

CCID 17

TYPE OF LICENSE: CLASS "C" LIQUOR LICENSE

NAME & ADDRESS: FLAVORS FOOD VENTURES, LLC

DBA "FLAVORS INDIAN CUISINE"

1901 FARNAM STREET

RECEIVED: DECEMBER 5, 2014

45TH DAY: MONDAY, JANUARY 19, 2015

HEARING DATE: JANUARY 6, 2014 – 32ND DAY

AND/OR PERSONS CONTACTED: AKHILA POTLURI

402-212-7905

POSTED: 12-12-14

NOTIFIED: 12-24-14

NEW APPLICATION, NEW LOCATION.

▶ RECEIPT

12/3/2014

From: Michelle Porter - MICHELLE.PORTER@NEBRASKA.GOV
Phone: 402/471-2821
Fax: 402/471-2814
Company Name: Nebraska Liquor Control Commission
To: Omaha City Clerk
Subject: Flavors Indian Cuisine - #110707
Liquor License Application

CITY CLERK
OMAHA, NEBRASKA

2014 DEC -5 AM 9:41

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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.

December 5, 2014

DATE OF RECEIPT

Cassan Schwen

SIGNATURE

Urgent For Review Please Comment Please Reply Please Recycle



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STATE OF NEBRASKA

Dave Heineman 2014 DEC -5 AM 9:41
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 or (402) 471 2374
TRS USER 800 833-7352 (TTY)
web address: <http://www.lcc.ne.gov/>

CITY CLERK
OMAHA, NEBRASKA
December 3, 2014

City Clerk
1819 Farnam Street LC-1
Omaha NE 68183

RE: Flavors Indian Cuisine

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) 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 APROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS. 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
Michelle Porter
Licensing Division

Enclosures

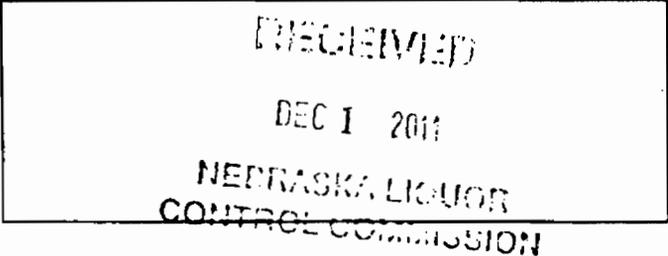
Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

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/



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S) Submit \$400 Non Refundable Application Fee

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

LICENSE YEAR

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING
(CHECK ONLY ONE)**

- Individual License (requires insert form 1- form number 104)
- Partnership License (requires insert form 2- form number 105)
- Corporate License (requires insert form 3a & 3c- form number 101 and 103)
- Limited Liability Company (LLC) (requires form 3b & 3c- form number 102 and 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application**

Name _____ Phone number: _____

Firm Name _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

PREMISE INFORMATION

Trade Name (doing business as) FLAVORS INDIAN CUISINE

Street Address #1 1901 FARNAM STREET

Street Address #2 _____

City OMAHA

County DOUGLAS

Zip Code 68102

Premise Telephone number 402-933-4140

Business e-mail address FLAVORSOMAHA@GMAIL.COM

Is this location inside the city/village corporate limits:

YES

NO

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

Name FLAVORS INDIAN CUISINE

Street Address #1 1901 FARNAM STREET

Street Address #2 _____

City OMAHA

State NE

Zip Code 68102

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 34 x width 62 in feet

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

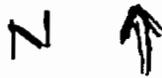
Is there an outdoor area? Yes ___ No x If yes, length ___ x width ___ in feet

