

CCID 46

TYPE OF LICENSE: CLASS "T" LIQUOR LICENSE

NAME & ADDRESS: MAXIMO'S CANTINA, LLC

DBA "MAXIMO'S CANTINA"

2613 N MAIN STREET

RECEIVED: DECEMBER 17, 2014

45TH DAY: SATURDAY, JANUARY 31, 2015

HEARING DATE: JANUARY 13, 2015 – 27TH DAY

AND/OR PERSONS CONTACTED: TERESA HUNZEKER

402-670-0404

ATTORNEY – REX MOATS

402-871-1060

POSTED: N/A

NOTIFIED: N/A

NEW APPLICATION, OLD LOCATION. PRESENT LICENSEE IS HULETT, INC., DBA

"HEARTLAND CAFÉ & CATERING", 2613 N MAIN STREET, WHO HAS A CLASS "T"

LIQUOR LICENSE

LIQUOR LICENSED ESTABLISHMENT HISTORY

LICENSE #I 107280

HULETT, INC	2613 NORTH MAIN STREET	68022	289-4844
DBA HEARTLAND CAFÉ & CATERING	MAIL: 3405 SOUTH 114TH AVENUE	68144	

NLCC ORDERS

OTHER ACTIVITIES

05-06-14 - TRANSFER FROM JANOVSKY, SHARON * RES #563 GRANT * 01-13-14 -
TRANSFER TO MAXIMO'S CANTINA, LLC *

LICENSED PREMISES

1 STY BLDG APPROX 47'X 88' INCLUDING OUTDOOR PORCH APPROX 15' X 88' AND
SIDEWALK CAFÉ APPROX 21' X 88'

OFFICERS:

PRES/MGR - JENNIFER E HULETT, 3405 SOUTH 114TH AVENUE, 68144 (H) 719-469-4715
E-MAIL -JEN.HULETT@YAHOO.COM

▶ RECEIPT

12/17/2014

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: Maximo's Cantina - #111051
Liquor License 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.

December 17, 2014

DATE OF RECEIPT

Dustin Brown

SIGNATURE

RECEIVED
2014 DEC 17 PM 1:03
CITY CLERK
OMAHA, NEBRASKA

Urgent For Review Please Comment Please Reply Please Recycle



Dave Heineman
Governor

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Robert 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/>

December 17, 2014

City Clerk
1819 Farnam Street LC-1
Omaha NE 68183

RE: Maximo's Cantina

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

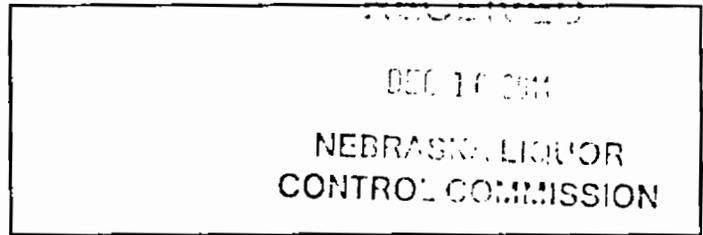
Janice M. Wiebusch
Commissioner

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 Rex J. Moats Phone number: 402-871-1060

Firm Name Moats Law Firm, PC, LLO, P.O. Box 307, Elkhorn, NE 68022

RECEIVED

PREMISE INFORMATION

Trade Name (doing business as) Maximo's Cantina

Street Address #1 2613 N. Main Street / 2615 N. MAIN ST

Street Address #2 _____

City Omaha

County Douglas

Zip Code 68022

Premise Telephone number _____

Business e-mail address maximoscantina@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 Teresa Hunzeker

Street Address #1 3402 North 216th Plaza

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 88 x width 27 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 X No ___ If yes, length 88 x width 36 in feet

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

See AH.
OK. perally Reynolds
12/14

STATE OF NEBRASKA
LIQUOR CONTROL COMMISSION

LICENSE NUMBER
107280

RETAIL

CLASS I ALCOHOLIC LIQUOR ON SALE
(INSIDE CORPORATE LIMITS)

