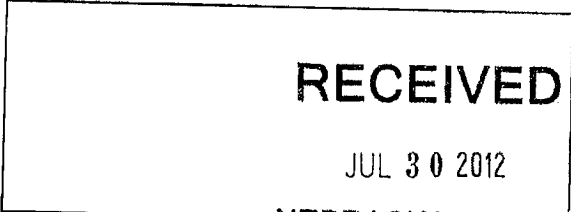


**APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL**

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
New



**NEBRASKA LIQUOR
CONTROL COMMISSION**

Applicant Name Alfredo Zamora-Gomez

Trade Name Oasis Previous Trade Name NA RS

E-Mail Address: NA IB- **100024**

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)

- 4-25-11 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.
- X 2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.
- X 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)

NA 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.

X 5. If building is owned or being purchased send a copy of the deed to the applicant.

NA 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)



CK # 9541
\$ 400-mm



- 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)

NA 7. If planning to operate on current liquor license; enclose Temporary Operating Permit (T.O.P.)(form 125).

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

X 9. For citizenship, residency and voter registration requirements see enclosed brochure.

NA 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.

X 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.

Dyrene Zappa
Signature

7/26/12
Date

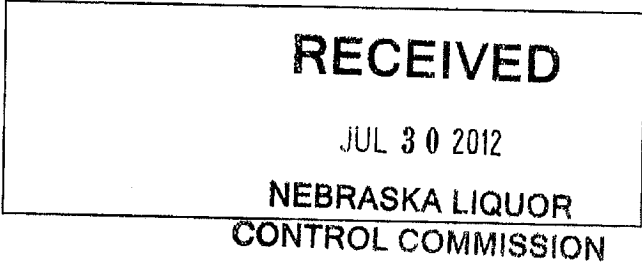
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**NEBRASKA LIQUOR
CONTROL COMMISSION**

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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**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 Brian J. Davis Phone number: (308) 784-2040

Firm Name Berreckman & Davis, P.C.

PREMISE INFORMATION

Trade Name (doing business as) Oasis

Street Address #1 405 East Pacific

Street Address #2 _____

City Lexington

County Dawson

Zip Code 68850

Premise Telephone number (308) 746-3549

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

Mailing address (where you want to receive mail from the Commission)

