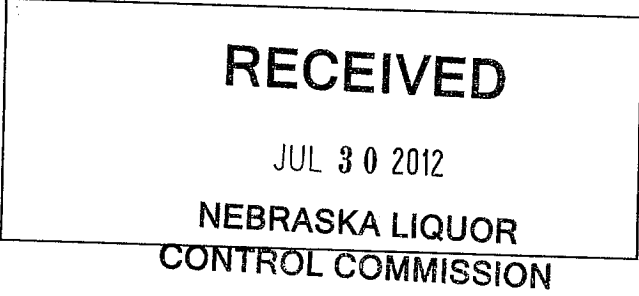


**APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL**

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

QA
76193
Replacing 74289
TOP under Review



Applicant Name JBN Inc Jm

Trade Name Hi Times Liquor Mart 2 Previous Trade Name Hi Times Liquor Mart 2

E-Mail Address: johnnothnagel@yahoo.com D- 100026

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)

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. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office or law enforcement agency listed in the enclosed fingerprint brochure.

2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.

- 3) Enclose the appropriate application forms;
 - 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)



4. If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for.

No 5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. If buying the business of a current liquor license holder:
 a) Provide a copy of the purchase agreement from the seller (must read applicants name)

Ret 167271 CK 991 - 400

- b) Provide a copy of alcohol inventory being purchased (must include brand names and container size)
- c) Enclose a list of the assets being purchased (furniture, fixtures and equipment)

- 7. If planning to operate on current liquor license; enclose Temporary Operating Permit (T.O.P.)(form 125).
- 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- 9. For citizenship, residency and voter registration requirements see enclosed brochure.
- 10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.
- 11. Submit a copy of your business plan.

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 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

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JUL 30 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

John Notmanagel
Signature

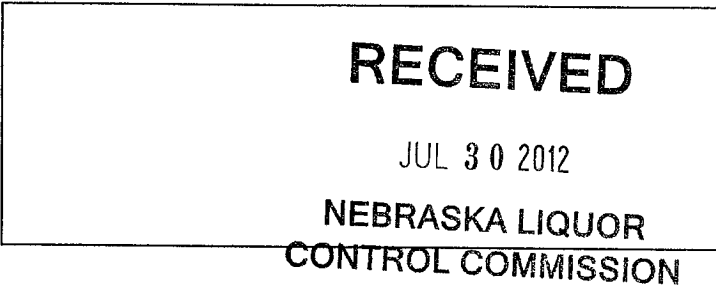
7-30-2012
Date

- ① Elizabeth's signature on corporate manager form.
- ② Buck's Inc corporation form

RECEIPT	DATE <u>7-30-12</u> No. <u>167271</u>
	FROM <u>JBN Inc</u>
	FOR <u>Application - Hi Times</u> <u>Lexington</u>
	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>991</u> \$ <u>400</u> <input type="checkbox"/> MONEY# _____ ORDER
Received by <u>Jackie B Matulka</u>	

**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 JOHN K. NOTHNAGEL Phone number: 308-345-6881

Firm Name JBN INC DBA HI TIMES LIQUOR MART 2

PREMISE INFORMATION

Trade Name (doing business as) Hi Times Liquor Mart 2
Street Address #1 109 CATTLEMAN DRIVE SUITE 5
Street Address #2 _____
City LEXINGTON County DAWSON #18 Zip Code 68850
Premise Telephone number 308-324-7350

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

CITY

Mailing address (where you want to receive mail from the Commission)
Name JOHN K. NATHANAGEL
Street Address #1 801 EAST B STREET
Street Address #2 P.O. BOX 217
City McCook State NE Zip Code 69001

**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

Length 65 feet
Width 25 1/2 feet

No Basement

No Outdoor Area

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

one story building
approx 26 x 65

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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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
ELIZABETH A NOTHNAGE	11-28-2006	McCook, NE	REFUSAL TO Submit To BREATH TEST	1 YEAR LOSS OF LICENSE
JOHN K NOTHNAGE	8-21-2003	HASTINGS, NE	SPEEDING	FINE

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

YES NO

If yes, give name of business and liquor license number Hi Times Liquor Mart 2 # 76193

- 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 74289

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

YES NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

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

YES NO

If yes, list the lender(s) _____

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)

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No silent partners

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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.

McCook NATIONAL BANK 220 NORRIS AVE, McCook, NE 69001 JOHN NOTHNAGEL
ELIZABETH NOTHNAGEL, NICK NOTHNAGEL, SARA CRAW

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.

