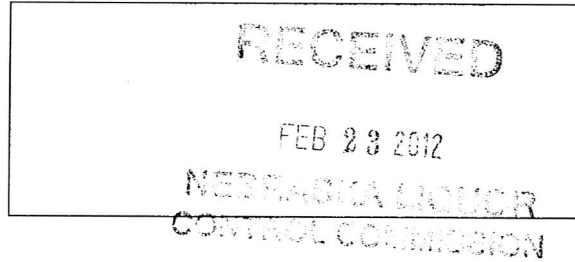


**APPLICATION FOR LIQUOR LICENSE  
CHECKLIST - RETAIL**

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

*upgrading  
B#60129*



Applicant Name Hoff Brothers Inc.

Trade Name Uncle Neal's Country Convenience Stores Previous Trade Name \_\_\_\_\_ *RS*

E-Mail Address: nhoff@uncleneals.com *D-* **97764**

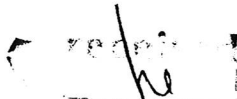
Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving 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)

- Filed in September.*  
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.
5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
- N/A*  
6. If buying the business of a current liquor license holder:  
a) Provide a copy of the purchase agreement from the seller

*CK #19350  
#400-mm*



100  
.010  
IE 1

- 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)

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

N/A 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.**



Signature

RECEIVED

2-21-12

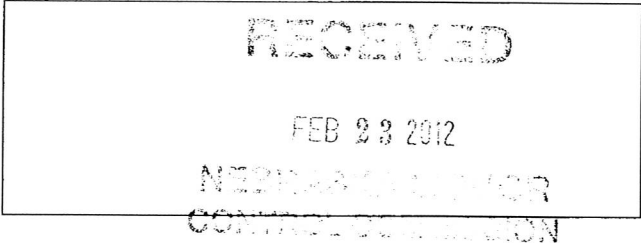
Date

FEB 23 2012

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  
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 Neal Hoff Phone number: 402-462-2700

Firm Name Uncle Neal's Country Convenience Stores

**PREMISE INFORMATION**

Trade Name (doing business as) Uncle Neal's Country Convenience Store #3

Street Address #1 123 E Pacific

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

City Lexington

County Dawson

Zip Code 68850

Premise Telephone number 308-324-5860

Is this location inside the city/village corporate limits:  YES

NO

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

Name Neal Hoff

FEB 23 2012

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 305 N Hastings Ave

Street Address #2 Suite 201

City Hastings

State Nebraska

Zip Code 68901

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

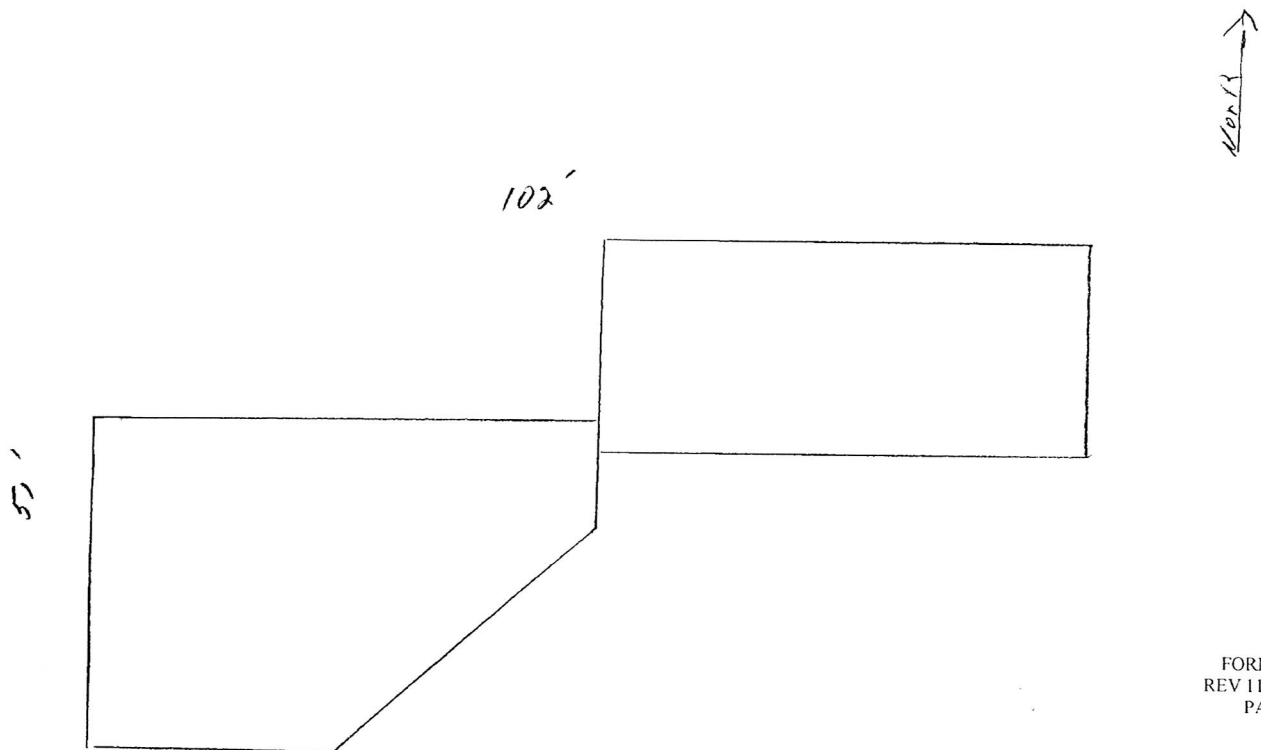
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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 102 feet

