

CCID 405

TYPE OF LICENSE: CLASS "C" LIQUOR LICENSE

NAME & ADDRESS: A & M RESOURCES, LLC

DBA "THE VERDICT - BAR & GRILL"

1901 HARNEY STREET

RECEIVED: MARCH 16, 2015

45TH DAY: THURSDAY, APRIL 30, 2015

HEARING DATE: APRIL 7, 2015 - 22ND DAY

AND/OR PERSONS CONTACTED: JAMES KAUP

402-215-5961

POSTED: 3-23-15

NOTIFIED: 3-27-15

NEW APPLICATION, NEW LOCATION.

▶ RECEIPT

3/13/2015

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: The Verdict Bar & Grill - #111557
Liquor License Application

RECEIVED
2015 MAR 16 PM 2:48
CITY CLERK
OMAHA, NEBRASKA

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.

March 16, 2015

DATE OF RECEIPT

Carmen Johnson

SIGNATURE

Urgent For Review Please Comment Please Reply Please Recycle



RECEIVED

Pete Ricketts
Governor

2015 MAR 16 PM 2:49

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Hubert 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
March 13, 2015

City Clerk
1819 Farnam Street LC-1
Omaha NE 68183

RE: The Verdict Bar & Grill

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

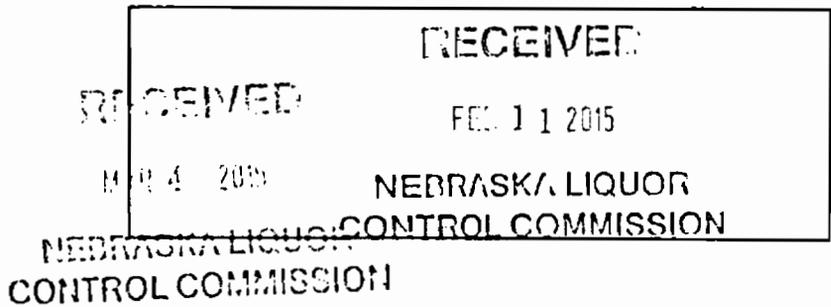
Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

Bruce Bailey
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)

Application Fee \$400 (non refundable)

- 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

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

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (LLC) (requires form 3b & 3c)

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 _____

RECEIVED

RECEIVED

MAR 4 2015

FEB 11 2015

PREMISE INFORMATION

Trade Name (doing business as) The Verdict - Bar & Grill ~~NEBRASKA LIQUOR NEBRASKA LIQUOR~~

Street Address #1 1901 Harney St ~~CONTROL COMMISSION CONTROL COMMISSION~~

Street Address #2 _____

City Omaha County Douglas Zip Code 68102

Premise Telephone number 402-319-8113

Business e-mail address jp5162@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 James P. Kaup

Street Address #1 5162 Jones St

Street Address #2 _____

City Omaha State NE Zip Code 68106

**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 142'0" x width 135'4" in feet
Is there a basement? Yes X No _____ If yes, length 38'0" x width 19'6" in feet
Is there an outdoor area? Yes Y No _____ If yes, length 41'1" x width 8'8" in feet

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

Diagrams Attached

Porter, Michelle

From: jp5162 <jp5162@gmail.com>
Sent: Wednesday, March 11, 2015 4:16 PM
To: Porter, Michelle
Subject: RE: Description for Liquor License for Bishops Bar & Grill

Michelle,
Measurements are good. Thanks
Jim

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----

From: "Porter, Michelle"
Date: 03/11/2015 3:43 PM (GMT-06:00)
To: James Kaup
Subject: RE: Description for Liquor License for Bishops Bar & Grill

Jim,

I spoke with my supervisor and she thought we should include the basement description to storage area. Also, I will flag this to enforcement to have them check our description. If the measurements are ok with you, I will go ahead with your application.

Thank you,

"Entire first floor approx. 98' x 48' of eight story bldg. including basement storage area approx. 37' x 21' and outdoor area approx. 41' x 7'