Name Oasis

Street Address #1 405 East Pacific

Street Address #2 _____

City Lexington

State NE

Zip Code 68850

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 82 feet

Width 48 feet

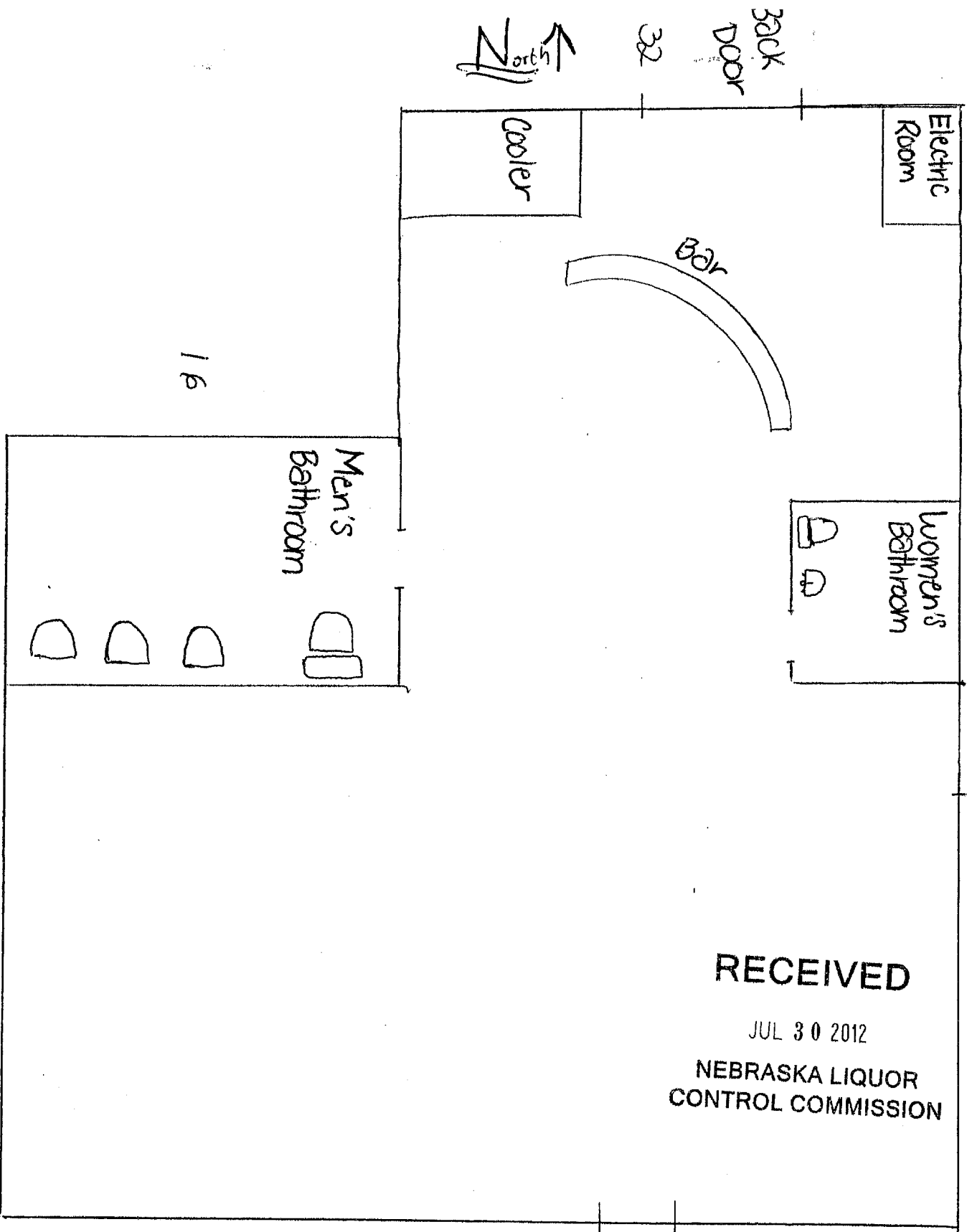
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

See attachment

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**NEBRASKA LIQUOR
CONTROL COMMISSION**



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NEBRASKA LIQUOR
CONTROL COMMISSION

1 Floor

5

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

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

YES NO

NEBRASKA LIQUOR CONTROL COMMISSION

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 _____ I thought prior license was held by DLT, Inc., or Herlinda Pinedo, but no information is showing up at the Liquor Control Commission.

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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NEBRASKA LIQUOR
CONTROL COMMISSION

No silent partners

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.

Great Western Bank in Lexington, NE. Alfredo Zamora - Gomez

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.

Alfredo Zamora-Gomez, Grand Island, NE license #93662.

I let the license lapse as I was no longer running the bar in Grand Island with the gentleman who got into trouble criminally for selling drugs. I was not working at that bar in Grand Island any more and living in Lexington, Nebraska, so I had no need for the license and let it expire.

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

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Alfredo Zamora - Gomez	09/2011	"Responsible Beverage Service Training"

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 _____
- Deed _____
- Purchase Agreement _____

14. When do you intend to open for business? As soon as I obtain my liquor license, which hopefully is less than 60 days from the date of my application.

15. What will be the main nature of business? Catering for various special events.

16. What are the anticipated hours of operation? 4:00 p.m. to 1:00 a.m.

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
1609 Woodward Circle, Lexington, NE	1999	2012	1609 Woodward Circle, Lexington, NE	1999	2012

If necessary attach a separate sheet.

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NEBRASKA LIQUOR CONTROL COMMISSION

FORM 100
REV 11/2010
PAGE 7

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.