Width 51 feet

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



**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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CONTROL COMMISSION

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

YES  NO

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

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

3. Was this premise licensed as liquor licensed business within the last two (2) years?

YES  NO

If yes, give name and license number Hoff Brothers Inc B-60129

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**

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.

Pinnacle Bank, Lexington, NE Neal Hoff, Jerry Hoff

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.

Hoff Brothers Inc D-33868 Minden, D-33587 Hastings, B-60129 Lexington, D-16116 Ravenna, D- 33588 Hastings, B-49695 Hastings, B-60128 Hastings, B-49696 Kenesaw

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)
Neal Hoff	01-2011	Techniques of Alcohol Management, Hastings
Jerry Hoff	01-2011	Techniques of Alcohol Management, Hastings

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 \_\_\_\_\_

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MISSOURI ALCOHOL CONTROL DIVISION

14. When do you intend to open for business? Now Open

15. What will be the main nature of business? Convenience Store

16. What are the anticipated hours of operation? 5am-1am

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
Neal Hoff, Hastings, NE	1985	2011	Susan Hoff, Hastings, NE	1985	2011
Jerry Hoff, Hastings, NE	1987	2011	Kathy Hoff, Hastings, NE	1987	2011

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.

*[Handwritten Signature]*

Signature of Applicant

*[Handwritten Signature]*

Signature of Spouse

*[Handwritten Signature]*

Signature of Applicant

*[Handwritten Signature]*

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

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FEB 28 2012

NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

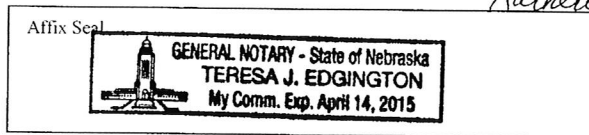
State of Nebraska  
County of Adams

The foregoing instrument was acknowledged before me this

10-3-2011  
date

by Neal Hoff, Susan J Hoff, Jerry Hoff + Katherine J Hoff  
name of person acknowledged

*[Handwritten Signature]*  
Notary Public signature

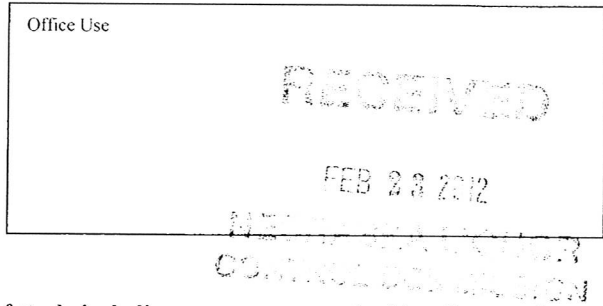


In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.



**APPLICATION FOR LIQUOR LICENSE 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% 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: Neal Hoff

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

Hoff Brothers Inc.

Corporation Address: 305 N Hastings Ave, Suite 201

City: Hastings State: Nebraska Zip Code: 68901

Corporation Phone Number: 402-462-2700 Fax Number: 402-462-2963

Total Number of Corporation Shares Issued: 20,000

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

Last Name: Hoff First Name: Neal MI: R

Home Address: 1415 MacArthur Road City: Hastings

State: Nebraska Zip Code: 68901 Home Phone Number: 402-461-4928

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska

County of Adams

The foregoing instrument was acknowledged before me this

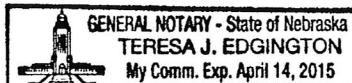
October 3, 2011

by Neal Hoff  
name of person acknowledge

Date

Teresa J. Edgington

Affix Seal



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

Last Name: Hoff First Name: Neal MI: R  
Social Security Number: 507-64-8312 Date of Birth: 09-14-1948  
Title: President Number of Shares 6668  
Spouse Full Name (indicate N/A if single): Susan J. Hoff  
Spouse Social Security Number: 506-70-3806 Date of Birth: 10-18-1950

