

STATE OF NEBRASKA

Dave Heineman  
Governor

NEBRASKA LIQUOR CONTROL COMMISSION  
Robert B. Rupe Executive Director  
301 Centennial Mall South, 5th Floor P.O. Box 5046  
Lincoln, Nebraska 68509-5046  
Phone (402) 471-2571  
Fax (402) 471-2814  
TRS USER 800 833-7352 (TTY)

September 16, 2009.

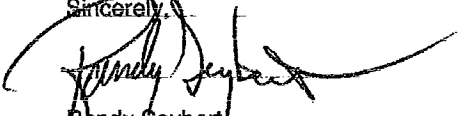
LEXINGTON CITY CLERK  
PO BOX 70  
LEXINGTON NE 68850-0070

RE: **Changing License Class for Aquirre Inc. dba Los Agaves**

The class of license for this application is being changed to a ID instead of a C to reflect that a Class C license is not available in the city of Lexington.

If you have any questions please feel free to call.

Sincerely,



Randy Seybert  
Licensing Division  
402-471-4885 / fax: 402-471-2814  
NEBRASKA LIQUOR CONTROL COMMISSION

rs

cc: File

Janice Wiebusch  
Commissioner

Bob Logsdon  
Chairman

Robert Batt  
Commissioner

*An Equal Opportunity/Affirmative Action Employer*

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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

SEP 8 2009  
NEBRASKA LIQUOR CONTROL COMMISSION

COPY

Applicant Name Aguirre, Inc.

86316

Trade Name Los Agaves Previous Trade Name \_\_\_\_\_

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 no omissions have not been made. You may want to call the Commission for more information on the application, to see if any additional requirements have not been made.

Each item must be checked and included

- 1. Fingerprint cards for each person applying for the license. The Nebraska State Patrol for processing fingerprint cards as per brochure.
- 2. Enclose registration fee for the Nebraska Liquor Control Commission.
- 3. Enclose the appropriate application form: Form 2; Corporate - Form 3a; Limited Liability Form (LCC) - Form 3b. Corporate Form 3a and LLC Form 3b requires Corporate Manager application - Form 3c.
- 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.
- 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).

RECEIPT

DATE 9-8-09 No. 165966  
 FROM Aguirre Inc.  
 FOR New APP

CASH  
 CHECK # \_\_\_\_\_  
 MONEY ORDER # 2141554 \$ 45.00

Received by Randy Seybert



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NEBRASKA LIQUOR  
CONTROL COMMISSION

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.

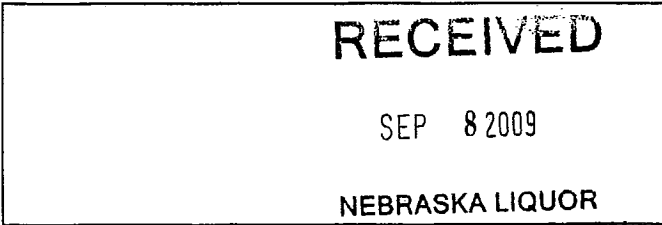
10. If corporation or LLC enclose a copy of articles as filed with the Secretary of States Office. This document must show barcode.

**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.**

*FASIA W AGUIRRE*  
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)**

- A BEER, ON SALE ONLY \$45.00
- B BEER, OFF SALE ONLY \$45.00
- C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE \$45.00
- D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY \$45.00
- I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY \$45.00

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

**MISCELLANEOUS**

- L Craft Brewery (Brew Pub) \$295.00 \$1,000 minimum bond
- O Boat \$ 95.00
- V Manufacturer \$ 45.00(+license fee) \$10,000 minimum bond
- W Wholesale Beer \$545.00 \$5,000 minimum bond
- X Wholesale Liquor \$795.00 \$5,000 minimum bond
- Y Farm Winery \$295.00 \$1,000 minimum bond
- Z Micro Distillery \$295.00 \$1,000 minimum bond

All Class C licenses expire October 31<sup>st</sup>  
 All other licenses expire April 30<sup>th</sup>  
 Catering expire 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 John Boehm Phone number: 402-475-0811  
 Firm Name Butler Galter, O'Brien & Boehm