OWNERSHIP C I - INDIVIDUAL
P - PARTNERSHIP
C - CORPORATION

***** BOND INFORMATION *****

BOND COMPANY
BOND NUMBER
BOND AMOUNT

START DATE CANCEL DATE

FED BASIC PERMIT #

***** RESTRICTIONS *****

***** PREMISE INFORMATION *****

TRADE NAME HEARTLAND CAFE & CATERING
ADDRESS-1 2613 N MAIN
CITY OMAHA
PHONE 402 289 4844

LICENSE NO.
ADDRESS-2
COUNTY 01 DOUGLAS ZIP 68022
FAX

MAIL TO:

NAME JENNIFER HULETT
ADDRESS-1 3405 S 114TH AVE
CITY OMAHA

ADDRESS-2
STATE NE ZIP 68144

***** LICENSE DESCRIPTION *****

ONE STORY BUILDING APPROX ²⁷47' X 88' INCLUDING OUTDOOR PORCH
APPROX 15' X 88' AND SIDEWALK CAFE 21' X 88' plus

***** GENERAL INFORMATION *****

COPR. LIMITS (Y OR N)	OWN PREMISES (Y OR N)	LEASE EXP. DATE	REPLACING LIC. NO.	TOP	SUSPENDED START DAYS	LICENSE EXP DATE
Y	N	03312019	076789	280		04302015
EMAIL: JEN.HULETT@YAHOO.COM						
ACTION DATE	DOCUMENT NO.	ROLL	PAGE	ACTION CODE		

DEPRESS: ENTER - PROCESS PF11 - INQ NOTES PF12 - HISTORY PA1 - RETURN TO MENU

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FEB 18 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

MAXIMO'S CANTINA

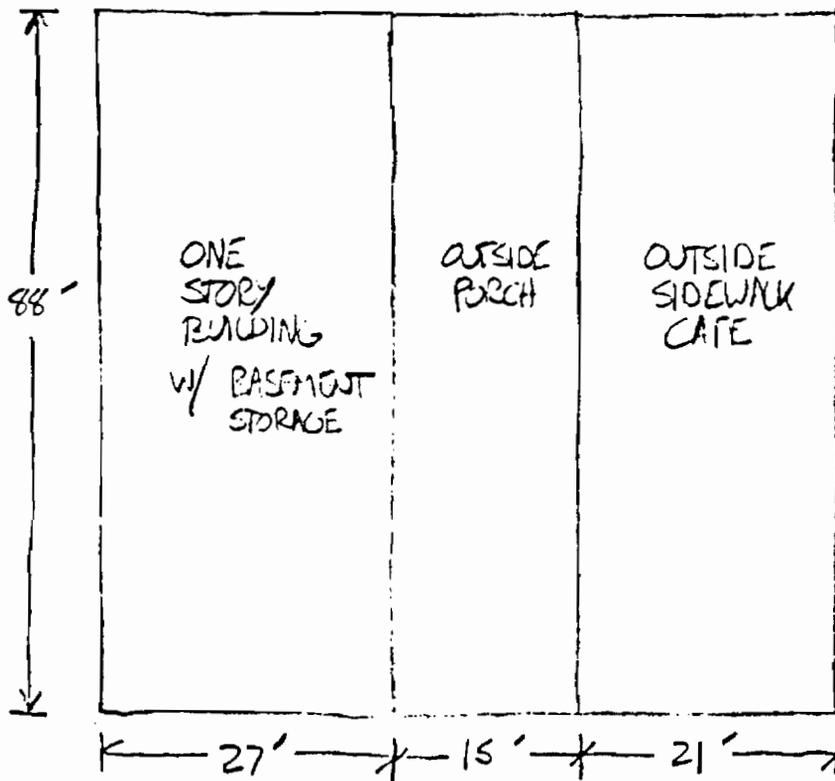
2613 N. MAIN STREET

OMAHA, NE 68102

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DEC 16 2011

NEBRASKA DEPT
OF CONTROL COMMISSION



APPLICANT INFORMATION

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

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. Include traffic violations. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