Michelle Porter

Licensing Division

Nebraska Liquor Control Commission

402/471-2821

michelle.porter@nebraska.gov

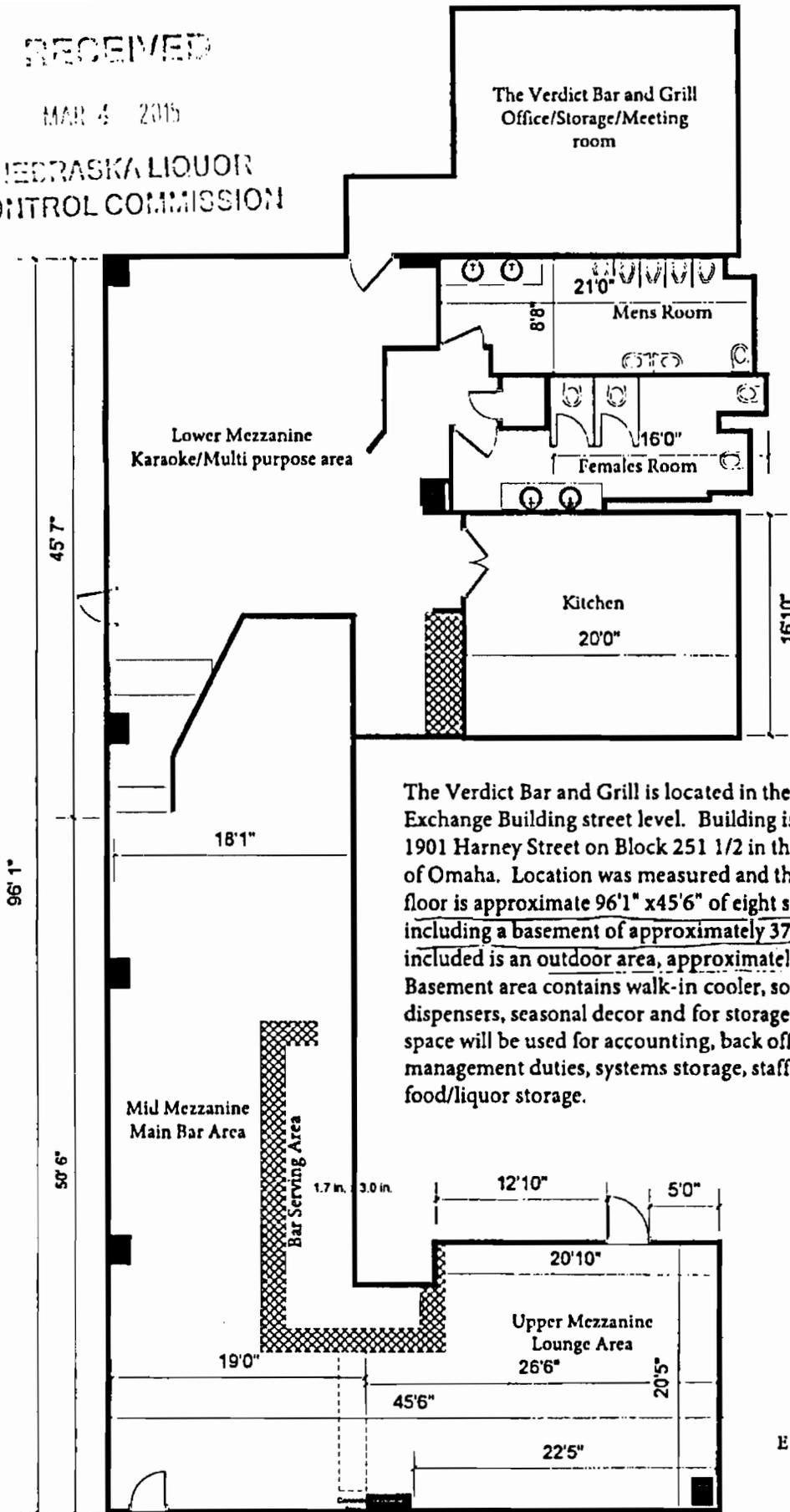
Website : <http://www.lcc.ne.gov>

Fax: 402/471-2814

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MAR 4 2015

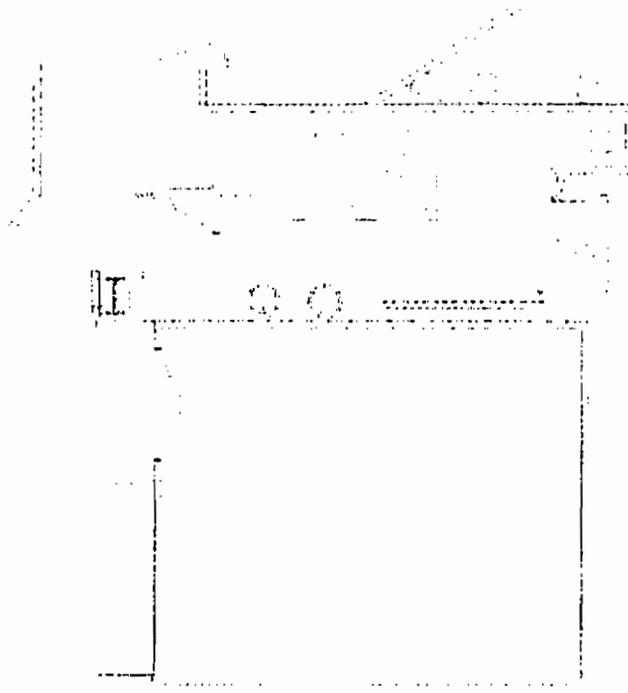
NEBRASKA LIQUOR
CONTROL COMMISSION



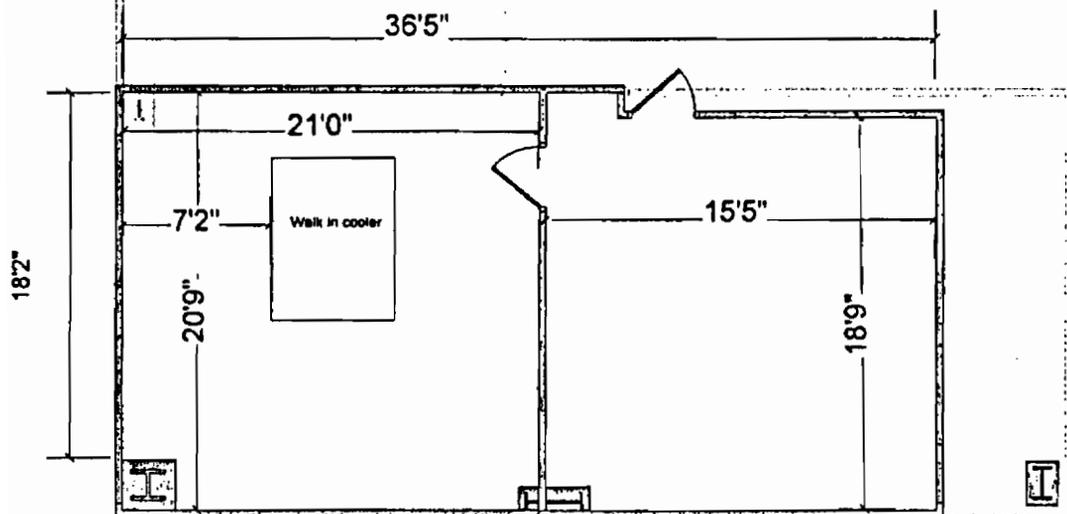
The Verdict Bar and Grill is located in the Grain Exchange Building street level. Building is located at 1901 Harney Street on Block 251 1/2 in the original City of Omaha. Location was measured and the entire first floor is approximate 96'1" x 45'6" of eight story building including a basement of approximately 37' x 21'. Also included is an outdoor area, approximately 41' x 7'. Basement area contains walk-in cooler, soda syrup dispensers, seasonal decor and for storage only. Office space will be used for accounting, back office, and management duties, systems storage, staff meetings, and food/liquor storage.



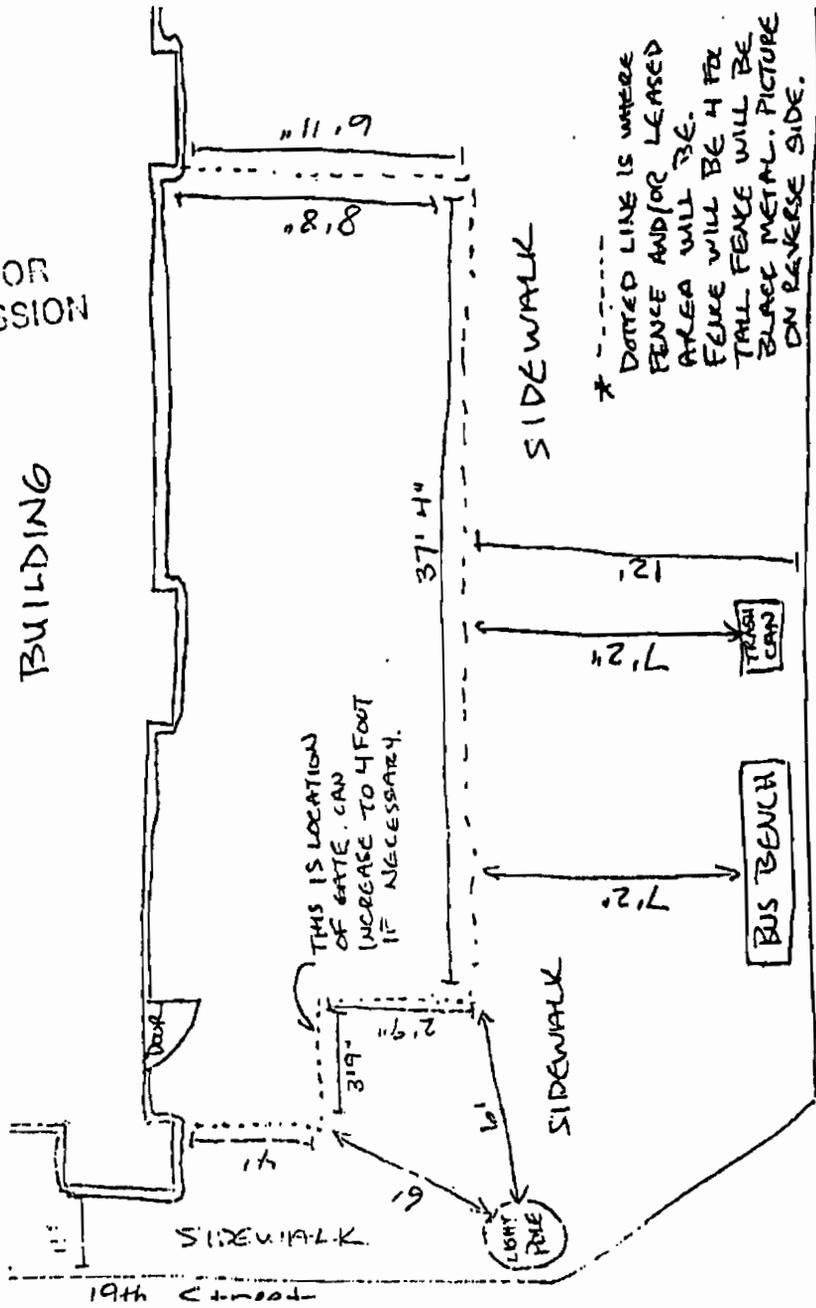
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CONTROL COMMISSION



Basement area in relation to bar space above.
Basement area is approximately ~~18ft 2in x 36ft 5in~~ 21' x 37'
Area contains the walk in cooler, storage selves for seasonal décor and other miscellaneous items. Possible storage for Dry goods, alcohol inventory. Area is under surveillance ns is secure.



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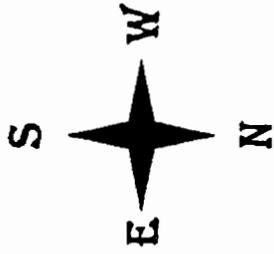


* DOTTED LINE IS WHERE FENCE AND/OR LEASED AREA WILL BE. FENCE WILL BE 4 FT TALL. FENCE WILL BE BLACK METAL. PICTURE ON REVERSE SIDE.

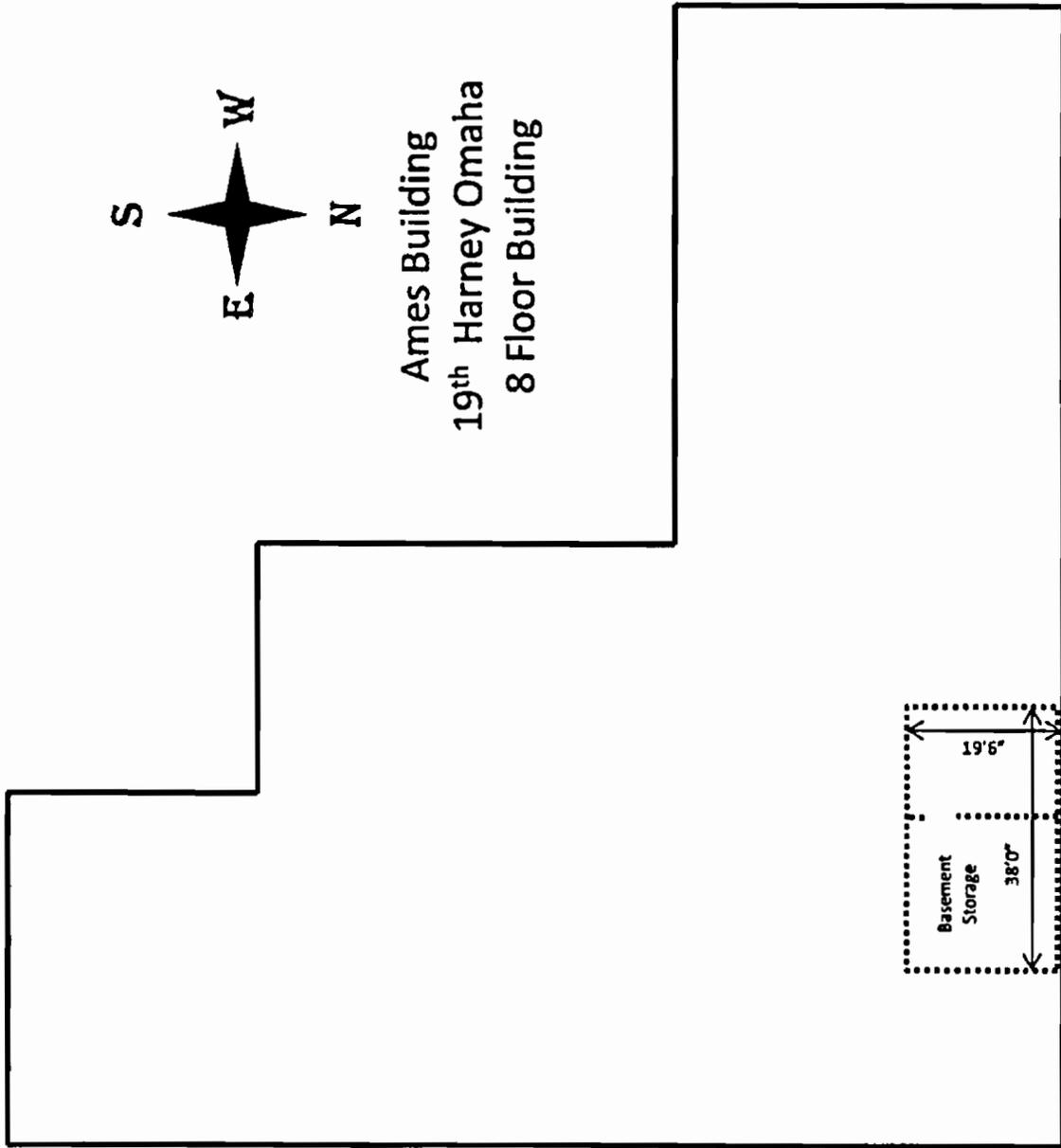
S
 E W
 N

HARNEY STREET

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Ames Building
19th Harney Omaha
8 Floor Building