Alfredo Zamora
Signature of Applicant

Sonia Rincon de Zamora
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

ACKNOWLEDGEMENT

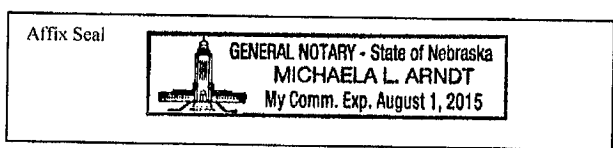
State of Nebraska
County of Dawson

The foregoing instrument was acknowledged before me this

July 26, 2012
date

by Alfredo Zamora-Gomez + Sonia Rincon de Zamora
name of person acknowledged

Michaela L Arndt
Notary Public signature



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FORM 100
REV 11/2010
PAGE 8

NEBRASKA LIQUOR
CONTROL COMMISSION

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

**APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL
INSERT - FORM 1**

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

Individual applicants, including 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 sign the signature page of the Application for License form
- 6) Applicant may be required to take a training course

Name of individual applicant who will hold license

Last Name: Zamora-Gomez

First Name: Alfredo

MI: NA

Home Address: 1609 Woodward Circle

City: Lexington

Zip Code: 68850

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

Home Telephone Number: 308-746-3549

Drivers License Number: [REDACTED]

State: NE

Are you married? (Please note if the above listed individual is separated, etc, spouse's information is still required to be listed below)

YES

NO

If yes, provide your spouse's information below

Spouses Last Name: Rincon De Zamora

Spouses First Name: Sonia

MI: NA

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

Drivers License Number: No License

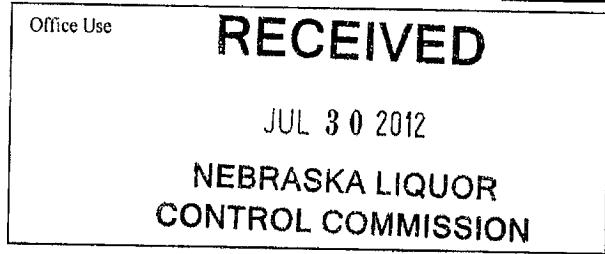
State: NA

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities. A ten day advance period is required in writing to produce the alternate format.

FORM 35-4182
REVISED 05/2007

**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



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.

Sonia Rincon de Zamora
Signature of spouse asking for waiver
(Spouse of individual listed below)

Sonia Rincon De Zamora
Printed name of spouse asking for waiver

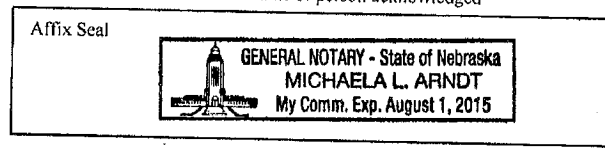
State of Nebraska

County of Dawson

July 26, 2012
date

The foregoing instrument was acknowledged before me this
by Sonia Rincon De Zamora
name of person acknowledged

Michaela L Arndt
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.

Alfredo Zamora
Signature of individual involved with application
(Spouse of individual listed above)

Alfredo Zamora-Gomez
Printed name of applying individual

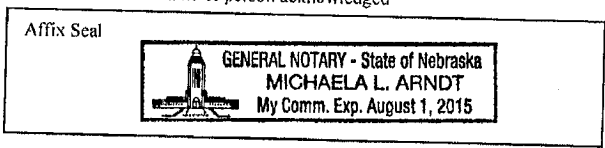
State of Nebraska

County of Dawson

July 26, 2012
date

The foregoing instrument was acknowledged before me this
by Alfredo Zamora-Gomez
name of person acknowledged

Michaela L Arndt
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.

2 ~~Plasma~~ Plasma tv's 50"

3 ~~Pool~~ Pool-tables

15 Bar-tables

60 chairs

2 Coolers

1 Refrigerator

2 microwaves

1 Dart-machine

1 touch Screen (game computer)

1 DJ Set

5 DJ lights

1 Projector

1 Home theatre sound

1 machine to make margaritas

1 foosball table

1 TV 40"

5 Big tables

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NEBRASKA LIQUOR
CONTROL COMMISSION

Business Plan

I plan to open this building as mainly a reception hall for wedding receptions, quinceañeras, reunions, or family gatherings. I plan to be open on Friday and Saturday evenings and then whenever I am booked by any customers. I plan to operate from 4:00 pm until 1:00 am and again, any day that anyone would have a special event. I have provided a list of the equipment that I already have available to install in the building. It has been used as a bar in the past, so it is set up to serve a crowd. At this time, I have not purchased any alcohol inventory. With the low cost of startup and the high demand from the Hispanic population in the Lexington area, I feel that I have a sound plan to run a solid business.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**