2
DURATION**

The period of duration of the Company is perpetual from the date of the filing of this Certificate of Organization with the Secretary of State.

**ARTICLE 3
PURPOSES AND POWERS**

3.1 Purposes. The purpose for which the Company is organized is to engage in any and all lawful businesses for which a limited liability company may be organized under the laws of the State of Nebraska.

3.2 Powers. The Company shall have and exercise all powers and rights conferred upon a limited liability company by the Nebraska Uniform Limited Liability Company Act (the "Act"), and any enlargement of such powers conferred by subsequent legislative acts.

**ARTICLE 4
INITIAL DESIGNATED OFFICE**

The Company's initial designated office is 19516 Mayberry St., Elkhorn, NE 68022.

**ARTICLE 5
INITIAL AGENT FOR SERVICE OF PROCESS**

5.1 Agent. The initial agent for service of process of the Company is Michael Lesmeister.

5.2 Office. The office of the initial agent for service of process is 19516 Mayberry St., Elkhorn, NE 68022.

**ARTICLE 6
MANAGEMENT OF THE COMPANY**

Unless otherwise provided under the Operating Agreement, the Company shall be managed by a Board of Managers elected by the Members.

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**ARTICLE 7
REGULATION OF COMPANY**

FEB 2 2013

FEB 2 2013

The regulation of the internal affairs of the Company is set forth in the Operating Agreement of the Company to be adopted by all of the Members and shall govern the operation of the business and the Members accordingly.

**ARTICLE 8
ORGANIZER OF COMPANY**

The name and address of the organizer of the Company is as follows:

Keith A. Green 11404 West Dodge Road, Suite 500, Omaha, NE 68154-2584

EXECUTED in duplicate original counterparts by the undersigned on the 12th day of November, 2013.



Keith A. Green

Business Plan

Ultra Nail Bar Spa & Spirits

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FEB 01 2014

BRANSON KENNY
COURTNEY KENNY

Ultra Nail Bar LLC
Legacy Village West
Omaha, NE 68130

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II. Executive Summary

Ultra Nail Bar – Spa & Spirits is a full-service nail salon & spa dedicated to consistently providing high customer satisfaction by rendering excellent service, quality products, and furnishing an enjoyable atmosphere with an acceptable price/value relationship. We will also serve wine by the glass to enhance the overall customer experience. As well as be the only provider in Omaha to provide Tat'z, which is a printer that paints any image onto natural and artificial nails. In addition, we will also maintain a friendly, fair, and creative work environment, which respect diversity, creative ideas, and hard work.

Our Mission: To supply services and products that will enhance our clients' physical appearance and mental relaxation.

Our Motto: "The Ultimate Nail Spa Experience"

The timing is right for starting this new venture. We have been patiently searching for six months for the perfect location, which we have found. The consumer demand is strong for a luxury nail salon and spa, and the ambitions of the owner to one day start her own nail salon business, and the procurement of highly professional nail technicians to support the salon, will present this venture with unlimited potential.

Anna Hughes, co-owner, a licensed Nail Technician has worked for the upscale Seven Salon, Omaha, NE and is currently a Nail Technician at Apple Nails, Omaha, NE. Anna completed her nail technician training from the Artemia Nail Technology Centre in Shenzhen, China and from the College of Nail Design in Omaha, NE. Anna is always working to expand her knowledge of salon services, products, and business management systems. Anna, and the future staff of talented team of nail technicians, will be well suited to make this venture extremely successful. We expect our growing reputation for high quality nail salon services to lead to new clients to support our anticipated growth.

To achieve our objective, Ultra Nail Bar LLC is seeking to raise start-up capital. The amount of capital raised will represent a percentage of ownership interest of each member, and all members will be paid an equal percentage of net profits on an annual basis, and will be collateralized by the assets of the company, and backed by the character, experience, and personal guarantee of the members.

It is our goal to offer high quality professional nail salon services. The demand remains strong for such services and we expect it to only grow in the future.

III. General Company Description

Keys to Success

- Location: providing an easily accessible and highly visible location for our customers.
- Environment: providing an enjoyable and relaxing environment conducive to providing professional service.
- Convenience: offer clients a wide range of services in one setting, and extended business hours.
- Reputation: professional reputation of the owner and other "nail technicians" as providing superior skill and excellent personal service.
- Repeat business: provide clients with quality services and individual attention that brings clients back on a regular basis, and encourages clients to recommend us to friends and family.