135'4"

142"

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MAR 4 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

RECEIVED

FEB 11 2015

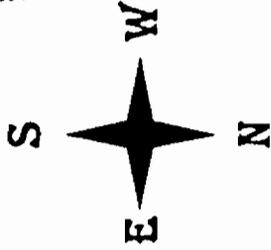
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CONTROL COMMISSION

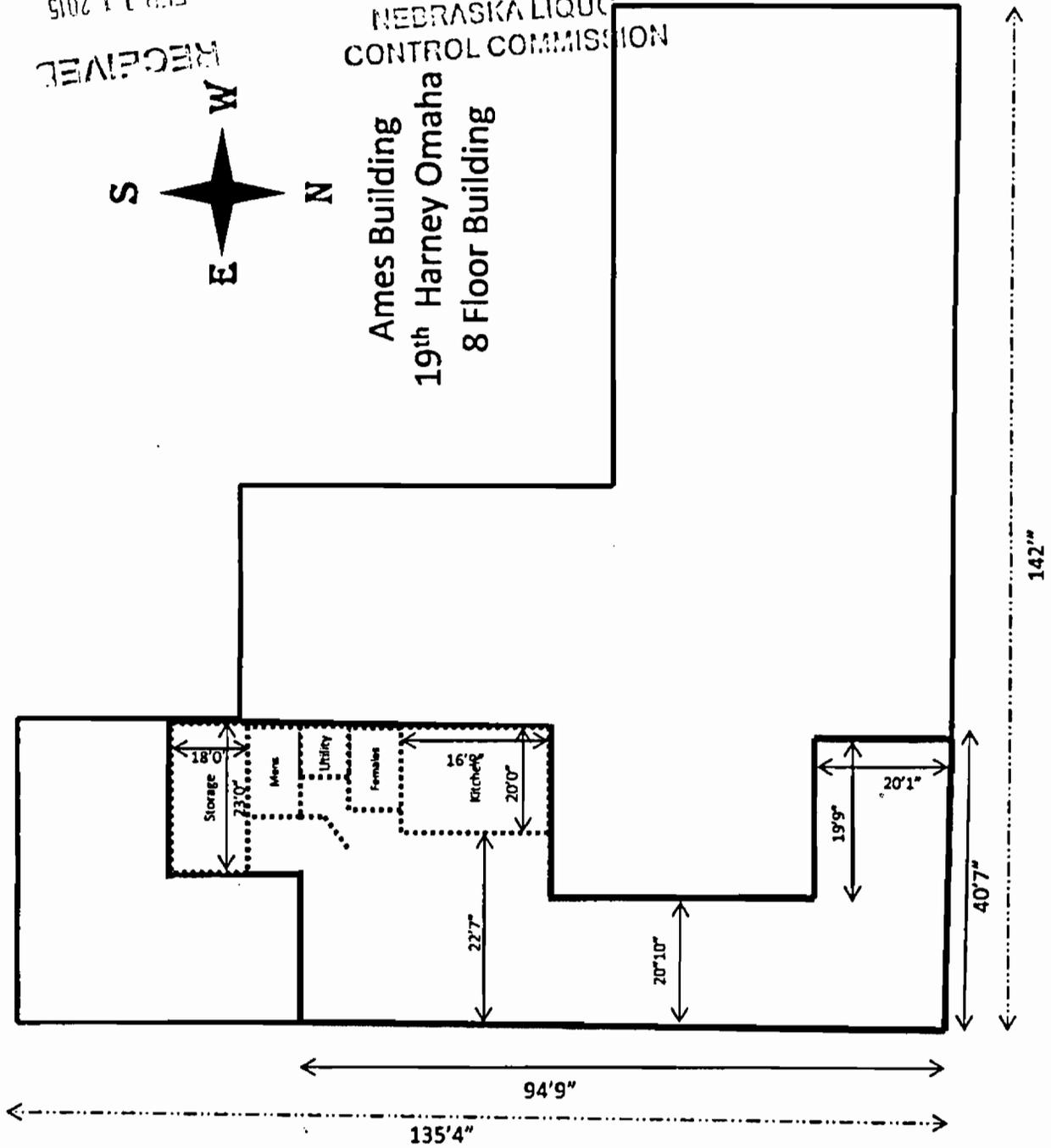
RECEIVED

MAR 4 2015

NEBRASKA LIQUOR
CONTROL COMMISSION



Ames Building
19th Harney Omaha
8 Floor Building



| | |
|---|--|
| Douglas County, Nebraska Property Record - R0331130000 | |
| Information is valid as of 2015-03-14 | Print Report View Interactive GIS Map Treasurer's Tax Report Subdivision Sales Search |
| New Feature → → → | |

Owner

APPLIED INFORMATION MGMNT

1905 HARNEY ST #210
 OMAHA NE 68102-0000

| | |
|-----------------------------|--|
| Property Information | |
| Key Number: | 3113 0000 03 |
| Account Type: | Comm Par Ex Ch |
| Parcel Number: | 0331130000 |
| Parcel Address: | 1905 HARNEY ST OMAHA NE 68102-0000 |
| Legal Description: | CITY LOTS LOT 3 BLOCK 251 1/2 ALL LTS 1 & 2 & 24 & 25 KOUNTZE -E- RESERVE REPLAT & PT VAC ALLEY & HARNEY ST & PT VAC 19 ST ADJ & LTS 1 & 2 & 3 |

| | | | |
|--------------------------|--------------|--------------------|----------------|
| Value Information | | | |
| | <i>Land</i> | <i>Improvement</i> | <i>Total</i> |
| 2014 | \$411,100.00 | \$2,322,000.00 | \$2,733,100.00 |
| 2013 | \$411,100.00 | \$2,322,000.00 | \$2,733,100.00 |
| 2012 | \$411,100.00 | \$2,322,000.00 | \$2,733,100.00 |
| 2011 | \$411,100.00 | \$2,322,000.00 | \$2,733,100.00 |
| 2010 | \$411,100.00 | \$2,322,000.00 | \$2,733,100.00 |
| 2009 | \$411,100.00 | \$2,322,000.00 | \$2,733,100.00 |

| | | | |
|--------------------------|----------------|--------------|-----------------------|
| Sales Information | | | |
| Sales Date: | 1994-11-01 | | |
| Deed Type: | D M | Book: | 1992 Page: 503 |
| Price: | \$2,250,000.00 | | |
| Grantor: | | | |
| Grantee: | | | |
| Valid/Invalid: | Valid | | |
| Exclusion Reason: | | | |

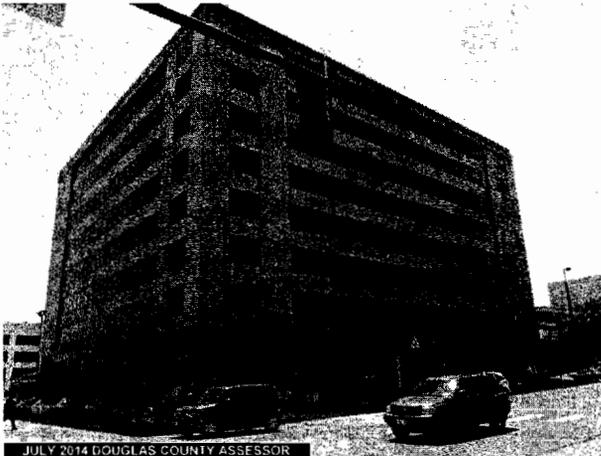
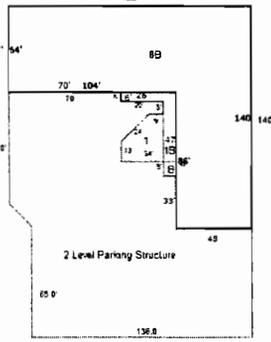
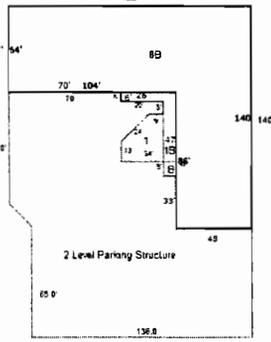
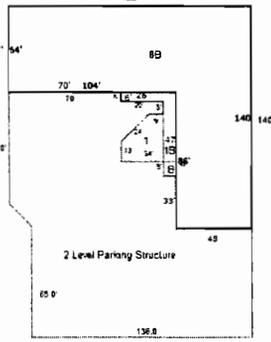
Show All Transactions

| | | | | | |
|-------------------------|-----------|--------------|--------------|--------------|---------------|
| Land Information | | | | | |
| Acres | SF | Units | Depth | Width | Vacant |
| | | | | | |

| Land Information | | | | | |
|------------------|---------|-------|-------|-------|--------|
| Acres | SF | Units | Depth | Width | Vacant |
| 0.69 | 30408.0 | 1.0 | 0.0 | 0.0 | No |

