

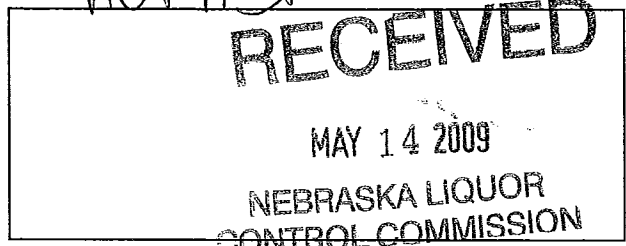
Hot list

APPLICATION FOR LIQUOR LICENSE CHECKLIST

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

85496

KR



Applicant Name San Pedro, Inc.

Trade Name San Pedro Mexican Restaurant

Previous Trade Name None

E-Mail Address: None

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Each item must be checked and included with application or marked N/A (not applicable)

X 1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure.

X 2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.

X 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate - Form 3a; Limited Liability Form (LCC) – Form 3b. Corporate Form 3a and LLC Form 3b requires Corporate Manager application – Form 3c.

X 4. If building is being leased send a copy of the lease. Be sure it reads in the individual(s), corporate or LLC name being applied for. Also, the lease must extend through the license year being applied for. If building owned, send a copy of the deed or purchase agreement in appropriate name.

     5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in appropriate applicant's name.

Atty 5365-197-jbm



6. If wishing to run on current liquor license enclose temporary agency agreement (**must be Commission form only, must include copy of signature card from the bank showing both the seller and buyers name on account**).

X 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

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

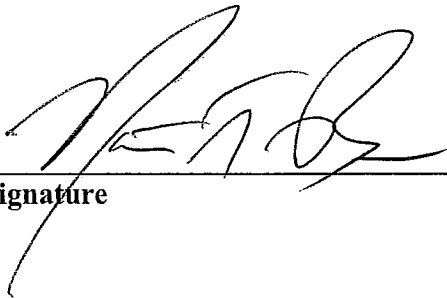
\_\_\_\_\_ 9. For individual, partnership and LLC enclose proof of citizenship; copy of birth certificate (certificate from the State where born, not hospital certificate), naturalization paper or passport, for all applicants, members and spouses.

X 10. If corporation or LLC enclose a copy of articles as filed with the Secretary of States Office. This document must show barcode.

11. Check with local governing bodies for any further requirements or restrictions.

12. If you have a business plan, please submit a copy.

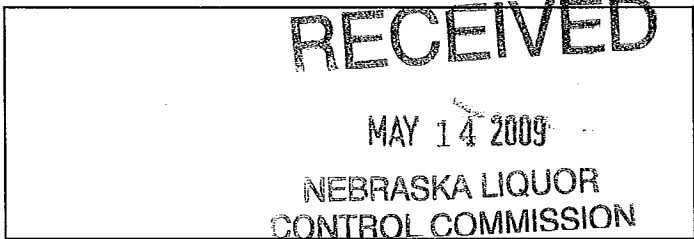
**I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.**



\_\_\_\_\_  
Signature

**APPLICATION FOR LIQUOR LICENSE**

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(S)**

RETAIL LICENSE(S)		<u>Application Fee</u>
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS	<u>Application Fee</u>	<u>Bond Required</u>
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/> O Boat	\$ 95.00	none
<input type="checkbox"/> V Manufacturer		
<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/> W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/> X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/> Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/> Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Copy of TTB permit (if applying for L, V, W, X, Y or Z)	

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>  
 All other licenses expire April 30<sup>th</sup>  
 Catering license (K) expires same as underlying retail license

**TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)**

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

**NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION  
 (commission will call this person with any questions we may have on this application)**

Name Nathan T. Bruner Phone number: (308) 234-1966  
 Firm Name Yeagley Swanson Murray, LLC

**PREMISE INFORMATION**

Trade Name (doing business as) San Pedro Mexican Restaurant  
Street Address #1 2307 Plum Creek Parkway  
Street Address #2 South Highway 283  
City Lexington County Dawson Zip Code 68850  
Premise Telephone number (308) 324-7265