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

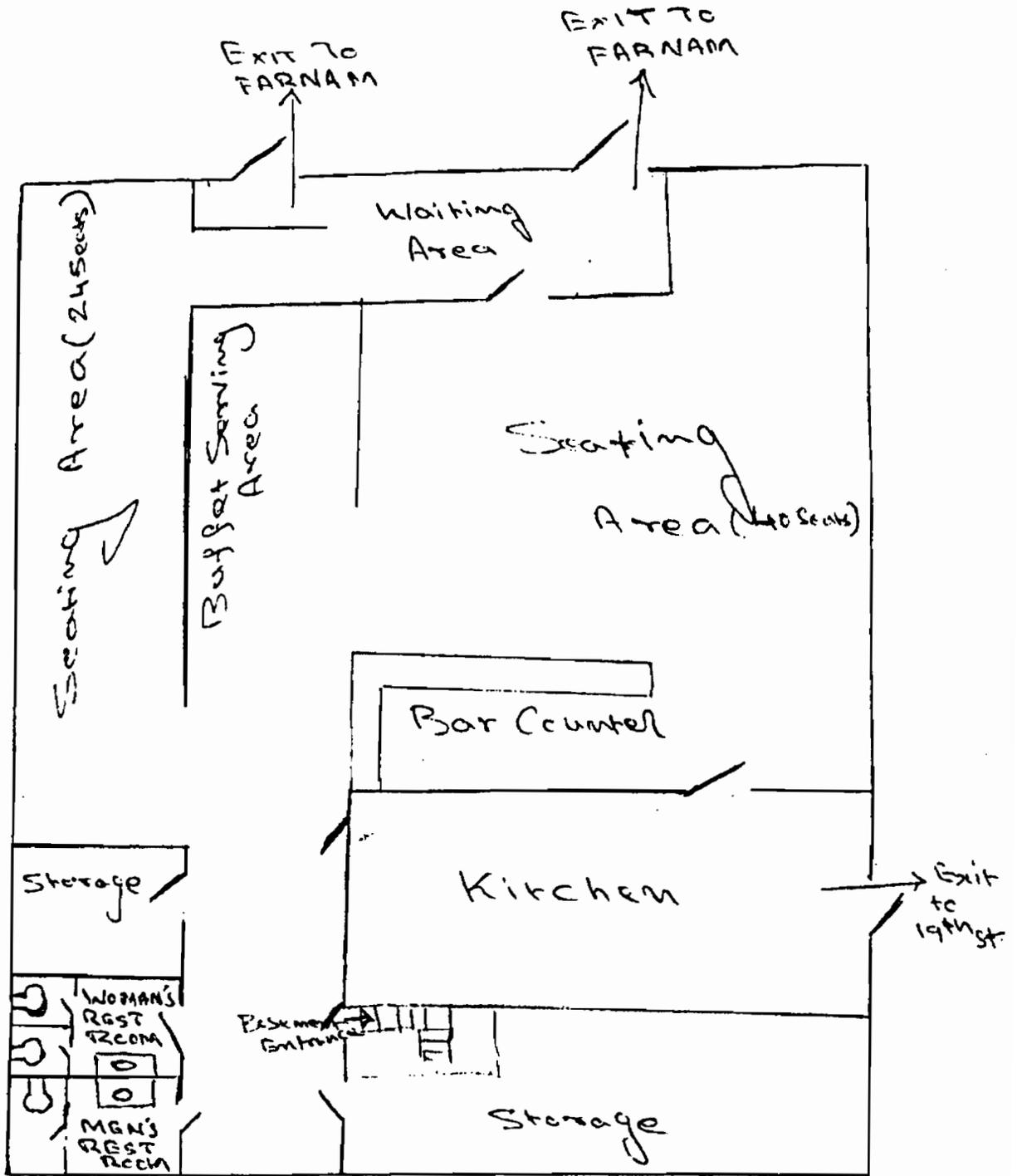
See Att. info.

MAIN FLOOR AREA OF THREE STORY BLDG APPROX 44' X 62'
EXCLUDING BASEMENT AREA

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NEENAWA LIQUOR
CONTROL COMMISSION



FLAVOR'S INDIAN CUISINE Floor Plan



Douglas County, Nebraska Property Record - R0313710000

Information is valid as of 2014-12-05

[Print Report](#)
[Treasurer's Tax Report](#)
 New Feature → → → [Subdivision Sales Search](#)

Owner
 300 S 19TH MANAGEMENT LLC

 300 S 19 ST #300
 OMAHA NE 68102-0000

Property Information	
Key Number:	1371 0000 03
Account Type:	Commercial
Parcel Number:	0313710000
Parcel Address:	1901 FARNAM ST OMAHA NE 68102-0000
Legal Description:	CITY LOTS LOT 1 BLOCK 143 VAC 20 FT STRIP ADJ ON E & LOT 1 BLK 143 90 X 133