Improvement Information

Building 1

| | | | |
|--|---|--|--|
|  <p style="font-size: small; text-align: center;">JULY 2014 DOUGLAS COUNTY ASSESSOR</p> <p style="text-align: center;">CLICK TO ENLARGE IMAGE</p> | <p>OFFICE BUILDING 1905 HARNEY ST Building 1 of 2</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Basement: Storage 12916.0 sf</p> <p>First Floor 13479.5 sf</p> <p>Second Floor 12336.0 sf</p> <p>Third Floor 12336.0 sf</p> <p>Fourth Floor 12336.0 sf</p> <p>Fifth Floor 12336.0 sf</p> <p>Sixth Floor 12336.0 sf</p> <p>Seventh Floor 12336.0 sf</p> <p>Eighth Floor 12336.0 sf</p> </td> <td style="vertical-align: top;">  </td> </tr> </table> <p style="font-size: x-small;">Sketch by Apen Stearns™</p> <p style="text-align: center;">CLICK TO ENLARGE IMAGE</p> | <p>Basement: Storage 12916.0 sf</p> <p>First Floor 13479.5 sf</p> <p>Second Floor 12336.0 sf</p> <p>Third Floor 12336.0 sf</p> <p>Fourth Floor 12336.0 sf</p> <p>Fifth Floor 12336.0 sf</p> <p>Sixth Floor 12336.0 sf</p> <p>Seventh Floor 12336.0 sf</p> <p>Eighth Floor 12336.0 sf</p> |  |
| <p>Basement: Storage 12916.0 sf</p> <p>First Floor 13479.5 sf</p> <p>Second Floor 12336.0 sf</p> <p>Third Floor 12336.0 sf</p> <p>Fourth Floor 12336.0 sf</p> <p>Fifth Floor 12336.0 sf</p> <p>Sixth Floor 12336.0 sf</p> <p>Seventh Floor 12336.0 sf</p> <p>Eighth Floor 12336.0 sf</p> |  | | |

| | | | |
|------------------------|-----------------|----------------------------------|--------|
| Square Footage: | 99832.0 | Percent Complete: | 100.0% |
| Perimeter | 4714.0 | Quality: | Good |
| Unit Type: | | Condition: | Good |
| Built As: | Office Building | Condo Square Footage: | 0.0 |
| HVAC: | Package Unit | Rooms: | 0.0 |
| Exterior: | | Units: | 15.0 |
| Interior: | | Baths: | 0.0 |
| Roof Cover: | | Bedrooms: | 0.0 |
| Roof Type: | Flat | Stories: | 8.0 |
| Floorcover: | | Foundation: | |
| | | Sprinkler Square Footage: | 0.0 |

| Year Built | Year Remodeled | Percent Remodeled | Adjusted Year Built | Physical Age |
|------------|----------------|-------------------|---------------------|--------------|
| 1915 | 2002 | 0% | 1970 | 45 |

| Detail Type | Detail Description | Units |
|-------------|-----------------------------|---------|
| Add On | Elevator Electric Passenger | 3.0 |
| Basement | Storage | 12916.0 |

Building 2

| | |
|--|--|
| | |
|--|--|



JULY 2014 DOUGLAS COUNTY ASSESSOR

[CLICK TO ENLARGE IMAGE](#)

Parking Structure
1905 HARNEY ST
Building 2 of 2

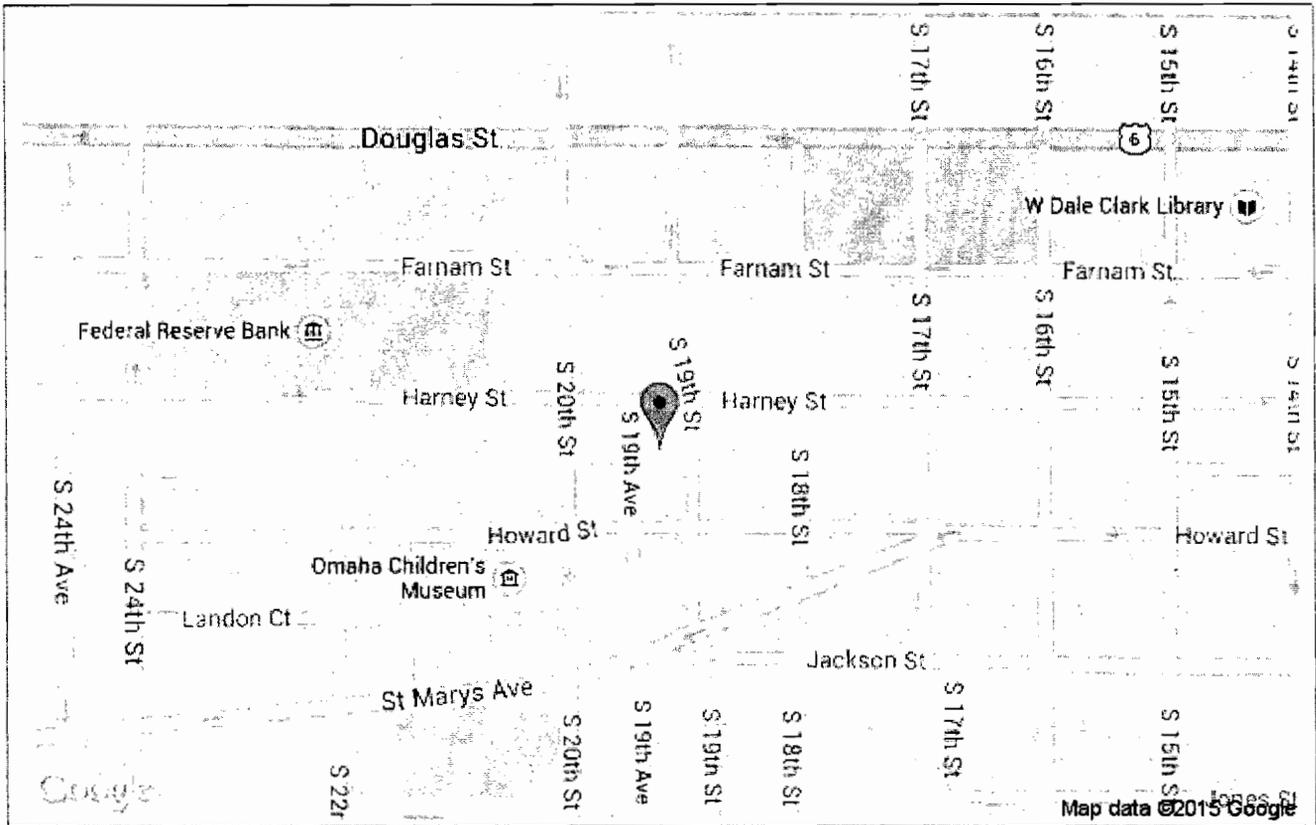


Search by Area Maps™

[CLICK TO ENLARGE IMAGE](#)

| | | | |
|------------------------|-------------------|----------------------------------|---------|
| Square Footage: | 36404.0 | Percent Complete: | 100.0% |
| Perimeter | 1208.0 | Quality: | Low |
| Unit Type: | | Condition: | Average |
| Built As: | Parking Structure | Condo Square Footage: | 0.0 |
| HVAC: | None | Rooms: | 0.0 |
| Exterior: | | Units: | 100.0 |
| Interior: | | Baths: | 0.0 |
| Roof Cover: | | Bedrooms: | 0.0 |
| Roof Type: | Flat | Stories: | 2.0 |
| Floorcover: | | Foundation: | |
| | | Sprinkler Square Footage: | 0.0 |

| Year Built | Year Remodeled | Percent Remodeled | Adjusted Year Built | Physical Age |
|-------------------|-----------------------|--------------------------|----------------------------|---------------------|
| 1915 | 0 | 0% | 1915 | 100 |



To interact more fully with Google Maps and Street View go to this link [Google](#). If you require a more exact property location, you may use the [Interactive GIS Maps](#) that are maintained by our office.

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. 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. Include traffic violations. 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

| Name of Applicant | Date of Conviction (mm/yyyy) | Where Convicted (city & state) | Description of Charge | Disposition |
|-------------------|------------------------------|--------------------------------|------------------------------------|------------------------------------|
| | | | | |
| | | | | |
| | | | RECEIVED | RECEIVED |
| | | | MAR 4 2011 | FEB 11 2015 |
| | | | NEBRASKA LIQUOR CONTROL COMMISSION | NEBRASKA LIQUOR CONTROL COMMISSION |

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 Bishops Bar & Grill

4. Are you filing a temporary operating permit (TOP) 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, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s)

NEBRASKA LIQUOR

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)

Michael T. Myer (business partner)

No silent partners

↑ listed on corp form

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 of Omaha, James Kaup, Eric Swenson, Charles Adams
&/or Mike Meyer

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 held

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

RECEIVED
OK cert's w/ mgr App
FEB 17 2015

NEBRASKA LIQUOR

NLCC certified training program completed:

| Applicant Name | Date (mm/yyyy) | Name of program (attach copy of course completion certificate) |
|------------------|----------------|--|
| James P. Kaup | 01/2015 | Liquorexam.com Responsible Beverage Server and Seller Training Program |
| Eric C. Swenson | 01/2015 | Liquorexam.com Responsible Beverage Server and Seller Training Program |
| Charles S. Adams | 01/2015 | Liquorexam.com Responsible Beverage Server and Seller Training Program |

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 Jan 2020
- Deed
- Purchase Agreement

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

15. What will be the main nature of business? Bar & Grill

16. What are the anticipated hours of operation? M-Th 10am-12am, F-Sa 10am-4am (2-4am serving Breakfast) Sun -7am-2am (7am-1pm Brunch)

17. List the principal residence(s) for the past 10 years for all persons required to sign, 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 |
| James P. Kaup, Omaha, NE | 1995 | Current | | | |
| Eric Swenson, Omaha NE | 1971 | Current | | | |
| Charles S. Adams ? | 1970 | Current | | | |
| Charles S. Adams, Waterloo, NE | 1970 | Current | | | |

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 <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>


Signature of Applicant

James P. Kaup
Print Name


Signature of Applicant

Charles S. Adams
Print Name


Signature of Spouse
Applicant

Eric C. Swenson
Print Name


Signature of Spouse
RECEIVED
MAY 4 2015
NEBRASKA LIQUOR
CONTROL COMMISSION
RECEIVED
Print Name

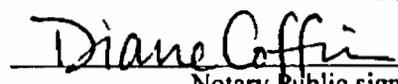
FEB 11 2015

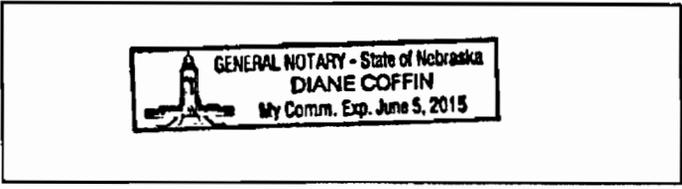
ACKNOWLEDGEMENT

NEBRASKA LIQUOR
CONTROL COMMISSION

State of Nebraska
County of Douglas
Feb. 6, 2015
date

The foregoing instrument was acknowledged before me this
by James Kaup, Eric Swenson, Charles Adams
name of person(S) acknowledged (individual(s) signing)


Notary Public signature



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

**APPLICATION FOR 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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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. See Form 147 for further information, this form MUST be included with your application.
- 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 (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: John A. Gate # FIF 2015 Charles S. Adams

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
A & M Resources, LLC #10107950

LLC Address: 406 Washington Street

City: Waterloo State: NE Zip Code: 68069

LLC Phone Number: 402-215-5961 LLC Fax Number _____

Name of Managing/Contact Member

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

Last Name: Kaup First Name: James MI: P.