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

Mail address (where you want receipt of mail from the commission)  
Name Clemente Salazar

Street Address #1 1002 South Jeffers Street

Street Address #2 \_\_\_\_\_  
City North Platte State NE Zip Code 69101

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, 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 in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

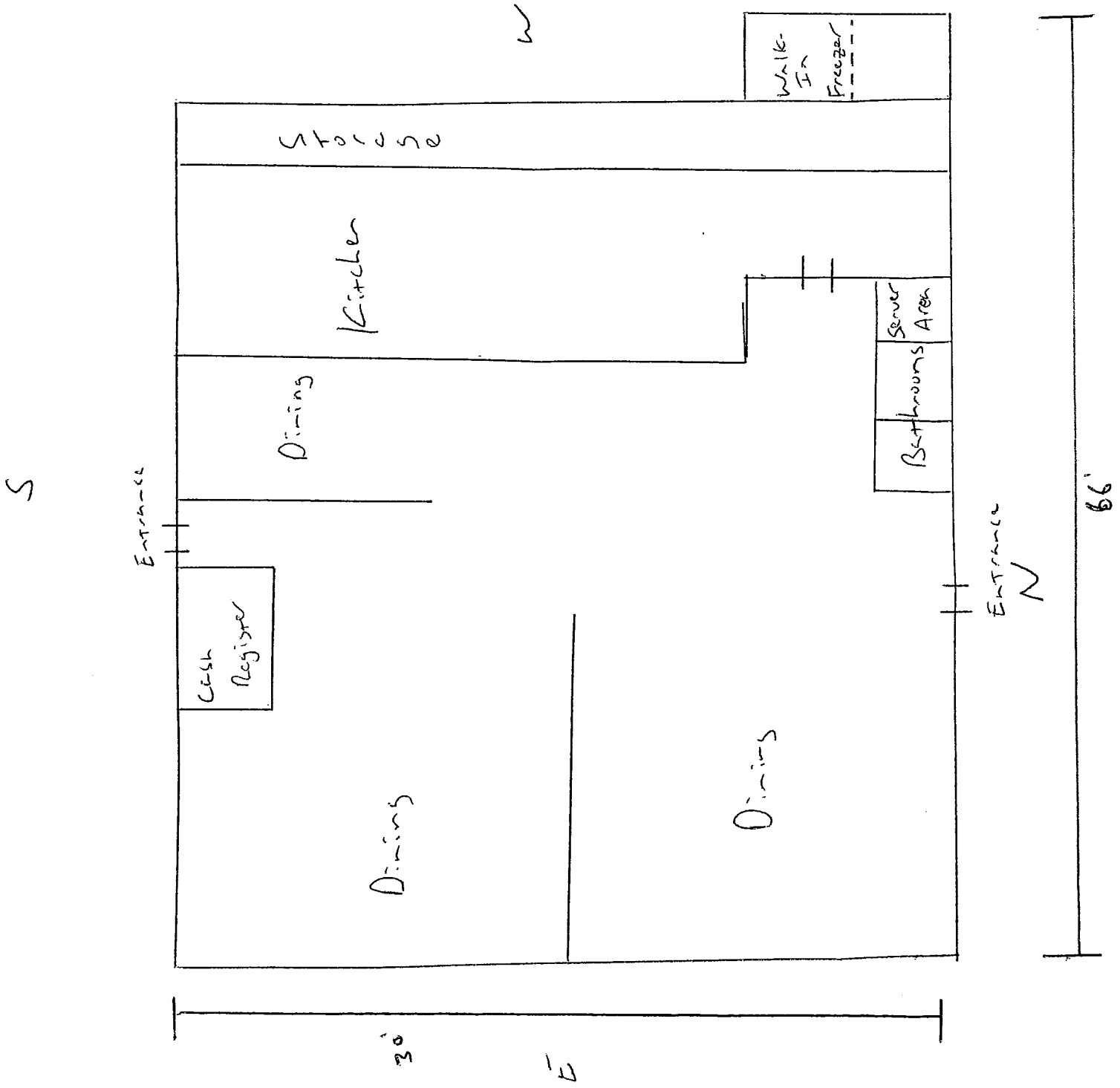
**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