Mission Statement

- Our mission is to run a profitable business by providing high-end Nail Salon services in a friendly, caring, upscale, professional environment. We offer wide variety of services to meet the needs of our clients. Our highly skilled Nail Technicians will provide the latest in manicure and pedicure services.
- Our goal is to tailor each client's experience based on the initial service requested, as well as the interaction and feedback during the service, to ensure the client's comfort and satisfaction. We are mindful of the overall experience and will use only the finest nail salon products and equipment. We will provide special lighting, music, décor, and textiles throughout the salon to complete the comfort, plush, relaxing environment to enhance the client's overall experience.

Objectives

- Achieve \$25,200 per month in sales by the third month after opening by performing 30 services per day (6 techs x 5 services).
- Achieve \$30,240 in sales by the sixth month after opening by performing 36 services per day (6 techs x 6 services).
- Achieve \$40,320 per month in sales by the end of the first year after opening by performing 48 services per day (8 techs x 6 services).
- Achieve \$50,400 per month in sales by the end of the second year after

- opening by performing 60 services per day (10 techs x 6 services).
- Have a local client return rate of 90% by the end of the first six months.
- Become a top Nail Salon destination by the end of the first 12 months.

Company Summary

Ultra Nail Bar LLC, upon commencement of operations, will sell a wide range of nail and spa services and products. We will offer quality manicures, pedicures, gel, shellac, acrylic, pink & white, sculptured, creative art design, hot stone massage, along with top lines in nail polish products.

What will set Ultra Nail Bar apart from the competition is our commitment to providing all of these services in a friendly and professional manner and in one convenient location. We will also serve wine by the glass as well as offering Tat'z to enhance the overall customer experience.

Ultra Nail Bar will be located in a retail strip mall located in a high traffic and highly visible area. The salon will utilize approximately 1,750 square feet – one unit. The location will be strategically situated on a busy street in a high profile area, with easy access from all parts of town.

Ultra Nail Bar will be a new destination and will be upscale, beautiful and relaxing environment. We will cater to both women and men and offer the latest in manicure and pedicure services, including hot stone massage.

Ownership

Ultra Nail Bar is a Limited Liability Company and is owned by Michael Lemeister, and Anna (Guangying) Hughes.

The bulk of the start-up cost will be invested by Michael Lemeister, member President, and the remainder by Anna Hughes, member Vice-President. Anna Hughes will be general manager of Malibu Nail Salon and responsible for day-to-day business operations. Anna has a proven track record of owning and operating several small businesses as well as having a successful sales career in print advertising. With Anna's vast business experience and sales career, along with her nail salon expertise, we expect this will enhance the overall success of this venture.

Anna's unique sales ability, people skills, public relations, marketing, budgeting, and business management will be a perfect fit for building the client base in the salon business and seeing it through to success.

**MANAGER APPLICATION
INSERT - FORM 3c**

Office Use

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

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: Ultra Nail Bar, LLC

Premise information

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

Premise Trade Name/DBA: Ultra Nail Bar

Premise Street Address: 17660 Wright St Suite 16

City: Omaha County: Douglas Zip Code: 68130

Premise Phone Number: 402 321 3385

Email address: michael.lesmeister@yahoo.com

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



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Hughes First Name: Guangying MI: _____

Home Address (include PO Box if applicable): 14010 Manderson PLZ APT. #102

City: OMAHA County: Douglas Zip Code: 68164

Home Phone Number: 402-740-1855 Business Phone Number: _____

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: China, Hainan.

Email address: Annahughes68@yahoo.com

RECEIVED

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

YES NO

FEB 5 2014
NEBRASKA LIQUOR
CONTROL BOARD

Spouse's information

Spouses Last Name: Hughes First Name: David MI: M

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: Norfolk, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS
APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
OMAHA, NE	2006	Present	OMAHA, NE	2001	Present
shenzhen, China	1993	2006			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2012	2013	Seven Salon	Niki	402-934-2177
2013	Present	Apple Nail	Cindy	402-991-7887

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

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

YES NO

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

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

YES NO

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

NONE

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

RECEIVED

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
		FEB 4 2011
		NEBRASKA LIQUOR
		TRAINING 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:

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.

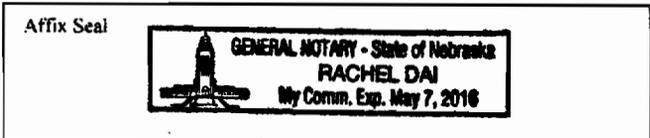
Gregory Hughes
Signature of Manager Applicant

David Hughes
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas The foregoing instrument was acknowledged before me this
January 28, 2014 by Gregory and David Hughes
date name of person acknowledged

Rachel Dai
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**

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Office Use
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I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will 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 present 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.