Home Address: 5162 Jones St City: Omaha

State: NE Zip Code: 68106 Home Phone Number: 402-455-7457

[Signature]

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

Date Feb 10, 2015

Diane Coffin

The foregoing instrument was acknowledged before me this
by James P. Kaup
name of person acknowledge



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

Last Name: Kaup First Name: James MI: P.
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 25%

Last Name: Swenson First Name: Eric MI: C.
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 25%

Last Name: Adams First Name: Charles MI: S.
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 26%

Last Name: Myer First Name: Michael MI: T.
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 24%

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NEBRASKA LIQUOR CONTROL COMMISSION

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 _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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NEBRASKA LIQUOR CONTROL COMMISSION

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: January

Ending Date: December

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

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FEB 11 2015
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NEBRASKA LIQUOR
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JAN 22 2015

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NEBRASKA LIQUOR
CONTROL COMMISSION

JAN 22 2015

RECEIVED



Certificate of Completion

This is to certify that

Charles Adams

has successfully completed the
LIQUORexam.com Responsible Beverage
Server and Seller Training Program

Course Name: \$14 Nebraska Alcohol Server/Seller
Certification

Edward D McLean, Administrator
www.LIQUORexam.com

Date: 01/24/2015
Expiration: 36 Months
Certificate #: 710
Birth Date: 05/05/1975



Certificate of Completion

This is to certify that

Eric Swenson

has successfully completed the
*LIQORexam.com Responsible Beverage
Server and Seller Training Program*

Course Name: \$14 Nebraska Alcohol Server/Seller
Certification

Edward D McLean, Administrator
www.LIQORExam.com

Date: 01/26/2015
Expiration: 36 Months
Certificate #: 712
Birth Date: 12/05/1970

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NEBRASKA LIQUOR CONTROL COMMISSION

JAN 24 2015

NEBRASKA LIQUOR CONTROL COMMISSION

JAN 27 2015

Carman Johnson (CClk) <carman.johnson@cityofomaha.org>

City Hall Meeting/Info required

1 message

KAUP, JAMES P GS-09 USAF ACC 55 MDSS/SGSAL
<james.kaup@us.af.mil>

Tue, Mar 17, 2015 at
11:57 AM

To: "carman.johnson@cityofomaha.org" <carman.johnson@cityofomaha.org>

Good Morning,

We are anxiously awaiting the open day of the Verdict - Bar and Grill. Yesterday was a good day and a long one too. All the tiles for the bathrooms, kitchen and ceiling all arrived yesterday. So things are moving along. The place will have a whole new look to it, upscale, clean, safe and inviting environment.

Dakota Title will be sending out the notices within the required 500ft radius as requested. We contacted them a few weeks ago and had already made arrangements to have that done as soon as we got the word. So should be good to go there. Will send you notification when accomplished. What do you require from us concerning the notification of our neighbors?

The shareholders are as follows:

James P. Kaup

5162 Jones St

Omaha, NE 68106

25% Ownership

Eric C. Swenson

Nebraska Secretary of State

- John A. Gale

Business Services

Home » Corporation and Business Entity Searches

Fri Feb 13 12:26:07 2015

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:

Pay Services:

Online Images of Filed Documents | Good Standing Documents

Entity Name

A & M RESOURCES, LLC

Principal Office Address

406 WASHINGTON STREET
BOX 276
WATERLOO, NE 68069

Designated Office Address

406 WASHINGTON STREET
BOX 276
WATERLOO, NE 68069

Nature of Business

Not Available

Entity Type

Domestic LLC
Qualifying State: NE

Registered Agent and Office Address

CHARLES S. ADAMS
406 WASHINGTON STREET
BOX 276
WATERLOO, NE 68069

SOS Account Number

10107950

Account Status

Active

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CONTROL COMMISSION

NEW SEARCH

[Back to Search Results](#)

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 |
|------|------------------|-------------|---|
| AL | Articles Limited | Feb 19 2008 | \$1.35 = 3 page(s) @ \$0.45 per page |



Articles of Organization
Limited Liability Company

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE. 68509
(402)-471-4079
<http://www.sos.state.ne.us>

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CONTROL COMMISSION

Name of Limited Liability Company: A & M Resources, LLC.

Period of Duration: Perpetual (may be perpetual)

Purpose for which the liability company is organized: Business Management

Principal Place of Business in Nebraska: 406 Washington Street; Box 276 Waterloo, NE. 68069

Name and address of registered agent in Nebraska: Charles S. Adams

Address: 406 Washington Street; Box 276, Waterloo, NE, 68069

The total amount of cash contributed to the state capitol of the LLC. \$ 1000.00

Description and agreed value of property other than cash contributed to state capital:

| Description of Property: | Agreed Value: |
|---|--------------------|
| <u>Office Furniture</u> | <u>\$ 2,000.00</u> |
| <u>Computer(s) and Office Equipment</u> | <u>\$ 2,500.00</u> |
| <u>Printer(s) Scanner, Fax Machine</u> | <u>\$ 1,500.00</u> |

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NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF

NEBRASKA



United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

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

the attached is a true and correct copy of the Articles of Organization
of

A & M RESOURCES, LLC

with its registered office located in WATERLOO, Nebraska, as filed in
this office on February 19, 2008.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on February 19, 2008.

John A. Gale
SECRETARY OF STATE



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.

Total additional contributions agreed to be made by all members and the time at which, or events upon happening of which such contributions shall be made:

As Determined by the Members

Members X shall or _____ shall not have the right to admit additional members (check).

If additional members are allowed the terms and conditions of admission:

Majority agreement of all existing Members

The company will be managed by _____ managers or X Members (check one). List the names and the addresses of the managers or, if the management is reserved to the members, the name and the addresses of the members:

Name

Address

Charles S. Adams 406 Washington Street, Box 276 Waterloo, NE, 68069

Michael T. Meyer 902 Redick Blvd, Carter Lake, IA, 51510

Attach additional pages if needed for additional managers or members. If the LLC. has more than class of membership please attach additional pages with the name or description of each class of membership and the names and addresses of the members in each class.

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Any other provisions, not inconsistent with law, which the members elect to set out in the articles of organization for the Limited Liability Company:

Engage in and do any and all business, other than banking or insurance, for which a Limited Liability Company may be organized under the Nebraska Limited Liability Company Act.

Only one signature is required, additional persons may sign:

Signature: Charles Adams Signature: _____
Printed Name: Charles S Adams Printed Name: _____

Signature: _____ Signature: _____
Printed Name: _____ Printed Name: _____

Signature: _____ Signature: _____
Printed Name: _____ Printed Name: _____

Signature: _____ Signature: _____
Printed Name: _____ Printed Name: _____

RECEIVED

FEB 11 2015

**NOTICE OF ORGANIZATION OF
A & M Resources, LLC**

Notice is hereby given that A&M Resources, LLC has been organized under the laws of the State of Nebraska. The address of the registered office of the Company is 408 Washington St., Waterloo, NE 68069. The general nature of business is to engage in and to do any and all business, other than banking and insurance, for which a Limited Liability Company may be organized under the Nebraska Limited Liability Company Act. The Company commenced its existence on February 19, 2008 and its duration is perpetual. The affairs of the Company are to be conducted by the Managing Member and Members as authorized by the Operating Agreement.

CHARLES SCOTT ADAMS,
Organizer

m5-5-3t

**THE DAILY RECORD
OF OMAHA**

**RONALD A. HENNINGSEN, Publisher
PROOF OF PUBLICATION**

NEBRASKA LIQUOR
CONTROL COMMISSION

UNITED STATES OF AMERICA, }
The State of Nebraska, } ss.
District of Nebraska, }
County of Douglas, }
City of Omaha, }

J. BOYD, being duly sworn, deposes and says that she is LEGAL EDITOR of THE DAILY RECORD, of Omaha, a legal newspaper, printed and published daily in the English language, having a bona fide paid circulation in Douglas County in excess of 300 copies, printed in Omaha, in said County of Douglas, for more than fifty-two weeks last past; that the printed notice hereto attached was published in THE DAILY RECORD, of Omaha, for 3 consecutive weeks on:

May 5 thru May 19, 2008

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NEBRASKA LIQUOR
CONTROL COMMISSION

That said Newspaper during that time was regularly published and in general circulation in the County of Douglas, and State of Nebraska.



Publisher's Fee \$ _____
Additional Copies \$ _____
Filing Fee \$ _____
Total \$ 45.00

Subscribed in my presence and sworn to before
me this 19th day of May 2008
[Signature]
Notary Public in and for Douglas County,
State of Nebraska

THIS IS YOUR INVOICE

Invoice No. 78324

In Account With
THE DAILY RECORD
3323 Leavenworth Street
Omaha, Nebraska
68105

\$ 45.00
paid

To Advertising **A & M RESOURCES, LLC ORGANIZATION**

Date **5/5/2008**

CHARLES SCOTT ADAMS

406 WASHINGTON STREET

WATERLOO NE 68069

TERMS: DUE & PAYABLE UPON RECEIPT - DETACH AND MAIL WITH YOUR CHECK

The attached legal advertisement appeared in **THE DAILY RECORD**, as per your request, on the date as indicated by the first two figures at the foot of the advertisement and will continue the number of times indicated

(The third figure indicates the number of times notice will be published.)