"see attached"

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NEBRASKA LIQUOR  
CONTROL COMMISSION



**APPLICANT INFORMATION**

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

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

YES  NO

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

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**2. Are you buying the business and/or assets of a licensee?**

YES  NO

If yes, give name of business and license number \_\_\_\_\_

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
- b) Include a list of alcohol being purchased, list the name brand, container size and how many?

**3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?**

YES  NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

**4. Are you borrowing any money from any source to establish and/or operate the business?**

YES  NO

If yes, list the lender \_\_\_\_\_

**5. 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. \_\_\_\_\_

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

YES  NO

If yes, list such items and the owner. \_\_\_\_\_

**7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?**

YES  NO

If yes, explain. \_\_\_\_\_

**No silent partners**

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

YES  NO

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

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

US Bank, Jose De Jesus Bravo

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.

See Attached

12. List the 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)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Clemente Salazar	2/22/09	TIPS Certification
Clemente Salazar	2005-2008	Manager, San Pedro Mexican Restaurant, Kearney, NE
Clemente Salazar	2004-2005	Manager, El Charro Mexican Restaurant, Mufresboro, TN

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 November 30, 2011
- Deed
- Purchase Agreement

14. When do you intend to open for business? April 15, 2009

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

16. What are the anticipated hours of operation? M-Th 11 am-10 pm; Fr-Sa 11 am-11pm; Sun 11:30 am-9 pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
See attached					

11.	<u>License Number</u> 67018	<u>License Holder Name</u> San Pedro, Inc.	<u>Location of License</u> 3907 Central Avenue Kearney, NE 68849
	69227	San Pedro, Inc.	2102 N. 6th Street Beatrice, NE 68310
	83591	San Pedro, Inc.	1002 S. Jeffers Street North Platte, NE 69101

17.	<u>Name</u>	<u>City and State</u>	<u>Years</u>
	Jose De Jesus Bravo	Joplin, MO	1999-2009
		Lexington, NE	2009-Present
	Rosa Maria Bravo	Joplin, MO	1999-2009
		Lexington, NE	2009-Present
	Maria Guadalupe Bravo	Joplin, MO	1999-Present
	Jose Bravo Jimenez	Joplin, MO	1999-Present
	Sandra Bravo	Joplin, MO	1999-Present



The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation 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.

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Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Sancho Bravo ce  
Signature of Applicant

XXXXXXXXXXXX  
Signature of Spouse

Jose Bravo  
Signature of Applicant

Maria J Bravo  
Signature of Spouse

AB  
Signature of Applicant

Rosa M Bravo  
Signature of Spouse

Maria Guadalupe Bravo  
Signature of Applicant

Jose Bravo  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of Nebraska

County of Buffalo

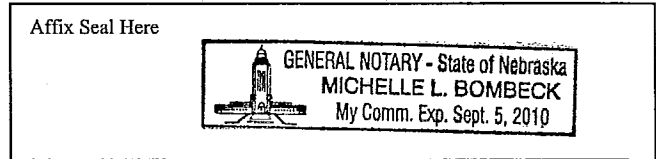
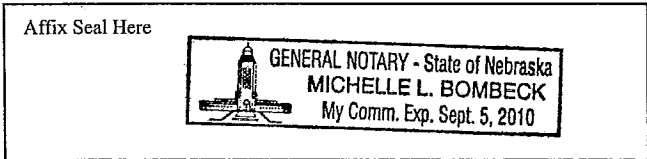
County of Buffalo