David M. Hughes
Signature of spouse asking for waiver
(Spouse of individual listed below)

DAVID M. HUGHES
Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

1/29/2014
date

Rachel Dai
Notary Public signature

The foregoing instrument was acknowledged before me this

by David M Hughes
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.

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

Guangying Hughes
Printed name of applying individual

State of Nebraska

County of Douglas

1/29/2014
date

Rachel Dai
Notary Public signature

The foregoing instrument was acknowledged before me this

by Guangying Hughes
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.

PUBLIC WORKS DEPARTMENT REPORT

DATE: FEBRUARY 13, 2014

DUE DATE: FEBRUARY 27, 2014

CITY COUNCIL HEARING MARCH 11, 2014

APPLICANT: ULTRA NAIL BAR, LLC, DBA "ULTRA NAIL BAR"

LOCATION: 17660 WRIGHT STREET, SUITE 16

REQUESTED LICENSE OR ACTION: CLASS "T" LIQUOR LICENSE

DESIGNATION OF ADJACENT STREET (LOCAL, COLLECTOR, MINOR OR MAJOR ARTERIAL EXPRESSWAY): Major Arterial

STREET WIDTH AND PROFILE: 80'; 5 Lanes; Divided Roadway
SPEED LIMIT: 45 mph

AVERAGE DAILY TRAFFIC AND PEDESTRIAN FLOW: 39,000 Vens/Day
4 Peds/Day

ACCIDENT REPORT AT ADJACENT INTERSECTION: 175th + West Center Road;
(9/10/12 - 12/31/12) 3 accidents. 175th + Arbor Streets - 1 accident.
175th + Wright Streets - 6 accidents. West Center Road + 171st
Streets - 5 accidents. West Center Road + 177th Streets -
6 accidents.

POTENTIAL TRAFFIC AND PARKING PROBLEMS: None

Mill [Signature]
(Authorized Signature)

2-13-14
(Date)

PLANNING DEPARTMENT REPORT

DATE: FEBRUARY 13, 2014

RECEIVED
DUE DATE: FEBRUARY 27, 2014

CITY COUNCIL HEARING MARCH 11, 2014 9:20

LOCATION: 17660 WRIGHT STREET, SUITE 16

LEGAL DESCRIPTION LOT 99, BLOCK 0, LEGACY, IRREGULAR 3.49 ACRES

APPLICANT: ULTRA NAIL BAR, LLC, DBA "ULTRA NAIL BAR"

REQUESTED LICENSE OR ACTION CLASS "I" LIQUOR LICENSE

NEW LOCATION (X) NEW OWNERSHIP () TYPE OF FACILITY: NAIL SALON & SPA

THIS REQUEST DOES () DOES NOT (X) PERTAIN TO AN OUTSIDE AREA
IF SIDEWALK CAFE: R-O-W-LEASE N/A PERMITS OBTAINED N/A
IF OUTSIDE: OUTSIDE AREA IS N/A FEET FROM THE NEAREST RESIDENCE

THIS PROPERTY IS (X) IS NOT () WITHIN OMAHA'S CORPORATE LIMITS
(If not, do not proceed - Notify the City Clerk's Office and return this form)

ANNEXATION DATE: _____ ORDINANCE NO. _____ (Only if within last 24-months)

EXISTING ZONING: MLL EXITING LAND USE: NAIL SALON & SPA

ADJACENT LAND USE AND ZONING:
NORTH: MIXED USE DISTRICT MLL
SOUTH: MIXED USE DISTRICT MLL
EAST: MIXED USE DISTRICT MLL
WEST: MIXED USE DISTRICT MLL

PARKING STALLS PROVIDED: SHARED W/STRIP CENTER

EXISTING USE DOES (X) DOES NOT () COMPLY WITH ZONING REGULATIONS

PLUMBING FIXTURES PROVIDED: WOMEN'S locked up
MEN'S locked up

DATE SUBJECT PROPERTY WAS POSTED: 2-26-14 MLL

(Rule #7) DISTANCE OF PROPOSED LICENSE TO ANY SCHOOL, CHURCH, OR CITY PARK: OK

DISTANCE OF PROPOSED LICENSE TO ANY EXISTING LICENSE: OK

(State Law) DISTANCE OF PROPOSED LICENSE TO ANY CHURCH OK
SCHOOL OK HOSPITAL OK HOME FOR THE AGED, INDIGENT
OR VETERANS OK COLLEGE OR UNIVERSITY _____

Michael Wilwording
(Authorized Signature)

2-27-14
(Date)