If there are any corrections or alterations to be made, kindly notify us at once. If we do not hear from you, we will consider the attached publication as being correct.

**COURTESY PROOF
FOR PRIVATE FILES ONLY**

**NOTICE OF ORGANIZATION OF
A & M Resources, LLC**
Notice is hereby given that A&M Resources, LLC has been organized under the laws of the State of Nebraska. The address of the registered office of the Company is 406 Washington St., Waterloo, NE 68069. The general nature of business is to engage in and to do any and all business, other than banking and insurance, for which a Limited Liability Company may be organized under the Nebraska Limited Liability Company Act. The Company commenced its existence on February 19, 2008 and its duration is perpetual. The affairs of the Company are to be conducted by the Managing Member and Members as authorized by the Operating Agreement.
CHARLES SCOTT ADAMS,
Organizer

m5-B-31

345-1303

The cost of this advertisement is

\$ 45.00

Make all checks payable to

THE DAILY RECORD
3323 Leavenworth Street
Omaha, Nebraska 68105

THANK YOU — WE APPRECIATE YOUR BUSINESS

NOTICE OF ORGANIZATION OF

A&M RESOURCES, LLC

Notice is hereby given that A&M RESOURCES, LLC, has been organized under the laws of the State of Nebraska. The address of the registered office of the Company is 406 WASHINGTON ST. WATERLOO, NE 68069. The general nature of business is to engage in and to do any and all business, other than banking and insurance, for which a Limited Liability Company may be organized under the Nebraska Limited Liability Company Act. The Company commenced its existence on FEB 19, 2008 and its duration is perpetual. The affairs of the Company are to be conducted by the Managing Member and Members as authorized by the Operating Agreement.

Charles Scott Adams

Organizer

Name & Address:

CHARLES SCOTT ADAMS
406 WASHINGTON ST.
WATERLOO, NE 68069

Phone #:

402-215-5961

Fill out and return form

THE DAILY RECORD

3323 LEAVENWORTH STREET

OMAHA NE 68105

402/345-1303 fax: 402/345-2351

#45⁰²

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MAR 4 2008

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CONTROL COMMISSION

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FEB 11 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA ♦ SECRETARY OF STATE'S OFFICE
1445 "K" STREF • STATE CAPITOL SUITE 1301 • NCOLN, NE • 68509
BUSINESS SERVICES DIVISION

CORPORATIONS

P.O. BOX 94608
(402) 471-4079
FAX: 471-3666

UNIFORM COMMERCIAL CODE

P.O. BOX 95104
(402) 471-4080
FAX: 471-4429

NOTARY

P.O. BOX 95104
(402) 471-2558
FAX: 471-4429

JOHN A. GALE
Secretary of State

www.sos.state.ne.us

JUDY JOBMAN
Deputy Secretary of State

DIVERSIFIED ACCOUNTING SERVICE
3917 VERNON AVENUE
OMAHA, NE 68111

February 19, 2008

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.

ACKNOWLEDGEMENT OF FILING FEES RECEIVED

| Action/Service | Company/Entity Name | Fee Received |
|------------------|----------------------|--------------|
| Articles Limited | A & M RESOURCES, LLC | 100.00 |
| Per Page Charge | A & M RESOURCES, LLC | 15.00 |
| Certificate | A & M RESOURCES, LLC | 10.00 |
| | Total Fees Received | \$125.00 |

David Boyce
Filing Officer

SCOTT ADAMS
406 Washington St
P O Box 276
Waterloo, NE 68069

2675
87-1/1040

11-1-07 DATE

PAY TO THE
ORDER OF

Secretary of State

\$ 15.⁰⁰

Lyftun E 207100

DOLLARS

First National Bank

1820 Dodge Street • Omaha, NE 68102

FOR

Name Reservation NEM LLC

Scott Adams

⑆ 040000 ⑆ ⑆ 78268007 ⑆ 2675

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MAR 4 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

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FEB 11 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

**APPLICATION FOR RESERVATION
of
LIMITED LIABILITY COMPANY NAME**

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>

The undersigned hereby requests the following name be reserved:

Name to be Reserved A & M RESOURCES LLC

Reservation is good for 120 days

DATED 11-1-07

x Scott Adams
Signature

SCOTT ADAMS
Printed Name

406 WASHINGTON ST.
Street Address

WATERLOO, NE 68069
City, State, Zip

FILING FEE: \$15.00



Nebraska Tax Application

FORM 20

Please Print, Sign, and Attach Check

PLEASE DO NOT WRITE IN THIS SPACE

STATE I.D. #
10128670

| | | | |
|---|--|---|---------------------------|
| 1 Do you hold, or have you previously held a Nebraska Identification Number? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If Yes, give number: | 2 Federal Employer Identification Number APPLIED FOR | 3 County of Business Location DOUGLAS | 4 For Department Use Only |
|---|--|---|---------------------------|

| NAME AND LOCATION ADDRESS (Print Clearly) | | NAME AND MAILING ADDRESS | |
|---|---|--------------------------|--------------------|
| Name Doing Business As (dba) A&M RESOURCES, LLC | Name A&M RESOURCES, LLC | | |
| Legal Name SAME | | | |
| Street Address (Do Not Use P.O. Box) 406 WASHINGTON ST. | Street Address P.O. Box 6014 | | |
| City WATERLOO, NE | City OMAHA, NE | State NE | State NE |
| Zip Code 68069 | Zip Code 68106 | | |
| Is your Nebraska location within the city limits? (1) <input checked="" type="checkbox"/> YES (2) <input type="checkbox"/> NO | 5 Name and Address of Legal Entity/Owner SAME | | |

| 8 Identify Owner and Spouse (if joint ownership), Partners, Members, or Corporation Officers (One of the listed individuals must sign as Applicant) | | |
|---|---|-----------------------------|
| Social Security Number | Name, Address, City, State, Zip Code | Title, if Corporate Officer |
| 507-94-8535 | SCOTT ADAMS 406 WASHINGTON ST OMAHA NE | MEMBER |
| 505-94-4579 | MICHAEL DYER 902 BELLEVUE CASTELLANA, IA | MEMBER |

7 Type of Ownership

| | | |
|--|--|--|
| (1) <input type="checkbox"/> Sole Proprietorship | (5) <input type="checkbox"/> Foreign Corporation | (9) <input type="checkbox"/> Nonprofit Organization |
| (2) <input type="checkbox"/> Partnership | (6) <input type="checkbox"/> Domesticated Corporation | (10) <input type="checkbox"/> Cooperative |
| (3) <input type="checkbox"/> Nonprofit Corporation | (7) <input type="checkbox"/> Governmental | (11) <input checked="" type="checkbox"/> Limited Liability Company |
| (4) <input type="checkbox"/> Domestic Corporation | (8) <input type="checkbox"/> Fiduciary (Estate or Trust) | |

| | |
|--|--|
| 8 Accounting Basis (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other | 9 Accounting Period (Type of Year) (1) <input checked="" type="checkbox"/> Calendar—January 1 to December 31 (2) <input type="checkbox"/> Fiscal—12 Month Ending _____ (3) <input type="checkbox"/> Fiscal—52 or 53 Week Ending _____ |
|--|--|

10 Location of Records

(1) Same as Location Address (2) Same as Mailing Address (3) Other Address

11 Reason for Filing Application, Check Appropriate Box(es). If Box 3 is checked, you must cancel your old Nebraska I.D. Number.

| | | |
|--|--|--|
| (1) <input checked="" type="checkbox"/> Original Application | (3) <input type="checkbox"/> Change Business Entity (Indicate Nebraska I.D. Number of Previous Entity): _____ | (4) <input type="checkbox"/> Renewal—Cigarette Dealers Only |
| (2) <input type="checkbox"/> Change in Partners | From: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation | To: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation |
| | | (5) <input type="checkbox"/> Add Tax Program |
| | | (6) <input type="checkbox"/> Other (Attach Explanation) |

12 Provide a description of your business operations and products or services sold: **BUSINESS MANAGEMENT**

a. Business type: Retailer Lessor Wholesaler Manufacturer Contractor Farmer Other

b. If your business does not operate year round, identify the months you operate: **N/A**

c. How many business establishments do you operate? In Nebraska **1** In U.S.A. **ONE**

d. If you purchased an existing business, identify the previous owner

Name **N/A** Address _____ City _____ State _____ Zip Code _____ Nebraska I.D. Number _____

COMPLETE REVERSE SIDE

7-100-1979 Rev. 2-2007, Nebraska Liquor Control Commission

Read the attached Nebraska Licensing Requirements to know all the tax programs that you are required to be licensed for.

If you need to report a liability for periods prior to the date of this application, enter the earliest date (month, day, year) for which you need a return.