CT JEWELL Co INC DBA BOTTLE SHOP McCook, NE 1976 ? SOLD 1978

CT JEWELL Co INC DBA HI TIMES LIQUOR MART 2 Lic # 76193 CURRENT
502 EAST B STREET
McCook, NE 69001

CT JEWELL Co INC DBA H. TIMES LIQUOR MART Lic # 74289 CURRENT
109 CATTLEMAN DRIVE SUITE #5
LEXINGTON, NE 68850

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:

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NEBRASKA LIQUOR CONTROL COMMISSION

- 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

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
JOHN K NOTHNAGEL		HAS OVER SEEN THE OPERATION AT BOTTLE SHOP IN 1996-1978 AND IS CURRENTLY OVER SEEING HI TIMES LIQUOR MARTS IN McCook & Lexington

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 4-30-2014
- Deed
- Purchase Agreement ATTACHED

14. When do you intend to open for business? BUSINESS IS GOING NOW
15. What will be the main nature of business? RETAIL BEER, WINE, LIQUOR AND CONVENIENCE PRODUCT.
16. What are the anticipated hours of operation? 9:00 AM - 12:PM MONDAY - SATURDAY
10:00 AM - 10 PM SUNDAYS

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
JOHN K NOTHNAGEL	1992	2012	McCook, NE		
ELIZABETH H NOTHNAGEL	1992	2012	McCook, NE		
805 SPRUCE ROAD					
McCook, NE 69001					

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). 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.

John K. Nothnagel
Signature of Applicant

Elizabeth A. Nothnagel
Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

RECEIVED

JUL 30 2012

NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

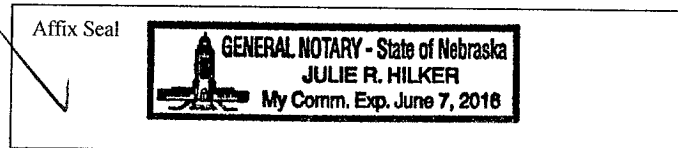
State of Nebraska
County of Red Willow

The foregoing instrument was acknowledged before me this

July 26, 2012
date

by John K. Nothnagel
name of person acknowledged

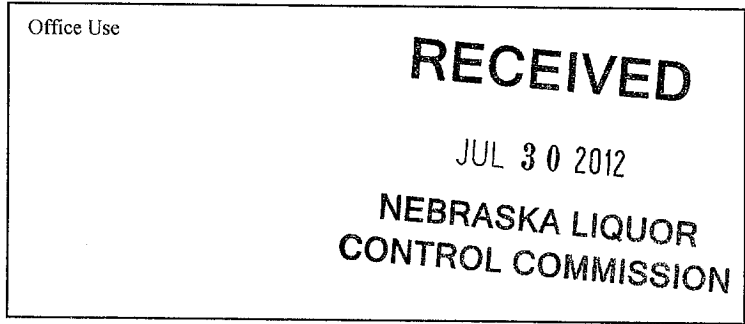
Julie R. Hilker
Notary Public signature



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 TEMPORARY OPERATING PERMIT (TOP)

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



Enclose completed application for liquor license from purchasers

Enclose document showing sale of business; document may be in the form of purchase agreement/contract, management agreement or promissory note. Must include purchase date or closing date within 2-3 weeks of requesting TOP. Must show name of business being sold. Must be signed by seller.

NAME OF EXISTING BUSINESS (SELLER) AND LICENSE

C T JEWELL Co INC / DBA HI TIMES LIQUOR MART #2 LIC # 76193

On (date) _____ seller and buyer entered into a contract for sale of the business known as _____

Buyer seeks to obtain a Temporary Operating Permit (TOP) to allow them to operate the business under the same terms and conditions of premise licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days.

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

C T Jewell Company Inc / John K. Hollenbeck Signature of Seller
JBN INC. / John K. Hollenbeck Signature of Buyer

State of Nebraska
County of Red Willow

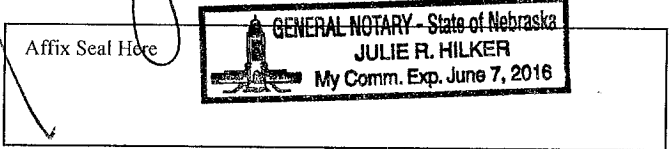
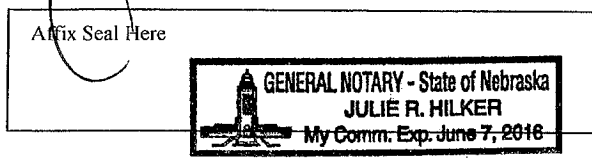
State of Nebraska
County of Red Willow

The forgoing instrument was acknowledged before me this July 26, 2012
Date

The forgoing instrument was acknowledged before me this July 26, 2012
Date

Julie R Hilker
Notary Public Signature

Julie R Hilker
Notary Public Signature



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

505 Acct # 10161422

Office Use RECEIVED JUL 30 2012 NEBRASKA LIQUOR CONTROL COMMISSION

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

- 1) All officers, directors and stockholders must be listed
2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
3) Officers, directors and stockholders 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 Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: G. PETER BURGER

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

JBN INC

Corporation Address: 801 EAST B STREET

City: McCook State: NE Zip Code: 69001

Corporation Phone Number: 308-345-6881 Fax Number 308-345-6886

Total Number of Corporation Shares Issued: 10,000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: NOTHNAGEL First Name: JOHN MI: K