Value Information			
	Land	Improvement	Total
2014	\$232,000.00	\$265,500.00	\$497,500.00
2013	\$232,000.00	\$265,500.00	\$497,500.00
2012	\$232,000.00	\$265,500.00	\$497,500.00
2011	\$232,000.00	\$265,500.00	\$497,500.00
2010	\$232,000.00	\$265,500.00	\$497,500.00
2009	\$232,000.00	\$265,500.00	\$497,500.00

Sales Information				
Sales Date:	2011-11-10	View Document		
Deed Type:	WD	Book:	2011	Page: 097102
Price:	\$730,000.00			
Grantor:	KEYFM EMPIRE LLC			
Grantee:	300 S 19TH MANAGEMENT LLC			
Valid/Invalid:	Valid			
Exclusion Reason:				

Sales Date:	2004-04-08			
Deed Type:	WD	Book:	2004	Page: 044786
Price:	\$500,000.00			
Grantor:	Ohio National Life Ins. Co			
Grantee:	KeyFM Empire, LLC			
Valid/Invalid:	Valid			
Exclusion Reason:				

Show All Transactions

Land Information					
Acres	SF	Units	Depth	Width	Vacant
0.27	11970.0	1.0	0.0	0.0	No

Improvement Information

Building 1

<p>DECEMBER 2013 DOUGLAS COUNTY ASSESSOR</p>	<p>Office Building 1901 FARNAM</p>	<p>EMPIRE STATE BUILDING</p>
<p>CLICK TO ENLARGE IMAGE</p>	<p>CLICK TO ENLARGE IMAGE</p>	

Square Footage:	30139.0	Percent Complete:	100.0%
Perimeter	450.0	Quality:	Average
Unit Type:		Condition:	Average
Built As:	Office Building	Condo Square Footage:	0.0
HVAC:	Package Unit	Rooms:	0.0
Exterior:		Units:	10.0
Interior:		Baths:	0.0
Roof Cover:		Bedrooms:	0.0
Roof Type:	Flat	Stories:	3.0
Floorcover:		Foundation:	
		Sprinkler Square Footage:	0.0

Year Built	Year Remodeled	Percent Remodeled	Adjusted Year Built	Physical Age
1909	0	0%	1909	106

Detail Type	Detail Description	Units
Add On	Elevator Hydraulic Passenger	1.0
Basement	Storage	10653.0

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.

DEC 1 2011

YES NO

If yes, please explain below or attach a separate page

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
SRIKANTH NUNNA	2013	OMAHA, NE	Speeding	Diversion
AKHILA POTLURI	11/2013	OMAHA, NE	Expired Registration	paid fine
SRINIVAS NIMMAGADDA	2013	OMAHA, NE	Traffic Violation	Diversion
AMALA DUGGIRALA	2014	OMAHA, NE	Speeding	Diversion
SRINIVAS NIMMAGADDA	2011	OMAHA, NE	Accident	Fine
SRINIVAS NIMMAGADDA	1995	OMAHA, NE	Accident	Diversion

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 _____

SAIRAM INC

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) _____

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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)

NEBRASKA LIQUOR
CONTROL COMMISSION

No silent partners

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

YES NO

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

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

YES NO

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

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

YES NO

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

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

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

FIRST NATIONAL BANK, AKHILA POTLURI & SRIKANTH NUNNA

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

NONE

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

Need Training

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NLCC certified training program completed:

June 2011

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
		NLCC CERTIFIED TRAINING 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

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 JUNE 2017
- Deed
- Purchase Agreement

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? 11 AM - 9:30 PM

17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, including spouses. See Attached

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE						
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR		
	FROM	TO		FROM	TO	
SRINIVAS NIMMAGADDA: OMAHA, NE	2000	20014	AMALA DUGGIRALA: OMAHA, NE	2000	2014	
SRIKANTH NUNNA: OMAHA, NE	2012	2014	AKHILA POTLURI: OMAHA, NE	2012	2014	
SRIKANTH NUNNA: NORTH BELLMORE, NY	2011	2012	AKHILA POTLURI: NORTH BELLMORE, NY	2011	2012	
SRIKANTH NUNNA: HARRISBURG, PA	2009	2011	AKHILA POTLURI: HARRISBURG, PA	2010	2011	
SRIKANTH NUNNA: ATLANTA, GA	2008	2009				

If necessary attach a separate sheet.