The foregoing instrument was acknowledged before me this April 7, 2009 by

The foregoing instrument was acknowledged before me this April 7, 2009 by

Michelle L Bombeck  
Notary Public signature

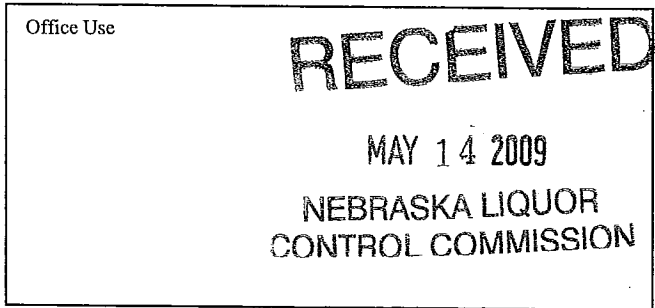
Michelle L Bombeck  
Notary Public signature



In compliance with the ADA, this manager insert form 3c 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  
CORPORATION  
INSERT - FORM 3a**

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



Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

**Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)**

Name of Registered Agent: Mandi J. Schweitzer

**Name of Corporation that will hold license as listed on the Articles**

San Pedro, Inc.

Corporation Address: 3907 Central Avenue

City: Kearney State: NE Zip Code: 68848

Corporation Phone Number: (308) 238-0092 Fax Number (308) 234-6077

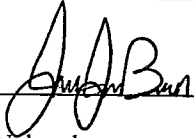
Total Number of Corporation Shares Issued: 100

**Name and notarized signature of president (Information of president must be listed on following page)**

Last Name: Bravo First Name: Jose De Jesus MI: \_\_\_\_\_

Home Address: 3106 Missouri Avenue City: Joplin

State: MO Zip Code: 64804 Home Phone Number: (417) 291-0843



Signature of president

State of Nebraska  
County of Baffalo

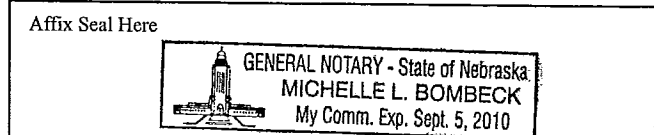
The foregoing instrument was acknowledged before me this

April 7, 2009  
date

by Jose De Jesus Bravo  
name of person acknowledged



Notary Public signature



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Bravo First Name: Jose De Jesus MI: \_\_\_\_\_

Social Security Number: 619-49-4321 Date of Birth: 1/2/1976

Title: President and Director Number of Shares 30

Spouse Full Name (indicate N/A if single): Rosa M. Bravo

Spouse Social Security Number: 496-21-2369 Date of Birth: 11/5/1974

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Last Name: Bravo Jimenez First Name: Jose MI: \_\_\_\_\_

Social Security Number: 602-03-1680 Date of Birth: 12/5/1947

Title: Vice President and Director Number of Shares 0

Spouse Full Name (indicate N/A if single): Maria Guadalupe Bravo

Spouse Social Security Number: 406-47-3291 Date of Birth: 3/8/1958

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Last Name: Bravo First Name: Sandra MI: \_\_\_\_\_

Social Security Number: 644-05-2569 Date of Birth: 8/14/1980

Title: Secretary and Director Number of Shares 25

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

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

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Last Name: Bravo First Name: Maria Guadalupe MI: \_\_\_\_\_

Social Security Number: 406-47-3291 Date of Birth: 3/8/1958

Title: Treasurer and Director Number of Shares 45

Spouse Full Name (indicate N/A if single): Jose Bravo Jimenez

Spouse Social Security Number: 602-06-1680 Date of Birth: 12/5/1947

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Is the applying Corporation controlled by another Corporation?

YES

NO

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NEBRASKA LIQUOR  
CONTROL COMMISSION

If yes, provide the name of corporation and supply an organizational chart

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

Starting Date: January 1

Ending Date: December 31

---

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.