YES NO
 If yes, please explain below or attach a separate page

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DEC 16 2014

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Teresa A. Hunzeker	9/2003	Cass Co., NE	speeding	paid fine
Teresa A. Hunzeker	3/2008	Douglas Co., NE	DUI	probation
Teresa A. Hunzeker	7/2014	Gage Co., NE	speeding	paid fine

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

YES NO

If yes, give name of business and liquor license number Heartland Cafe & Catering #107280

- 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 Heartland Cafe & Catering, license no. 107280

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

YES NO

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

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

YES NO

If yes, list the lender(s) _____

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

YES NO

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

Employees may receive bonuses based on profits

No silent partners

See Attached

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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.

First National Bank Omaha; Teresa Hunzeker, Fred Hunzeker, Maximo Acevedo (Food Manager)

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

#6

Maximo's Cantina, LLC.
2613 North Main Street
Omaha, NE 68022
E-Mail: maxmoscantina@gmail.com

December 16, 2014

Nebraska Liquor Control Commission
801 Centennial Mall South
P.O. Box 95048
Lincoln, NE 68509-5048

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DEC 16 2014
NEBRASKA LIQUOR
CONTROL COMMISSION

Re: Maximo's Cantina, LLC's Application for Liquor License addendum

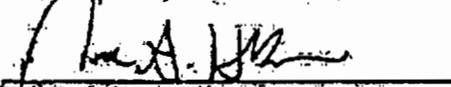
Dear Sir/Madam:

I am providing this addendum to Maximo's Cantina, LLC's application for liquor license - retail to provide clarification to my response to Applicant Information, section 6 (Form 100). I checked yes to this section and stated that employees may receive bonuses based on profits.

In clarification of this response, I certify that I have no silent partners with respect to my business, Maximo's Cantina, LLC as that term is defined by the Nebraska Liquor Control Act ("Act") and regulations implementing the Act. Other than me, no person shall participate in the sharing of profits or liabilities arising from any retail liquor license. Any employee bonus will not be based on any profit from the retail liquor license but would be based on sales of food and non-alcoholic beverages only.

I, Teresa A. Hunzeker, being first duly sworn upon oath, deposes and states that she is the applicant who provides the above and foregoing addendum to the Maximo's Cantina, LLC's application for liquor license and that said addendum has been read and that contents thereof and all the statements contained therein are true. If any false statement is made in any part of this addendum, the undersigned understands that she shall be deemed guilty of perjury and subject to penalties provided by law (See § 53-131.01) Nebraska Liquor Control Act.

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

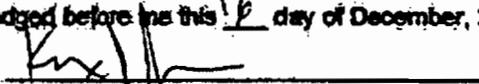

Teresa A. Hunzeker
President, Maximo's Cantina, LLC

ACKNOWLEDGEMENT

State of Nebraska }
County of Douglas } ss.

The foregoing instrument was acknowledged before me this 16 day of December, 2014
by Teresa A. Hunzeker

NOTARY - State of Nebraska
REX J. MOATS
My Comm. Exp. November 26, 2017


Notary Public

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

150124/113

11/10/14

NEBRASKA DIVISION OF ALCOHOL CONTROL COMMISSION

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Teresa Hunzeker	12/2014	Liquorexam.com Nebraska Alcohol Server/Seller Training

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
None		

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 October 31, 2017
- Deed
- Purchase Agreement

14. When do you intend to open for business? January, 2015

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

16. What are the anticipated hours of operation? 11 am to 9 pm

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

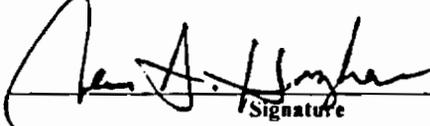
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
3402 N. 216th St Plz, Elkhorn, NE 68022	2006	2014	3402 N. 216th St Plz, Elkhorn, NE 68022	2006	2014
17404 State St, Bennington, NE 68007	1999	2006	17404 State St, Bennington, NE 68007	1999	2006

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.