Porter, Michelle

From: Flavors Omaha <flavorsomaha@gmail.com>
Sent: Tuesday, December 02, 2014 11:58 PM
To: Porter, Michelle
Subject: Re: Application for Flavors Indian Cuisine
Attachments: Flavors Indian Cuisine Diagram.pdf

#17

Dear Michelle,

Thanks for the correspondence! Here is the requested information for your consideration

(Flavors hand drawn diagram attached)

1) On Application for License, Question #17 needs to be completely answered for all applicants. Residences for each member must include a 10-year period of time. You may attach a separate page if necessary.

Name	From	To	Location
Srikanth Nunna	Nov-2012	Till Date	Omaha, NE
Srikanth Nunna	Jul-2011	Oct-2012	North Bellmore, NY
Srikanth Nunna	Oct-2009	Jun-2011	Harrisburg, PA
Srikanth Nunna	Apr-2008	Sep-2009	Alpharetta, GA
Srikanth Nunna	Apr-2007	Mar-2008	Newark, DE
Srikanth Nunna	Mar-2006	Mar-2007	Chicago, IL
Srikanth Nunna	Jan-2002	Feb-2006	Hyderabad, India

Name	From	To	Location
Akhila Potluri	Nov-2012	Till Date	Omaha, NE
Akhila Potluri	Jul-2011	Oct-2012	North Bellmore, NY
Akhila Potluri	Apr-2010	Jun-2011	Harrisburg, PA
Akhila Potluri	Jan-2000	Feb-2010	Hyderabad, India

Name	From	To	Location
Srinivas Nimmagadda	Oct-2013	Till Date	Omaha, NE, USA

Name	From	To	Location
Amala Duggirala	Oct-2013	Till Date	Omaha, NE, USA

* 2) A hand drawn diagram was not included with the application. Blue prints or floor plans are not acceptable.

*** Please see the attached diagram of Flavors Indian Cuisine.

3) On Application for Corporation, name of registered agent was not completed. Question #1 was not completed. Voters information and birth certificate were not included for spouse of applicant.

Flavors Food Ventures LLC "Articles Of incorporation" has been attached with the application. The second page has the registered agent details. Here is the same for your consideration,

* Name: CSC-Lawyers Incorporating Service Company

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

Srikanth Nunna
Signature
SRIKANTH NUNNA
Print Name

N. Srinivasa
Signature
SRINIVAS NIMMAGADDA
Print Name

Akhila P
Signature of Spouse
AKHILA POTLURI
Print Name

Amala
Signature of Spouse
AMALA DUGGIRALA
Print Name

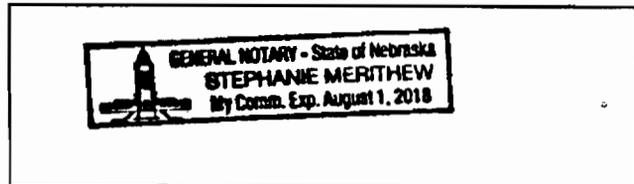
ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

11/20/14
date

Stephanie Merithew
Notary Public Signature

The foregoing instrument was acknowledged before me this
by Srikanth Nunna, Srinivas Nimmagadda, Akhila Potluri,
name of person(s) acknowledged (individual(s) signing) Amala Duggirala



11/20/14
DEC 7 2011

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

NEBRASKA LIQUOR
CONTROL COMMISSION

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

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

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CONTROL COMMISSION

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

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

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

Name of Registered Agent: CSC - lawyers Incorporated Service Company

Name of Limited Liability Company that will hold license as listed on the Articles of Organization per Email
FLAVORS FOOD VENTURES LLC # 10192748 12/2

LLC Address: 12812 BURT STREET

City: OMAHA State: NE Zip Code: 68154

LLC Phone Number: 402-212-7905 LLC Fax Number _____

Name of Managing/Contact Member

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

Last Name: POTLURI First Name: AKHILA MI: _____

Home Address: 4821 S 187TH AVE City: OMAHA

State: NE Zip Code: 68135 Home Phone Number: 773-990-9256

Akhila P

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

11/20/2014

by Akhila Potluri
name of person acknowledge

Date
Stephan Merithew

Affix Seal

GENERAL NOTARY - State of Nebraska
STEPHANIE MERITHEW
My Comm. Exp. August 1, 2018

