

**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.nebraska.gov

RECEIVED		
OCT 02 2019		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	New/Replacing #	047439
Class Type <u>I</u>	123321	Initial <u>KF</u>

Applicant name Sanket Chaudhari

Trade name Lexington Hospitality LLC

Previous trade name _____


Contact email address lexingtonhospitality@gmail.com

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 Nebraska Liquor Control Commission.

*City limits
Purchase agreement
Champaign IL
Check by
Prospect Bureau
Local Reg Manager*

RECEIPT	DATE <u>10-2-19</u>	No. <u>169877</u>
	FROM <u>Lexington Hospitality</u>	
	FOR <u>New application</u>	
	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>New</u> <input type="checkbox"/> MONEY# _____ ORDER	\$ 400
Received by <u>KF</u>		

Office use only	PAYMENT TYPE <u>CK No#</u>
AMOUNT: <u>400</u>	
<u>Rct 169877</u>	Received <u>jm</u>



1900011672

1. _____ Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application.
2. _____ Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at PAYPORT.
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 (LLC) 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.
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)
 - 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 requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (Form 125).
8. _____ Enclose a list of any inventory or property owned by other parties that are on the premises.
9. _____ For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
 - a. For residency enclose proof of registered voter in Nebraska
 - b. If permanent resident include Employment Authorization Card or Permanent Resident Card
 - c. See guideline for further assistance
10. _____ Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office.
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

Date

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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RECEIVED

OCT 02 2019

**NEBRASKA LIQUOR
CONTROL COMMISSION**

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

- RETAIL LICENSE(S) Application Fee \$400 (nonrefundable)
- 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
 - J LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120
 - 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

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 1 FORM 104)
- Partnership License (requires insert 2 FORM 105)
- Corporate License (requires insert 3a FORM 101 & 3c FORM 103)
- Limited Liability Company (LLC) (requires form 3b FORM 102 & 3c FORM 103)

**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 _____ Phone number: _____

Firm Name _____

PREMISES INFORMATION

Trade Name (doing business as) Holiday Inn Express and Suites

Street Address #1 2605 Plum Creek Pkwy

Street Address #2 _____

City Lexington

County Dawson

18

Zip Code 68850

Premises Telephone number 308-324-9900

Business e-mail address lexingtonhospitality@gmail.com

Is this location inside the city/village corporate limits:

YES

NO

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

Name Lexington Hospitality LLC

Street Address #1 2605 Plum Creek Pkwy

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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length 99 x width 66 in feet

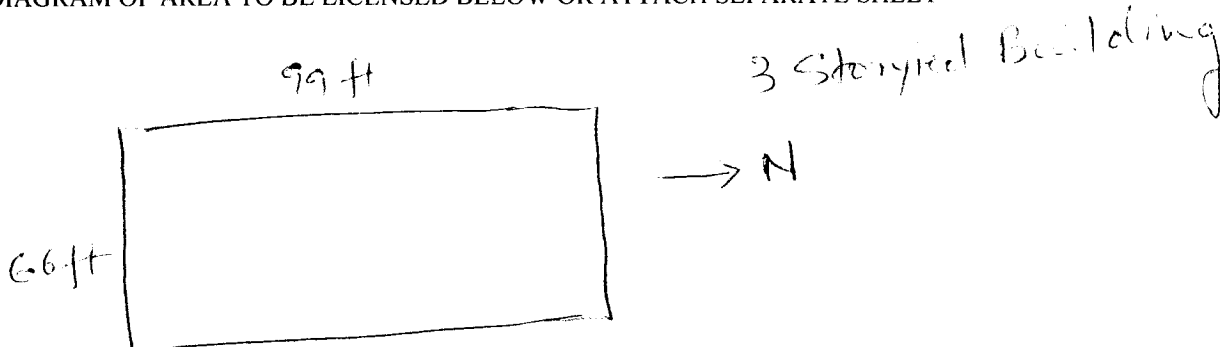
Is there a basement? Yes _____ No

If yes, length _____ x width _____ in feet

Is there an outdoor area? Yes _____ No

If yes, length _____ x width _____ in feet

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



1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)

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. Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

 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
X Payal chandhrai	2016	wendover Utah	Speeding	blue speed TICKET was paid
Payal chandhrai	2012	Beaver Utah	stop sign missed	Ticket was paid
Anil chandhrai	2019	Nevada	stop sign missed	Ticket was paid

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

YES NO

If yes, give name of business and liquor license number Mid Plains Food & Lodging Inc # 047439
 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 _____

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

YES NO

If yes:
 a) Attach temporary operating permit (TOP) (Form 125)
 b) TOP 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) Adams Bank & Trust

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

X YES NO

If yes, explain. (all involved persons must be disclosed on application)

members of LLC

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 premises 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)
Provide letter of support or opposition, see FORM 134 – church or FORM 135 - campus

✓ 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.