Last Name: Hoff First Name: Jerry MI: J  
Social Security Number: 507-66-1175 Date of Birth: 7-31-1950  
Title: Vice-President Number of Shares 6666  
Spouse Full Name (indicate N/A if single): Kathy F. Hoff  
Spouse Social Security Number: 503-74-9205 Date of Birth: 4-19-1958

Last Name: Treasury Stock First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: \_\_\_\_\_ Number of Shares 6666  
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: \_\_\_\_\_

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CONTROL COMMISSION

Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, provide the following:

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

---

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

Starting Date: 01-01-2011 Ending Date: 12-31-2011

---

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID # \_\_\_\_\_

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CONTROL COMMISSION

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	<b>RECEIVED</b>  FEB 23 2012  NEBRASKA LIQUOR CONTROL COMMISSION
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**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 their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol**
- 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: Hoff Brothers Inc

**Premise information**

Premise License Number: \_\_\_\_\_  
(if new application leave blank)  
Premise Trade Name/DBA: Uncle Neal's Country Convenience Store  
Premise Street Address: 2705 Plum Creek Parkway  
City: Lexington State: Nebraska Zip Code: 68850  
Premise Phone Number: 308-324-6070

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below



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

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

Gender:  MALE  FEMALE  
 Last Name: Hoff First Name: Justin MI: D  
 Home Address (include PO Box if applicable): 2607 W 9th Street  
 City: Hastings County: Adams Zip Code: 68901  
 Home Phone Number: 402-984-1677 Business Phone Number: 402-462-2700  
 Social Security Number: 504-98-3689 Drivers License Number & State: H12528981  
 Date Of Birth: 04-24-1982 Place Of Birth: Aberdeen, SD

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES  NO

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FEB 23 2017

**Spouse's information**

NEBRASKA LIQUOR  
CONTROL COMMISSION

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS**

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Hastings, NE	1987	2011			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2001	2011	Uncle Neal's	Neal Hoff	402-462-2700
1998	2001	Hastings Masonary	Melvin	402-463-3451

**MANAGER AND SPOUSE MUST REVIEW AND ANSWER THE QUESTIONS BELOW**  
Please print clearly

**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

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.

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

*Sent September 2011*

**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.

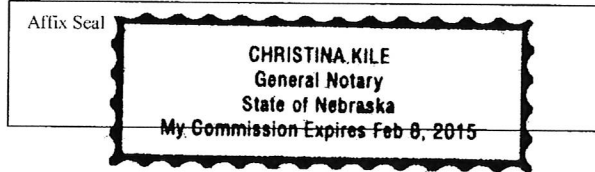
*Justin D Hoff*  
\_\_\_\_\_  
Signature of Manager Applicant

FEB 23 2012  
NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska  
County of Adams The foregoing instrument was acknowledged before me this  
3rd day of October, 2011 by Justin D Hoff  
date name of person acknowledged

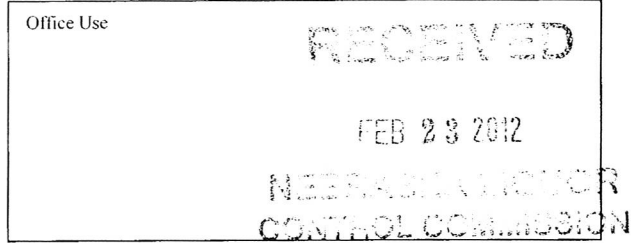
*Christina Kile*  
\_\_\_\_\_  
Notary Public signature



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.

**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.

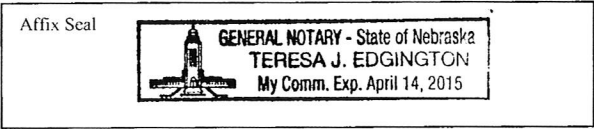
*Susna J Hoff*  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Susna J. Hoff  
Printed name of spouse asking for waiver

State of Nebraska  
County of Adams  
10-4-2011  
date

The foregoing instrument was acknowledged before me this  
by *Susna J Hoff*  
name of person acknowledged

*Teresa J Edgington*  
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.

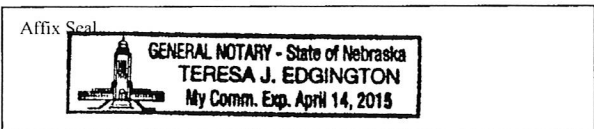
*Neal R Hoff*  
Signature of individual involved with application  
(Spouse of individual listed above)

Neal R. Hoff  
Printed name of applying individual

State of Nebraska  
County of Adams  
10-3-11  
date

The foregoing instrument was acknowledged before me this  
by *Neal R Hoff*  
name of person acknowledged

*Teresa J Edgington*  
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.