**MANAGER APPLICATION  
INSERT - FORM 3c**

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

Office Use

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CONTROL COMMISSION

**Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required**

- 1) **Must be a citizen of the United States**
- 2) **Must be a Nebraska resident (Chapter 2 – 006)**
- 3) **Must provide a copy of birth certificate, naturalization paper or US passport**
- 4) **Must submit fingerprints (2 cards per person)**
- 5) **Must be 21 years of age or older**
- 6) **Applicant may be required to take a training course**

**Corporation/Limited Liability Corporation (LLC) information**

Name of Corporation/LLC:

San Pedro, Inc.

**Premise information**

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA:

San Pedro Mexican Restaurant

Premise Street Address:

2307 Plum Creek Parkway, South Highway 283

City:

Lexington

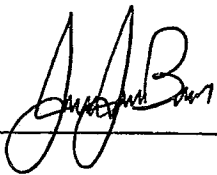
Zip Code:

68850

Premise Phone Number:

(308) 324-7265

**The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.**



**CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)**

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: Salazar First Name: Clemente MI:

Home Address (include PO Box if applicable): 1801 Avenue E

City: Kearney State: NE Zip Code: 68847

Home Phone Number: (308) 708-1375 Business Phone Number: (308) 532-9575

Social Security Number: 338-72-4584 Drivers License Number & State: H13196771 Nebraska

Date Of Birth: 10/19/75 Place Of Birth: Chicago, IL

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: Salazar First Name: Maria MI:   
2900 GRAND AVE LOT 178 KEARNEY

Social Security Number: 446-15-5362 Drivers License Number & State: H13202904 Nebraska

Date Of Birth: 10/8/72 Place Of Birth: Jesus Marie Jallsco, Mexico

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

CITY & STATE	YEAR		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Kearney, NE	2005	2008	Kearney, NE	2005	2008
Mufresboro, TN	2004	2005	Mufresboro, TN	2004	2005
Muskogee, OK	998	2004	Muskogee, OK	1998	2004

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005	2008	San Pedro, Inc.	Jose De Jesus Bravo	(417) 291-0843
2004	2005	El Charro, Inc.	Elia Bravo	(918) 686-0636

Manager and spouse must review and answer the questions below.  
PLEASE PRINT CLEARLY

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

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

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


2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES       NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES       NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES       NO

5. Do you have any experience in selling alcohol in the State of Nebraska?  
If so list training and/or experience (when and where)

Date:	Where:
2/22/09	Kearney, NE TIPS Certification
2005-2008	Manager, San Pedro Mexican Restaurant, Kearney, NE
2004-2005	Manager, El Charro Mexican Restaurant, Mufresboro, TN

2.	<u>License Number</u> 67018	<u>License Holder Name</u> San Pedro, Inc.	<u>Location of License</u> 3907 Central Avenue Kearney, NE 68849
	83591	San Pedro, Inc.	1002 S. Jeffers Street North Platte, NE 69101

Clemente Salazar is the corporate manager for the above licenses in Nebraska.



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. 2009

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.

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.

*[Handwritten Signature]*

Signature of Manager Applicant

*Maria I Salazar*

Signature of Spouse

State of Nebraska

County of Buffalo

County of Buffalo

The foregoing instrument was acknowledged before me this April 7, 2009 by Clemente Salazar.

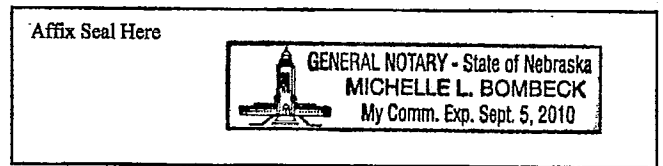
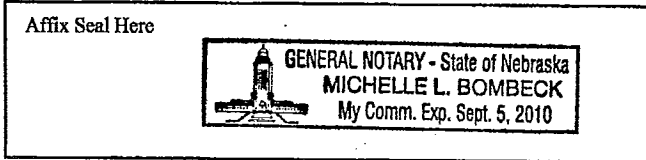
The foregoing instrument was acknowledged before me this April 7, 2009 by Maria I Salazar