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

Last Name: Potturi First Name: Akhila MI: Prints
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Spikanth Nunna Prints
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 50%

Last Name: Duggirala First Name: Amala MI: Prints
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Srinivas Nimmagadda Prints
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 50%

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: DEC 1 2011
Percentage of member ownership _____

NEBRASKA LIQUOR
CONTROL COMMISSION

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

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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DEC 7 2011
NEW YORK LABOR
CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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

YES

NO

If yes, provide the following:

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

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

Starting Date: JAN - DEC Ending Date: 12/31/2014

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

12/31/2014
DEC 31 2014
NEBRASKA SENIOR
CONTROL COMMISSION

Nebraska Secretary of State

- John A. Gale

Business Services

Home » Corporation and Business Entity Searches

Tue Dec 2 10:50:05 2014

For Letters of Good Standing (\$6.50), Certificates of Good Standing (\$10.00), and/or Images (\$0.45 per page) of documents filed with the Secretary of State please click the corresponding service below:

NEW SEARCH

[Back to Search Results](#)

Pay Services:

[Online Images of Filed Documents](#) | [Good Standing Documents](#)

Entity Name

FLAVORS FOOD VENTURES, LLC

SOS Account Number

10192748

Principal Office Address

No address on file

Registered Agent and Office Address

CSC-LAWYERS INCORPORATING SERVICE
COMPANY
SUITE 1900
233 SOUTH 13TH STREET
LINCOLN, NE 685080000

Designated Office Address

1901 FARNAM ST
OMAHA, NE 68102

Nature of Business

Not Available

Entity Type

Domestic LLC
Qualifying State: NE

Date Filed

May 20 2014

Account Status

Active

Pay Services:

Click on the pay service items you wish to view. Your Nebraska Online account will be charged the indicated amount for each item you view.

- Images of Filed Documents

If an item is a link, the document may be retrieved online, otherwise you must contact the Secretary of State's office to obtain a copy of the document.

Code	Trans	Date	Price
CRT0	Certificate of Organization	May 20 2014	\$0.45 = 1 page(s) @ \$0.45 per page

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

RECEIVED

THE HOPPE LAW FIRM, LLC
5631 S 48TH ST, SUITE 220
PO BOX 6036
LINCOLN, NE 68516

DEC 1 2014

NEBRASKA SECRETARY OF STATE
CONTROL COMMISSION

May 20, 2014

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	FLAVORS FOOD VENTURES, LLC	100.00
Per Page Charge	FLAVORS FOOD VENTURES, LLC	5.00
	Total Fees Received	\$105.00

Andrew Buller
Filing Officer

NE Sec of State John R. Sals - CORP CRTD
1001283454
FLAVORS FOOD VENTURES, LLC
Filed: 05/23/2014 02:54 PM

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

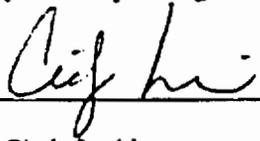
Pursuant to Neb. Rev. Stat. 21-117, the undersigned person delivers this certificate of organization for filing by the Secretary of State:

1. The name of the limited liability company is: **FLAVORS FOOD VENTURES, LLC.**
2. The street and mailing addresses of the initial designated office:
1901 Farnam St
Omaha, NE 6102
3. The name and street and mailing addresses and post office box number, if any, of the initial registered agent for service of process:

Name: **CSC-Lawyers Incorporating Service Company**
Address: **233 South 13th Street, Suite 1900, Lincoln, NE 68508**

4. The delayed effective date of the Certificate of Organization, if any, is

CSC-Lawyers Incorporating Service Company, Organizer

By: 

Name: **Cindy Leski**
Title: **Assistant Secretary**

Date: **May 20, 2014**

REGISTERED

DEC 1 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

Downtown Indian Restaurant
Omaha, NE 68117

PROPERTY OF
PICO FOODS
NEBRASKA SANITATION
CONTROL COMMISSION

➤ **Executive Summary**

CONFIDENTIALITY STATEMENT: Information contained in this business plan is strictly confidential and is being presented to specific persons with the understanding that those persons will maintain confidentiality and not disclose or distribute any part of this plan to third parties without the prior written permission of the author(s). Information includes any data, reports, schedules, or attachments that may be contained in or referred to in this document.