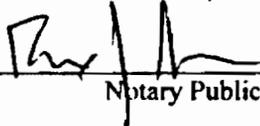
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person 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

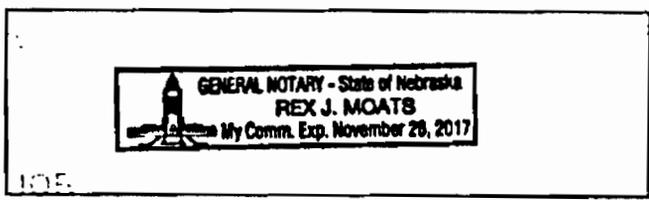
 _____ Signature TERESA A. HUNZEKER _____ Print Name	_____ Signature _____ Print Name
_____ Signature of Spouse _____ Print Name	_____ Signature of Spouse _____ Print Name

ACKNOWLEDGEMENT

State of Nebraska
 County of Douglas
December 11, 2014 by TERESA A - HUNZEKER
date name of person(s) acknowledged (individual(s) signing)



 Notary Public Signature



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 DEC 16 2014
 NEBRASKA LIQUOR
 CONTROL COMMISSION

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.lcc.ne.gov

Office Use

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NOV 16 2014

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 receipt by Secretary of States office)

Name of Registered Agent: Teresa A. Hunzeker

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

Maximo's Cantina, LLC #10200337

LLC Address: 3402 North 216th Plaza

City: Elkhorn State: NE Zip Code: 68022

LLC Phone Number: 402-670-0404 LLC Fax Number _____

Name of Managing/Contact Member

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

Last Name: Hunzeker First Name: Teresa MI: A

Home Address: 3402 North 216th Plaza City: Elkhorn

State: NE Zip Code: 68022 Home Phone Number: 402-289-2600

Teresa A. Hunzeker

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

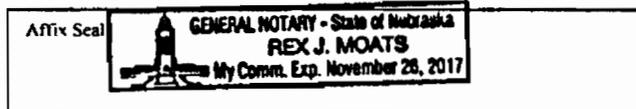
State of Nebraska Douglas
County of _____

December 11, 2014
Date

The foregoing instrument was acknowledged before me this

by Teresa Hunzeker
name of person acknowledge

Rex J. Moats



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

Last Name: Hunzeker First Name: Teresa MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Frederick R. Hunzeker

aff.

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 _____

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: _____

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 _____

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?

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DEC 10 2011

NEBRASKA LIC JOE
CONTROL COMMISSION

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: 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.

Nebraska Secretary of State

- John A. Gale

Business Services

Home » Corporation and Business Entity Searches

Wed Dec 17 09:07:01 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

MAXIMO'S CANTINA, LLC

Principal Office Address

No address on file

SOS Account Number

10200337

Registered Agent and Office Address

TERESA HUNZEKER
3402 N 216TH STREET PLAZA
ELKHORN, NE 68022

Designated Office Address

3402 N 216TH STREET PLAZA
ELKHORN, NE 68022

Nature of Business	Entity Type	Date Filed	Account Status
Not Available	Domestic LLC Qualifying State: NE	Nov 20 2014	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	Nov 20 2014	\$0.90 = 2 page(s) @ \$0.45 per page
PP	Proof of Publication	Dec 17 2014	

RECORDED

FILED

STATE OF NEBRASKA

NEBRASKA LIQUOR
CONTROL COMMISSION

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

MAXIMO'S CANTINA, LLC

a limited liability company filed a Certificate of Organization on November
20, 2014.