*[Handwritten Signature]*

Notary Public signature

*[Handwritten Signature]*

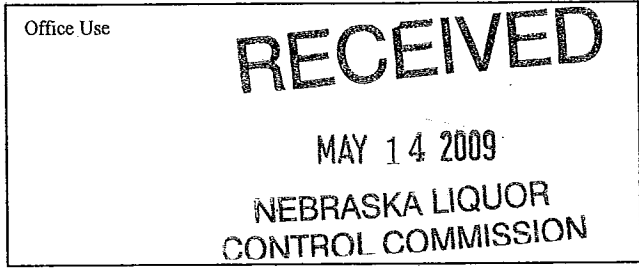
Notary Public signature



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

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

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



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.

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

Rosa M Bravo  
Printed name of spouse asking for waiver

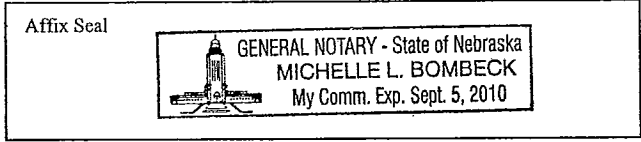
State of Nebraska

County of Buffalo

April 7, 2009  
date

The foregoing instrument was acknowledged before me this  
by Rosa M. Bravo  
name of person acknowledged

Michelle Bombeck  
Notary Public signature



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)

Jose de Jesus Bravo  
Printed name of applying individual

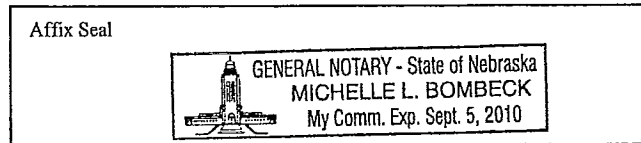
State of Nebraska

County of Buffalo

April 7, 2009  
date

The foregoing instrument was acknowledged before me this  
by Jose de Jesus Bravo  
name of person acknowledged

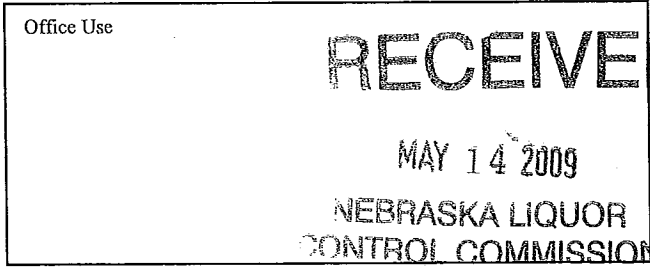
Michelle Bombeck  
Notary Public signature



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.

**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  
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Maria I Salazar  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Maria I Salazar  
Printed name of spouse asking for waiver

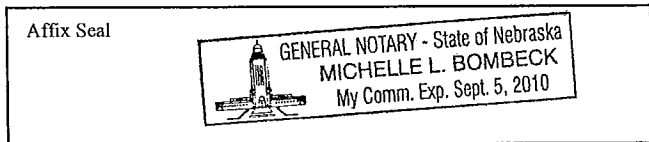
State of Nebraska

County of Buffalo

April 7, 2009  
date

The foregoing instrument was acknowledged before me this  
by Maria I. Salazar  
name of person acknowledged

Michelle Bombeck  
Notary Public signature



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.

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

Clemente Salazar  
Printed name of applying individual

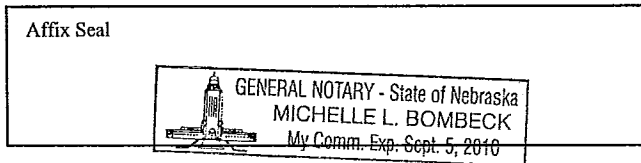
State of Nebraska

County of Buffalo

April 7, 2009  
date

The foregoing instrument was acknowledged before me this  
by Clemente Salazar  
name of person acknowledged

Michelle Bombeck  
Notary Public signature



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.