NEBRASKA LIQUOR
CONTROL COMMISSION

➤ **Statement of Purpose**

The Downtown Indian Restaurant will be a moderately priced 60-80 seat Indian curry/kabob restaurant offering a buffet style lunch, family style service dinner and in between. The restaurant specialty and purpose will be to serve Indian breads, kabobs, curries and more to the Omaha downtown workforce and visitors. In addition, the restaurant will obtain liquor license and serve domestic/international beers, wine and other alcohol.

The Downtown Indian Restaurant will be owned and operated by a registered LLC corporation (referred as LLC in rest of the document) owned by Amala Duggirala and Akhila Nunna. The owners of the LLC will be mobilizing funds to the tune of \$200,000 from savings and other means. The founders have a solid understanding of the Indian Culture/Food, the business and are very motivated.

Intense market study, research and evaluation suggest that there is strong and growing demand for a good Indian curry/kabob restaurant in Omaha.

**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

RECEIVED

DEC 1 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: **FLAVORS FOOD VENTURES LLC**

Premise information

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

Premise Trade Name/DBA: **FLAVORS INDIAN CUISINE**

Premise Street Address: **1901 FARNAM STREET**

City: **OMAHA** County: **DOUGLAS** Zip Code: **68102**

Premise Phone Number: **402-933-4140**

Email address: **FLAVORSOMAHA@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

Abhish P

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: DUGGIRALA First Name: AMALA MI: _____

Prints

Home Address (include PO Box if applicable): 12812 BURT STREET

City: OMAHA County: DOUGLAS Zip Code: 68154

Home Phone Number: 402-212-7905 Business Phone Number: 402-933-4140

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

NE per email

Date Of Birth: _____ Place Of Birth: Hyderabad, INDIA

Email address: amala.duggirala@yahoo.com

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

YES NO

NEBRASKA LIQUOR CONTROL COMMISSION

Spouse's information

Spouses Last Name: NIMMAGADDA First Name: SRINIVAS MI: _____

Prints

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

NE

Date Of Birth: _____ Place Of Birth: CHIRALA, 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
AMALA DUGGIRALA, OMAHA, NE	2000	2014	SRINIVAS NIMMAGADDA, OMAHA, NE	2000	2014

Address: 233 South 13th Street, Suite 1900, Lincoln, NE 68508

Regarding the "voter information" and "birth certificate" of the spouse of applicant, the spouse of applicant, Srinivas Nimmagadda (applicant is Amala Duggirala) is NOT US citizen and only permanent resident. Thus, not allowed to voter registration and the DOB certificate is from India. (06-16-1968). Hope this helps.

4) On Application for Corporate Manager, driver's license state was not completed for Amala.

* Amala Duggirala driver license state is Nebraska (NE).

Hope this information is helpful to process the application. Please contact me at 402-212-7905 with any concerns.

Thanks
Srinivas Nimmagadda

On Tue, Dec 2, 2014 at 11:09 AM, Porter, Michelle <michelle.porter@nebraska.gov> wrote:

I have been assigned the application for a Class C liquor license for Flavors Indian Cuisine. There are some things I will need in order to process this application. You can fax, email or mail the information below to my attention. Please let me know if you have any further questions. If this information would take longer than five days to acquire, I will need to return the application.

- 1) On Application for License, Question #17 needs to be completely answered for all applicants. Residences for each member must include a 10-year period of time. You may attach a separate page if necessary.
- 2) A hand drawn diagram was not included with the application. Blue prints or floor plans are not acceptable.
- 3) On Application for Corporation, name of registered agent was not completed. Question #1 was not completed. Voters information and birth certificate were not included for spouse of applicant.
- 4) On Application for Corporate Manager, driver's license state was not completed for Amala.

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	current	ACT Worldwide	Tony Scotto	781-370-3657
2007	2009	British Telecom	Dave Elmendorf	970-830-8100

2006 2007 Qwest Telecommunications Sandeep Kulkarni 877-941-5591

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 *Per attached email, see # Dan Retail App*

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

NEBRASKA LIQUOR CONTROL COMMISSION

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

Porter, Michelle

From: Flavors Omaha <flavorsomaha@gmail.com>
Sent: Wednesday, December 03, 2014 2:44 PM
To: Porter, Michelle
Subject: Re: Application for Flavors Indian Cuisine

Yes, it is the same! Please add them! Thanks you for helping with the completion of the application.