Home Address: 805 SPRUCE ROAD City: McCook,

State: NE Zip Code: 69001 Home Phone Number: 308-345-5462

John K. Nothnagel

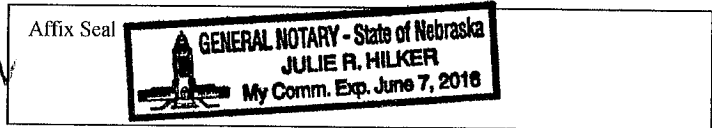
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska County of Red Willow

The foregoing instrument was acknowledged before me this July 26, 2012 by John K. Nothnagel name of person acknowledged

Date Julie R. Hilker



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

Last Name: NOTHNAGEL First Name: JOHN MI: K

Social Security Number: 506-70-3986 Date of Birth: 05-05-1951

Title: PRESIDENT Number of Shares 10,000

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

Spouse Social Security Number: 505-74-3953 Date of Birth: 07-15-1951

Last Name: NOTHNAGEL First Name: ELIZABETH MI: A

Social Security Number: 505-74-3953 Date of Birth: 05-05-1951

Title: VICE-PRESIDENT / SECRETARY / TREASURER Number of Shares 0

Spouse Full Name (indicate N/A if single): JOHN K. NOTHNAGEL

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying corporation controlled by another corporation/company?

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NEBRASKA LIQUOR
CONTROL COMMISSION

YES

NO

If yes, provide the following:

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

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

Starting Date: JANUARY Ending Date: DECEMBER

Is this a Non-Profit Corporation?

YES

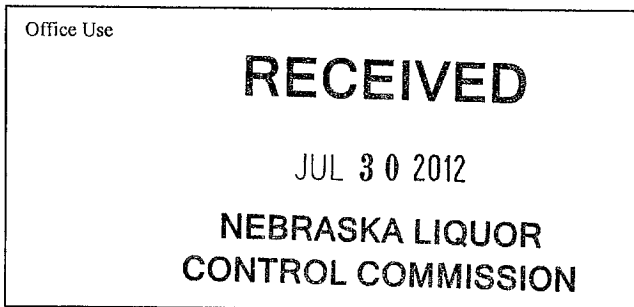
NO

If yes, provide the Federal ID # _____

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

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



Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

BC Voter Reg

Corporation/LLC information

Name of Corporation/LLC: QBN INC

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: QBN INC aka HI TIMES LIQUOR MART 2

Premise Street Address: 109 CATTLEMAN DRIVE SUITE 5

City: LEXINGTON State: NE Zip Code: 68850

Premise Phone Number: 308-324-7350

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

John K. Notburgel

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: NOTHNAGEL First Name: JOHN MI: K

Home Address (include PO Box if applicable): 805 SPRUCE ROAD

City: McCook County: Ben Willow Zip Code: 69001

Home Phone Number: 308-345-5462 Business Phone Number: 308-345-6881

Social Security Number: 506-70-3986 Drivers License Number & State: 548005090

Date Of Birth: 5-05-1951 Place Of Birth: McCook, NE 69001

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: NOTHNAGEL First Name: ELIZABETH MI: A

Social Security Number: 505-74-3953 Drivers License Number & State: 548005585

Date Of Birth: 2-15-1951 Place Of Birth: McCook, NE 69001

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
<u>805 SPRUCE ROAD McCook, NE 69001</u>	<u>1992</u>	<u>2012</u>	<u>805 SPRUCE ROAD McCook, NE 69001</u>	<u>1992</u>	<u>2012</u>

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NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1972	2012	CT JEWELL CO INC	MYSELF & WIFE OWNERS	308-345-6881

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 had a guilty plea 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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JUL 30 2012
NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
ELIZABETH A NOTHNAGEL	11-28-2006	McCook NE	REFUSAL TO SUBMIT TO BREATH TEST	1 yr LOSS OF LICENSE
JOHN B NOTHNAGEL	8-21-2003	HASTINGS NE	SPEEDING	FINE

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? YES NO

IF YES, list the name of the premise.

Hi TIMES LIQUOR MART Hi TIMES LIQUOR MART 2
McCook NE 69001 LEXINGTON, NE 68850

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. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

YES NO prints enclosed

5. List any alcohol related training and/or experience (when and where).

JOHN NOTHNAGEL HAS OVERSEEN THE OPERATION OF THE BOTTLE SHOP FROM 1976-1978 AND IS CURRENTLY OVERSEEING HI TIMES LIQUOR MARTS IN McCOOK, NE AND LEXINGTON, NE

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.

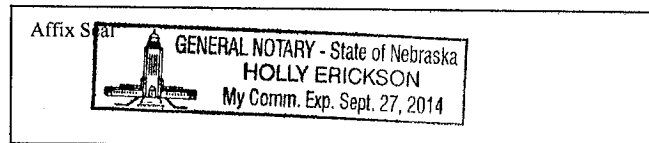
John K. Nothnagel
Signature of Manager Applicant

see attached
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER 30th day of July, 2012 The foregoing instrument was acknowledged before me this
LANCASTER date by JOHN K. NOTHNAGEL name of person acknowledged

Holly Erickson
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.

RECEIVED
JUL 30 2012
NEBRASKA LIQUOR
CONTROL COMMISSION