Check Type of Program(s) Being Applied For:

13 SALES AND USE TAX

- Sales Tax Permit — Enter date of first sale MO 11 DAY 1 YEAR 07
- a. Select a filing frequency based on your estimated annual taxable sales:
 (1) More than \$60,000 (monthly) (2) \$18,000 to \$60,000 (quarterly) (4) Less than \$18,000 (annual)
- b. If you have more than one licensed location, will your returns be filed:
 (1) Separate for each location (2) Combined for all locations (File application, Form 11)
- Consumer's Use Tax — Enter date of first transaction MO DAY YEAR
- a. Do not check this block if a sales tax permit has been applied for.
 b. Select a filing frequency based on your estimated annual taxable purchases:
 (1) More than \$60,000 (monthly) (2) \$18,000 to \$60,000 (quarterly) (4) Less than \$18,000 (annual)

14 INCOME TAX

- Income Tax Withholding — Enter date of first wages paid MO 11 DAY 1 YEAR 07
- a. Will your average Nebraska monthly withholding exceed \$500? (1) YES (2) NO
 b. Will your annual state income tax withholding be less than \$500 per year? (2) YES (4) NO
 If you answer yes, mark filing frequency preference (2) Quarterly (4) Annually
- c. Will your withholding tax returns be filed:
 (1) For each separate location (2) Consolidated for all locations (3) Consolidated by region or district
- d. If you will have a payroll service prepare your returns, attach a power of attorney containing original signatures.
- e. Additional Business Operations Employing Nebraska Residents (Attach Additional Sheet if Necessary)

| Nebraska I.D. Number | Business Name | Location Address, City, State, Zip Code |
|----------------------|---------------|---|
| | | |

- Corporate Income Tax (Enter Beginning Date) MO DAY YEAR
- Are you an S Corporation? (3) YES NO
- Partnership Income Tax MO DAY YEAR
- Fiduciary Income Tax MO DAY YEAR
- Financial Institution Tax (Indicate type of institution) MO DAY YEAR
- (1) Bank (2) Savings and Loan (3) Credit Union
 (4) Other (specify):

15 MISCELLANEOUS TAXES

- Tire Fee Permit (Enter Date of First Transaction) MO DAY YEAR
- a. Select a filing frequency based on your estimated annual taxable tire sales:
 (1) More than 3,000 (monthly) (2) 900 – 3,000 (quarterly) (4) Less than 900 (annual)
- Lodging Tax Permit MO DAY YEAR
- a. Select a filing frequency based on your estimated annual taxable sales:
 (1) \$10,000 or more (monthly) (4) Less than \$10,000 (annual)
- Litter Fee License MO DAY YEAR
- a. If you have more than one licensed location, you must file a combined litter fee return. File application, Form 11
- Severance and Conservation MO DAY YEAR
- Wholesale Cigarette Dealer's Permit — \$500 Fee & \$1,000 Bond Required (ENCLOSE PAYMENT & BOND) MO DAY YEAR
- License to Transport Unstamped Cigarettes — \$10 Fee & \$1,000 Bond Required (ENCLOSE PAYMENT & BOND) MO DAY YEAR
- Tobacco Products License — \$25 Fee (ENCLOSE PAYMENT) MO DAY YEAR
- You do not need this license if tobacco products (not including cigarettes) are purchased from a supplier who has a Nebraska tobacco products license.
- a. Foreign corporation must attach Nebraska certificate of authority.
 b. Noncorporate persons must designate a Nebraska resident agent.

16 Person to contact regarding this application

| | | |
|------|-------|------------------|
| Name | Title | Telephone Number |
| | | |

Under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete.

sign here

Signature of Owner(s), Partner, Member, Corporate Officer,
 Person Authorized by Attached Power of Attorney

MEMBER 11-1-07 402 255-5961

Title Date Telephone Number

If no fees or bonds are required, you may fax this form to (402) 471-5927, OR MAIL THIS APPLICATION WITH ALL REQUIRED FEES AND BONDS TO:

NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 98903, LINCOLN, NE 68509-8903

Visit our Web Site: www.revenue.ne.gov, or call 1-800-742-7474 (toll free in NE and IA) or 1-402-471-5729.

**CERTIFICATE OF REVIVAL OR RENEWAL
LIMITED LIABILITY COMPANY**

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
<http://www.sos.state.ne.us>

NE Sec of State John A Gale - CORP CRLC
1001072990 Pgs: 1
A & M RESOURCES, LLC
Filed: 08/09/2011 04:39 PM

Submit in Duplicate

Name of Limited Liability Company A & M Resources, LLC

The company was dissolved by the Secretary of State on June 2, 2011
Date Year

for (check one)

- A. Failure to file biennial report
- B. Nonpayment of fees
- C. Failure to maintain a registered agent/ registered office
- D. Expiration of existence

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NEBRASKA LIQUOR
CONTROL COMMISSION

The above named grounds for dissolution either did not exist or have been eliminated and the company name complies with the requirements of Neb. Rev. Stat. 21-2604.

DATED 7-15-11

Charles Adams
Signature

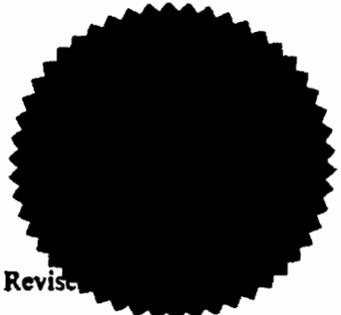
Manager
Printed Name/Title

FILING FEE: \$115.00

CERTIFICATE OF REINSTATEMENT

I, JOHN A. GALE, Secretary of State, do hereby cancel the certificate of dissolution and reinstate the above named limited liability company as a company in good standing to do business in the State of Nebraska, and further state that the grounds for dissolution of the company did not exist or have been eliminated.

IN TESTIMONY WHEREOF, I do hereby affix the Great Seal of the State of Nebraska.



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FEB 11 2015

NEBRASKA LIQUOR
CONTROL COMMISSION
Neb. Rev. Stat. 21-2611

Revised

STATE OF NEBRASKA ♦ SECRETARY OF STATE'S OFFICE
1445 "K" STREET • STATE CAPITOL SUITE 1301 • LINCOLN, NE • 68509
BUSINESS SERVICES DIVISION

CORPORATIONS

P.O. BOX 94608
(402) 471-4079
FAX: 471-3666

UNIFORM COMMERCIAL CODE

P.O. BOX 95104
(402) 471-4080
FAX: 471-4429

NOTARY

P.O. BOX 95104
(402) 471-2558
FAX: 471-4429

JOHN A. GALE
Secretary of State

www.sos.state.ne.us

JUDY JOBMAN
Deputy Secretary of State

ACCOUNTING & TAX EDGE, LLC
ATTN: CHRISTINA HANSEN, CPA
864 1ST ST S
WINTER HAVEN, FL 33880

August 9, 2011

ACKNOWLEDGEMENT OF FILING

The document(s) listed below were filed with the Nebraska Secretary of State's Office, Corporation Division. A label has been affixed to each filing signifying the filing stamp for the Nebraska Secretary of State's Office, Corporation Division. This filing label indicates the date and time of the filing and also references a document number that can be used to reference this filing in the future.

Please remember it is your responsibility to notify the Secretary of State's office of any change(s) in the information you filed.

ACKNOWLEDGEMENT OF FILING FEES RECEIVED

| Action/Service | Company/Entity Name | Fee Received |
|--------------------------------|----------------------|--------------|
| Certificate of Revival for LLC | A & M RESOURCES, LLC | 10.00 |
| Per Page Charge | A & M RESOURCES, LLC | 5.00 |
| Interest for LLC | A & M RESOURCES, LLC | 100.00 |
| Biennial Report | A & M RESOURCES, LLC | 10.00 |
| | Total Fees Received | \$125.00 |

David Boyce
Filing Officer

NE Sec of State John R Gale - CORP LLC
1000752101
R & M. RESOURCES LLC
Filed: 11/06/2007 12:15 PM

**APPLICATION FOR RESERVATION
of
LIMITED LIABILITY COMPANY NAME**
Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>

The undersigned hereby requests the following name be reserved:

Name to be Reserved A & M. RESOURCES LLC

Reservation is good for 120 days

DATED 11-1-07

Scott Adams
Signature

SCOTT ADAMS
Printed Name

406 WASHINGTON ST.
Street Address

WATERLOO, NE 68069
City, State, Zip

FILING FEE: \$15.00

Revised 12/19/2000

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MAR 4 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

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FEB 12 2015

NEBRASKA LIQUOR
CONTROL COMMISSION
Neb. Rev. Stat. 21-2604.01

STATE OF NEBRASKA ♦ SECRETARY OF STATE'S OFFICE
1445 "K" STREET STATE CAPITOL SUITE 1301 • JCOLN, NE • 68509
BUSINESS SERVICES DIVISION

CORPORATIONS

P.O. BOX 94608
(402) 471-4079
FAX: 471-3666

UNIFORM COMMERCIAL CODE

P.O. BOX 95104
(402) 471-4080
FAX: 471-4429

NOTARY

P.O. BOX 95104
(402) 471-2558
FAX: 471-4429

JOHN A. GALE
Secretary of State

www.sos.state.ne.us

JUDY JOBMAN
Deputy Secretary of State

DIVERSIFIED ACCOUNTING SERVICE
3917 VERNON AVENUE
OMAHA, NE 68111

November 6, 2007

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.

ACKNOWLEDGEMENT OF FILING FEES RECEIVED

| Action/Service | Company/Entity Name | Fee Received |
|--------------------|----------------------|--------------|
| Reservation of LLC | A & M, RESOURCES LLC | 10.00 |
| Per Page Charge | A & M, RESOURCES LLC | 5.00 |
| | Total Fees Received | \$15.00 |

Paige
Filing Officer

BUSINESS PLAN

Verdict Bar and Grill

1901 Harney Street, Omaha, NE. 68102

January 29, 2015

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Executive Summary

FEB 11 2015

Vision Statement

To grown a strong name recognition and brand for our customers and staff. In time we would enjoy expanding into Midtown and West Omaha.

NEBRASKA LIQUOR
CONTROL COMMISSION***Mission Statement***

To provide the local business district in Downtown Omaha an upscale venue and menu at affordable prices. To maintain a safe fun neighborhood restaurant and lounge for our customers and staff.

The Company

The Verdict, plans on servicing the local business district of the local municipality, a large insurance company, Attorneys and a few mid sized non- for profits.

The Product

The Verdict Bar and Grill will have a great selection of Wines and Up Scale Martini's as well as a vast array of menu offerings to compliment the tastes of the local business district. Great for a one on one meeting or a small casual business debrief.

The Market

The Verdict will focus on our local building tenants, the court house and insurances businesses, as well as the theater events.

The Competition

The Verdict has positioned itself in a beneficial building and street location, The building fully occupied offers over 300 potential daily customers for lunch and happy hour. It to is within 2 blocks to the local court house and municipality building and a large insurance company.