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 20, 2014



John A. Gale
Secretary of State

CERTIFICATE OF ORGANIZATION

OF

MAXIMO'S CANTINA, LLC

The undersigned organizer of Maximo's Cantina, LLC a Nebraska Limited Liability Company adopts the following Certificate of Organization:

ARTICLE I

Name

The name of the Limited Liability Company is Maximo's Cantina, LLC.

ARTICLE II

Duration

The period of the Limited Liability Company duration is perpetual.

ARTICLE III

Purpose

This Limited Liability Company may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Nebraska, or any other state, county, territory or nation.

ARTICLE IV

Powers

The Limited Liability Company has the power to engage in any lawful activity under the laws of the State of Nebraska, including opening and operating a bank account.

ARTICLE V

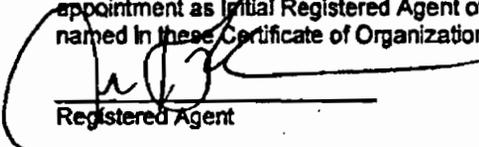
Initial Registered Agent

- 5.01 The name of the initial registered agent is: Teresa Hunzeker
5.02 The street address of the registered agent is: 3402 N 216th Street Plaza, Elkhorn, NE
68022

ARTICLE VI

Statement of Acceptance by Registered Agent

I, Teresa Hunzeker, hereby acknowledge that the undersigned individual accepts the appointment as Initial Registered Agent of Maximo's Cantina, LLC, the Limited Liability Company which is named in these Certificate of Organization.



Registered Agent

ARTICLE VII

Office and Mailing Address

- 7.01 The complete street address of the initial designated office is: 3402 N 216th Street Plaza, Elkhorn, NE 68022
7.02 The complete mailing address is: 3402 N 216th Street Plaza, Elkhorn, NE 68022

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ARTICLE VIII
Directors and Officers

The Limited Liability Companies' Initial Board of Directors and Officers shall be comprised of the following persons:

Name	Title	Address
Teresa Hunzeker	President/Secretary/Treasurer	3402 N 216 th Street Plaza, Elkhorn, NE 68022

ARTICLE IX
By Laws

The organizer shall adopt the Initial Operating Agreement of the Limited Liability Company. The members may amend the Operating Agreement at anytime by the provisions therein.

ARTICLE X
Dissolution

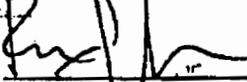
Upon dissolution, assets shall be distributed by the members according to the applicable state statutes. Further provisions regarding distribution upon dissolution shall be stated in the Operating Agreement of the Limited Liability Company.

ARTICLE XI
Indemnification

The Limited Liability Company does indemnify any directors, officers, employees, organizers, and members of the Limited Liability Company from any liability regarding the Limited Liability Company and the business of the company, unless the person fraudulently and intentionally violated the law and/or maliciously conducted acts to damage and/or defraud the company, or as otherwise provided under applicable state statute.

ARTICLE XII
Organizer

I, Rex J. Moats, residing at 131 S. 202nd St., Elkhorn, NE 68022, execute this Certificate of Organization dated this 17th of November, 2014



Organizer

Correspondence Information is:

Maximo's Cantina, LLC
3402 N 216th Street Plaza
Elkhorn, NE 68022

BUSINESS PLAN - MAXIMO'S CANTINA, LLC

The business plan is to operate a Mexican restaurant in downtown Elkhorn and to increase sales and improve profitability on an annual basis.

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APPLICATION FOR TEMPORARY OPERATING PERMIT (TOP)

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

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

NAME OF CURRENT LICENSEE (SELLER):

SELLER'S LICENSE #:

Hulett Inc

107280

On (date) Dec 11, 2014 seller and buyer entered into a contract for sale of the

business known as (TRADE NAME):

Heartland Cafe & Catering

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

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

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Jen Hulett
Signature of **SELLER**