- Srinivas Nimmagadda

On Wed, Dec 3, 2014 at 2:34 PM, Porter, Michelle <michelle.porter@nebraska.gov> wrote:

Is everything the same as #1 on the Application for License as it is for #1 on the Corporate Manager? If so, I will add this note.

Thank you,

Michelle Porter

Licensing Division

Nebraska Liquor Control Commission

402/471-2821

michelle.porter@nebraska.gov

Website : <http://www.lcc.ne.gov>

Fax: 402/471-2814

From: Flavors Omaha [mailto:flavorsomaha@gmail.com]
Sent: Wednesday, December 03, 2014 2:32 PM

To: Porter, Michelle
Subject: Re: Application for Flavors Indian Cuisine

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

Need Training

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

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

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

NEBRASKA LIQUOR
CONTROL COMMISSION

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.

RECORDED

DEC 3 2014

D. Males

Signature of Manager Applicant

N. Srinivas Nimmigadda

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

11/20/2014

date

The foregoing instrument was acknowledged before me this

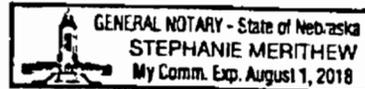
by Amala Duggirala, Srinivas Nimmigadda

name of person acknowledged

Steph Merithew

Notary Public signature

Affix Seal



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

PUBLIC WORKS DEPARTMENT REPORT

DATE: DECEMBER 8, 2014

DUE DATE: DECEMBER 22, 2014

CITY COUNCIL HEARING JANUARY 6, 2015

APPLICANT: FLAVORS FOOD VENTURES, LLC, DBA "FLAVORS INDIAN CUISINE"

LOCATION: 1901 FARNAM STREET

REQUESTED LICENSE OR ACTION: CLASS "C" LIQUOR LICENSE

DESIGNATION OF ADJACENT STREET (LOCAL, COLLECTOR, MINOR OR MAJOR

ARTERIAL EXPRESSWAY): Minor Arterial

STREET WIDTH AND PROFILE: 60'; 6-lanes; One-way Roadway

SPEED LIMIT: 30 mph

AVERAGE DAILY TRAFFIC AND PEDESTRIAN FLOW: 17,000 Vehs/Day

3,372 Peds/Day

ACCIDENT REPORT AT ADJACENT INTERSECTION: 19th + Farnam Street;
(01/01/12-12/31/12) 5 accidents. 19th + Douglas Streets - 5 accidents.
19th + Harney Streets - 10 accidents. Farnam + 20th Streets -
5 accidents. Farnam + 18th Streets - 2 accidents.

POTENTIAL TRAFFIC AND PARKING PROBLEMS: None


(Authorized Signature)

12-9-14
(Date)

PLANNING DEPARTMENT REPORT

DATE: DECEMBER 8, 2014

RECEIVED
DUE DATE: DECEMBER 22, 2014

CITY COUNCIL HEARING JANUARY 6, 2015 AM 9:39

LOCATION: 1901 FARNAM STREET

LEGAL DESCRIPTION LOT 1, BLOCK 143, CITY LOTS, VACATED 20 FEET STRIP ADJACENT ON EAST

APPLICANT: FLAVORS FOOD VENTURES, LLC, DBA "FLAVORS INDIAN CUISINE"

REQUESTED LICENSE OR ACTION CLASS "C" LIQUOR LICENSE

NEW LOCATION (X) NEW OWNERSHIP () TYPE OF FACILITY: RESTAURANT

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: CBD AC1-1 EXITING LAND USE: RESTAURANT

ADJACENT LAND USE AND ZONING:	
NORTH: <u>Central Business District</u>	<u>CBD AC1-1</u>
SOUTH: <u>Central Business District</u>	<u>CBD AC1-1</u>
EAST: <u>Central Business District</u>	<u>CBD AC1-1</u>
WEST: <u>Central Business District</u>	<u>CBD AC1-1</u>

PARKING STALLS PROVIDED: SEC 55-733 District Exemptions

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

PLUMBING FIXTURES PROVIDED: WOMEN'S 2 STOOLS
MEN'S 1 STOOL

DATE SUBJECT PROPERTY WAS POSTED: 12-12-14

(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 OK

Michael T. Wierzbicki
(Authorized Signature)

12-22-2014
(Date)