813 S 13<sup>th</sup>  
 Lincoln 68502-3087

**PREMISE INFORMATION**

Trade Name (doing business as) Los Agavos

Street Address #1 405 E. Pacific Avenue

Street Address #2 \_\_\_\_\_

City Lexington County Dawson Zip Code 68850

Premise Telephone number 308-324-9986

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

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

Name Fabian Aguirre

**RECEIVED**

Street Address #1 P. O. Box 1143 SEP 8 2009

Street Address #2 \_\_\_\_\_ NEBRASKA LIQUOR CONTROL COMMISSION

City Lexington County Dawson Zip Code 68850

**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.

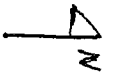
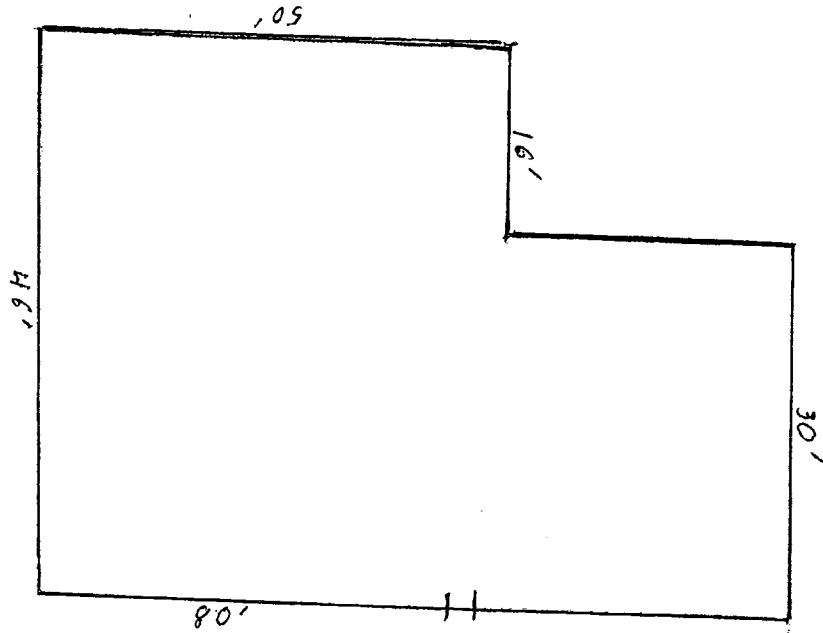
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NEBRASKA LIQUOR  
CONTROL COMMISSION

Hwy 90

One Story



**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.

Dydra Zorrero - speeding, March 2005, Merrick County

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**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. See list of personal property attached to Lease Agreement, Exhibit A.

Property owned by landlord, DLT, Inc.

**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)

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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

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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.

NEBRASKA LIQUOR CONTROL COMMISSION

TierOne, Lexington, NE; Fabian Aguirre, Dydra Zorrero

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

None

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Fabian Aguirre

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

2004-2008; The Edge, Alda, NE; part-time bartender

14. 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 15, 2010

Deed

Purchase Agreement

15. When do you intend to open for business? October 1, 2009

16. What will be the main nature of business? Bar with food

17. What are the anticipated hours of operation? noon-1:00 a.m., 7 days a week

18. 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
Dydra Zorrero, Grand Island, NE	2008	2009	Grand Island, NE	2008	2009
Dydra Zorrero, Alda, NE	2005	2008	Puebla, Mexico	1972	2008
Dydra Zorrero, Lexington, NE	2003	2005			
Dydra Zorrero, Elwood, NE	1997	2003			



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APPLICATION FOR LIQUOR LICENSE

17. Residence for the past 10 years, applicant and spouse must complete

Fabian Aguirre	Grand Island, NE	2009	Present
Fabian Aguirre	Lexington, NE	1999	2009

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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.

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) name only no initials

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*FABIAN J. AGUIRRE*

Signature of Applicant

Signature of Spouse

NEBRASKA LIQUOR CONTROL COMMISSION

*Dylan Zorrero*

Signature of Applicant

*[Signature]*

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of \_\_\_\_\_

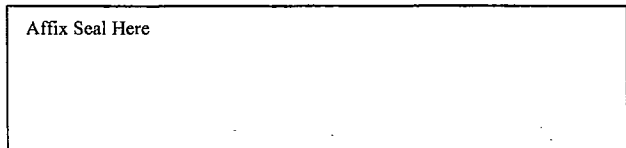
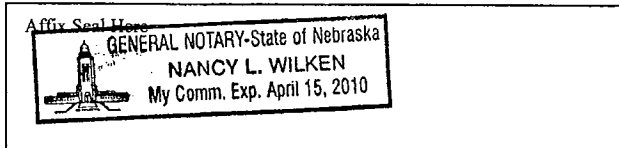
The foregoing instrument was acknowledged before me this 5th day of Aug. 2009 by

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_

*Fabian J. Aguirre, Dylan Zorrero*  
*Hugo Aguirre*  
*Nancy L. Wilken*

Notary Public 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.