Anna A. Hanzelka, PRESIDENT
Signature of **BUYER**

Jen Hulett, Hulett, INC.
Print Name

Maximo's Cantina, LLC
Print Name

State of Nebraska, County of NEBRASKA

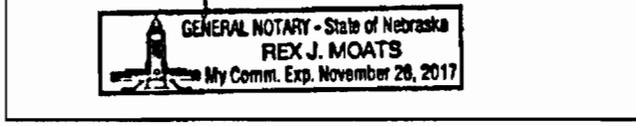
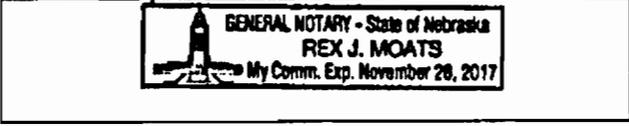
State of Nebraska, County of Nebraska

The foregoing instrument was acknowledged before me
this December 11, 2014 (date)
by Jen Hulett
Name(s) of Person(s) Acknowledged [individual(s) signing document]

The foregoing instrument was acknowledged before me
this December 11, 2014 (date)
by Teresa Hanzelka
Name(s) of Person(s) Acknowledged [individual(s) signing document]

[Signature]
Notary Public signature

[Signature]
Notary Public signature



ADMINISTRATIVE REVIEW - Office use only

Date: 12/16/14 Rep: MP - Lic. Class: 4 - Lic. # 11851

Approved mm Denied _____

Reason for Denial: _____

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**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

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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: Maximo's Cantina, LLC

Premise information

Liquor License Number: _____ Class Type 1
(if new application leave blank)

Premise Trade Name/DBA: Maximo's Cantina

Premise Street Address: 2613 North Main Street

City: Elkhorn County: Douglas Zip Code: 68002

Premise Phone Number: _____

Email address: maximoscantina@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

Kevin A. Huxley, President

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

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Hunzeker First Name: Teresa MI: A *Prints*

Home Address (include PO Box if applicable): 3402 N 216th Plaza

City: Elkhorn County: Douglas Zip Code: 68022

Home Phone Number: 402-289-2600 Business Phone Number: _____

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

Date Of Birth: _____ Place Of Birth: Beatrice, Nebraska

Email address: teresahunzeker@gmail.com

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

YES NO

Spouse's information

Spouses Last Name: Hunzeker First Name: Frederick MI: R *Affidavit*

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

Date Of Birth: _____ Place Of Birth: Pawnee City, 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
Elkhorn, NE	2006	2014			
Bennington, NE	1999	2006			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1998	1999	Purdue Frederick	Leavis Sullivan	
1995	1998	Johnson & Johnson	John Dickerson	

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
Teresa A. Hunzeker	9/2003	Cass Co., NE	speeding	paid fine
Teresa A. Hunzeker	3/2008	Douglas Co., NE	DUI	probation
Teresa A. Hunzeker	7/2014	Gage Co., NE	speeding	paid

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

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

*NLCC Training Certificate Issued: December 9, 2014 Name on Certificate: Teresa Hunzeker

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Teresa Hunzeker	12/2014	Liquorexam.com Nebraska Alcohol Server/Seller Training

*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:
None		

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

**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

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

Frederick R. Hunzeker
Printed name of spouse asking for waiver

State of NEBRASKA
County of DOUGLAS
Dec 11, 2014
date

The foregoing instrument was acknowledged before me this
by Fred Hunzeker
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
REX J. MOATS
My Comm. Exp. November 26, 2017

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

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

Teresa Hunzeker
Printed name of applying individual

State of NEBRASKA
County of DOUGLAS
December 11, 2014
date

The foregoing instrument was acknowledged before me this
by teresa HUNZEKER
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
REX J. MOATS
My Comm. Exp. November 26, 2017

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.

Certificate of Completion

This is to certify that

teresa hunzeker

has successfully completed the
LIQUOREXAM.COM Responsible Beverage
Server and Seller Training Program

Course Name: Nebraska Alcohol Server/Seller Training

Edward D McLean, Administrator
www.LIQUOREXAM.COM

Date: 12/09/2014
Expiration: 36 Months
Certificate #: 595
Birth Date: 01/29/1962

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