Operations

Being open 7 days a week serving a strong menu at affordable pricing and consistent quality and staff will keep the customers coming back!.

Capital Requirements Plan

All partners/ members have agreed to fully fund the opening of the Verdict and personally guarantee any debt obligations.

**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 |
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| MAR 11 2015 |
| FEB 11 2015 |
| NEBRASKA LIQUOR CONTROL COMMISSION |
| 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. See Form 147 for further information, this form **MUST** be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: A & M Resources, LCC

Premise information

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

Premise Trade Name/DBA: The Verdict - Bar and Grill

Premise Street Address: 1901 Harney St

City: Omaha County: Douglas Zip Code: 68102

Premise Phone Number: 402-319-8113

Email address: jp5162@gmail.com

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



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

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Kaup First Name: James MI: P

Home Address (include PO Box if applicable): 5162 Jones St.

City: Omaha County: Douglas Zip Code: 68106

Home Phone Number: 402-455-7457 Business Phone Number: 402-294-6580

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

Date Of Birth _____ Place Of Birth: Santa Anna

Email address: jp5162@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: _____ First Name: _____ MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

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 | 1995 | current | | | |
| | | | | | |
| | | | | | |
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MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM TO | | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|--------------|---------|-------------------------|--------------------|------------------|
| 1982 | 2003 | United States Air Force | Maj. Brian Dart | 402-294-6580 |
| 2004 | Current | United Stated Air Force | Dr. James W. Smith | 402-294-6580 |

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 |
|-------------------|------------------------------|--------------------------------|-----------------------|-------------|
| | | | | |
| | | | | |
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FEB 11 2015

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

YES NO

NEBRASKA LIQUOR
CONTROL COMMISSION

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.

*NLCC Training Certificate Issued: 01/2015 Name on Certificate: James P Kaup

OK Attached cert.

| Applicant Name | Date (mm/yyyy) | Name of program (attach copy of course completion certificate) |
|------------------|----------------|--|
| Eric C. Swenson | 01/2015 | Liquorexam.com Responsible Beverage Server and Seller Training Program |
| Charles S. Adams | 01/2015 | Liquorexam.com Responsible Beverage Server and Seller Training Program |
| | | |
| | | |
| | | |
| | | |

*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: |
|----------------------------|---------------------|------------------------------|
| | | |
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| | | |

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MAR 6 2015
NEBRASKA LIQUOR CONTROL COMMISSION

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

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FEB 11 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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.

FEB 11 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

James P. Kaup
Signature of Manager Applicant

Signature of Spouse

RECEIVED

FEB 11 2015

ACKNOWLEDGEMENT

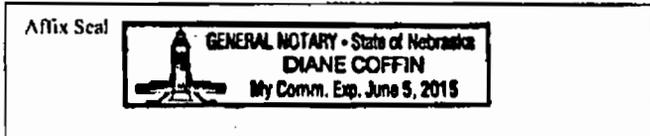
State of Nebraska
County of Douglas

NEBRASKA LIQUOR
CONTROL COMMISSION

Feb. 10, 2015
date

The foregoing instrument was acknowledged before me this
by James P. Kaup
name of person acknowledged

Diane Coffin
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.



Certificate of Completion

This is to certify that

James Kaup

has successfully completed the
LIQUOREXAM.COM Responsible Beverage

Server and Seller Training Program

Course Name: \$14 Nebraska Alcohol Server/Seller
Certification

Edward D McLean, Administrator
www.LIQUOREXAM.COM

Date: 01/25/2015
Expiration: 36 Months
Certificate #: 711
Birth Date: 05/06/1964

NEBRASKA LIQUOR CONTROL COMMISSION

RECEIVED

RECEIVED
MAY 7 2015
NEBRASKA LIQUOR CONTROL COMMISSION

**SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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

| | |
|---|------------------|
| RECEIVED FEB 11 2015 NEBRASKA LIQUOR CONTROL COMMISSION <small>Office Use Only</small> | |
| Class: _____ | License #: _____ |

Applicant Name: **A & M Resources, LLC**
(Corporation, LLC, Partnership or Individual)

Trade Name: **The Verdict - Bar & Grill**
(Doing Business As)

(402) 319 - 8113

Phone Number

jp5162@gmail.com

Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
Fingerprint cards should be submitted with the application.
- Fee payment of \$38 per person must be made directly to the NSP;
You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
or checks made payable to NSP should be mailed directly to the following address:
 - The Nebraska State Patrol – CID Division
 - 3800 NW 12th Street
 - Lincoln, NE 68521
- DO NOT send fee payments to the NLCC, fees MUST be paid directly to NSP;
Include a list of names covered by your payment to insure proper application of payment.
- This completed form MUST be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

**Please complete information on the following pages
for EACH person fingerprinted.**

| |
|---------|
| Barcode |
|---------|

Receipt attached

| | |
|---|--|
| Name (Print): <u>James P. Kaup</u> | Title: <u>Owner</u> |
| Name (Print): _____ | Title: <u>Spouse</u> |
| Location: <u>Nebraska State Patrol, Omaha</u> | Date: _____ |
| Where fingerprints were taken | RECEIVED FEB 11 2015 NEBRASKA LIQUOR CONTROL COMMISSION |
| PayPort Receipt #: _____ \$ _____ | Check Name & No.: _____ \$ _____ |

| | |
|---|---|
| Name (Print): <u>Eric C. Swenson</u> | Title: <u>Owner</u> |
| Name (Print): _____ | Title: <u>Spouse</u> |
| Location: <u>Nebraska State Partol, Omaha</u> | Date: _____ |
| Where fingerprints were taken | RECEIVED MAY 4 2015 NEBRASKA LIQUOR CONTROL COMMISSION |
| PayPort Receipt #: _____ \$ _____ | Check Name & No.: _____ \$ _____ |

| | |
|---|----------------------------------|
| Name (Print): <u>Charles S. Adams</u> | Title: <u>Owner</u> |
| Name (Print): _____ | Title: <u>Spouse</u> |
| Location: <u>Nebraska State Patrol, Omaha</u> | Date: _____ |
| Where fingerprints were taken | |
| PayPort Receipt #: _____ \$ _____ | Check Name & No.: _____ \$ _____ |

| | |
|-----------------------------------|----------------------------------|
| Name (Print): _____ | Title: _____ |
| Name (Print): _____ | Title: <u>Spouse</u> |
| Location: _____ | Date: _____ |
| Where fingerprints were taken | |
| PayPort Receipt #: _____ \$ _____ | Check Name & No.: _____ \$ _____ |

Name (Print): _____ Title: _____

Name (Print): _____ RECEIVED Title: Spouse

Location: _____ FEB 11 2015 Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ _____ Check Name & No.: NEBRASKA LIQUOR CONTROL COMMISSION \$ _____

Name (Print): _____ RECEIVED Title: _____

Name (Print): _____ MAR 4 2015 Title: Spouse

Location: _____ NEBRASKA LIQUOR CONTROL COMMISSION Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

I hereby certify that fingerprint cards and/or fees of \$38 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.
 Click [HERE](#) for information regarding criminal background checks.

Name (Print): James P. Kaup Title: Member

Signature:  Date: 8 FEB 2015

PUBLIC WORKS DEPARTMENT REPORT

DATE: MARCH 18, 2015

DUE DATE: MARCH 26, 2015

CITY COUNCIL HEARING APRIL 7, 2015

APPLICANT: A & M RESOURCES, LLC, DBA "THE VERDICT - BAR & GRILL"

LOCATION: 1901 HARNEY 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: 12,000 Vens/Day
2,000 Peds/Day

ACCIDENT REPORT AT ADJACENT INTERSECTION: 19th + Harney Street;
(01/01/12-12/31/12) 10 accidents. 19th + Farnam Streets - 5 accidents.
19th + Howard Streets - 0 accidents. Harney + 18th Streets -
1 accident. Harney + 20th Streets - 2 accidents.

POTENTIAL TRAFFIC AND PARKING PROBLEMS: None

Mill King
(Authorized Signature)

3-19-15
(Date)

PLANNING DEPARTMENT REPORT

DATE: MARCH 18, 2015

DUE DATE: RECEIVED MARCH 26, 2015

CITY COUNCIL HEARING APRIL 7, 2015
2015 MAR 24 AM 10:08

LOCATION: 1901 HARNEY STREET

LEGAL DESCRIPTION LOT 3, BLOCK 251, CITY LOTS, ETC CITY CLERK OMAHA, NEBRASKA

APPLICANT: A & M RESOURCES, LLC, DBA "THE VERDICT - BAR & GRILL"

REQUESTED LICENSE OR ACTION CLASS "C" LIQUOR LICENSE

NEW LOCATION (X) NEW OWNERSHIP () TYPE OF FACILITY: BAR & GRILL

THIS REQUEST DOES (X) DOES NOT () PERTAIN TO AN OUTSIDE AREA

IF SIDEWALK CAFE: R-O-W-LEASE N/A & LEASE 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-ACI-1 EXITING LAND USE: Bar & Grill

ADJACENT LAND USE AND ZONING:

NORTH: CENTRAL BUSINESS DISTRICT CBD-ACI-1

SOUTH: COMMERCIAL SERVICE DISTRICT DS-ACI-1

EAST: CENTRAL BUSINESS DISTRICT CBD-ACI-1

WEST: CENTRAL BUSINESS DISTRICT CBD-ACI-1

PARKING STALLS PROVIDED: SEC 55-733 DISTRICT EXEMPTIONS

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

PLUMBING FIXTURES PROVIDED: WOMEN'S FIVE STOOLS

MEN'S THREE STOOLS & FIVE URINALS

DATE SUBJECT PROPERTY WAS POSTED: 3-23-15 ALC

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

DISTANCE OF PROPOSED LICENSE TO ANY EXISTING LICENSE: OR

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

Michael Wilverding
(Authorized Signature)

3-24-15
(Date)