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: John Boehm

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

Aquirre, Inc.

Corporation Address: 405 E. Pacific Avenue

City: Lexington State: NE Zip Code: 68850

Corporation Phone Number: 308-258-1231 Fax Number N/A

Total Number of Corporation Shares Issued: 1,000

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

Last Name: Aquirre First Name: Fabian MI: J

Home Address: 109 Lakeview Circle, Apt. 14 City: Grand Island

State: NE Zip Code: 68803 Home Phone Number: 308-258-1230

*Fabian J. Aquirre*

Signature of president

State of Nebraska  
County of Lancaster

The foregoing instrument was acknowledged before me this

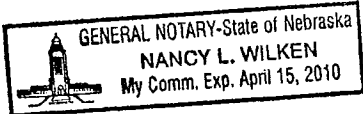
8<sup>th</sup> day of August, 2009  
date

by Fabian J. Aquirre  
name of person acknowledged

*Nancy L. Wilken*

Notary Public signature

Affix Seal Here



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

Last Name: Aguirre First Name: Fabian MI: J

Social Security Number: 637-01-5916 Date of Birth: 5/12/50

Title: President/Secretary Number of Shares 500

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

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

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Last Name: Zorrero First Name: Dydra MI: None

Social Security Number: 572-93-3463 Date of Birth: 11/29/83

Title: Vice-President/Treasurer Number of Shares 500

Spouse Full Name (indicate N/A if single): Hugo Armando Aguirre Barrientos

Spouse Social Security Number: 506-55-9066 Date of Birth: 2/12/72

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?

YES

NO

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

SEP 8 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

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.

REVISED 5/2007

**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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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their 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/LLC information

Name of Corporation/LLC: Aquirre, Inc.

Premise information

Premise License Number: \_\_\_\_\_

Premise Trade Name/DBA: Los Agaves

Premise Street Address: 405 E. Pacific Avenue

City: Lexington

State: Ne

Zip Code: 68850

Premise Phone Number: 308-324-9986

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.

*Fabian J Aguirre*

CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below. PLEASE PRINT CLEARLY

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Gender:  MALE  FEMALE

Last Name: Aguirre First Name: Fabian MI: J

NEBRASKA LIQUOR

Home Address (include PO Box if applicable): 109 Lakeview Circle, Apt. 14 CONTROL COMMISSION

City: Grand Island State: NE Zip Code: 68803

Home Phone Number: 308-258-1230 Business Phone Number: \_\_\_\_\_

Social Security Number: 637-01-5916 Drivers License Number & State: H12718244NE

Date Of Birth: 05/12/50 Place Of Birth: Puebla, Mexico

Are you married? If yes, complete spouse's information (even if a spouse 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 AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Grand Island, NE	2009	2009			
Lexington, NE	1999	2009			

MANAGER'S LAST TWO EMPLOYERS

YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
2004	2008	The Edge	Larry Davidson	308-382-1932
2000	2002	Baldwin Filters	Don't know	308-537-2278

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.

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NEBRASKA LIQUOR  
CONTROL COMMISSION

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



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PERSONAL OATH AND CONSENT OF INVESTIGATION

SEP 14 2009

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.

*Fabian J. Aguirre*

Signature of Manager Applicant

NEBRASKA LIQUOR CONTROL COMMISSION

Signature of Spouse

State of Nebraska

County of Lancaster

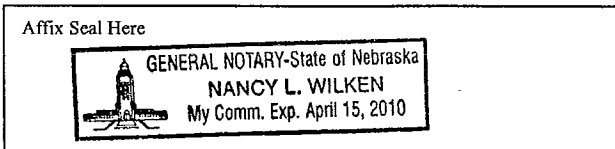
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of Aug. 2009 by

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by

*Fabian J. Aguirre*  
*Nancy L. Wilken*  
Notary Public 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.