Adams Bank & Trust Sanket Chaudhari

✓ 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.

N/A

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:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

List of NLCC certified training programs

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business

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? 10/1/19

15. What will be the main nature of business? Lodging

16. What are the anticipated hours of operation? 24/7

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
Gandhinagar, India	2007	2015	Balva, India	1996	2012
Woods Cross, UT	2015	2016	Beaver, UT	2012	2014
Delta, UT	2016	2017	Woods Cross, UT	2014	2016
West Jordan, UT	2017	2018	Delta, UT	2016	2018
York, NE	2018	Present	York, NE	2018	Present

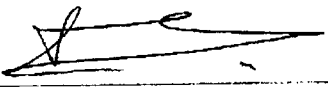
If necessary attach a separate sheet.

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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, C.F.R. 16.34.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures



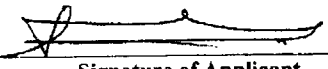
 Signature of Applicant

 Signature of Spouse




 Print Name

 Print Name



 Signature of Applicant

 Signature of Spouse



 Print Name

 Print Name

ACKNOWLEDGEMENT

State of Nebraska
 County of York

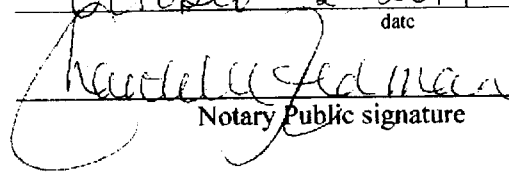
The foregoing instrument was acknowledged before me this

October 2-2019

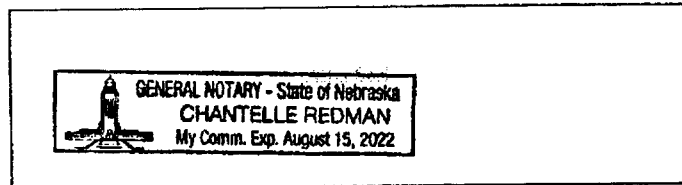
 date

by Sanket D Chaudhary

 name of person(s) acknowledged (individual(s) signing)



 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.

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.

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Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures

Signature of Applicant

R. Chaudhari
Signature of Spouse

Print Name

Ravina Chaudhari
Print Name

Signature of Applicant

R. Chaudhari
Signature of Spouse

Print Name

Ravina Chaudhari
Print Name

ACKNOWLEDGEMENT

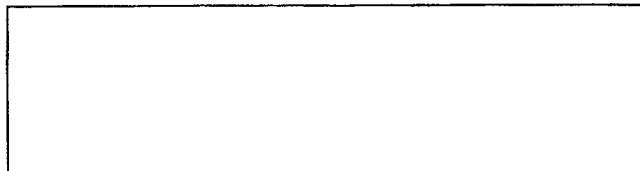
State of Nebraska
County of _____

The foregoing instrument was acknowledged before me this

_____ by _____
date

name of person(s) acknowledged (individual(s) signing)

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.

* Notary next page

UTAH NOTARY ACKNOWLEDGMENT

State of Utah

County of Salt Lake

On this 2nd day of October, in the year 2019, before me

Rosalia Sanchez (notary public name) a notary public, personally appeared

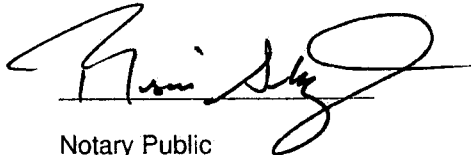
Ravina Chaudhari (name of document signer), proved on the basis of

satisfactory evidence to be the person(s) whose name(s) is (is/are)

subscribed to this instrument, and acknowledged she (he/she/they)

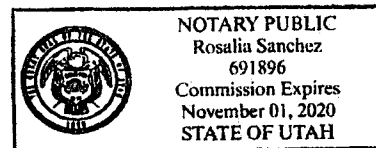
executed the same.

Witness my hand and official seal.



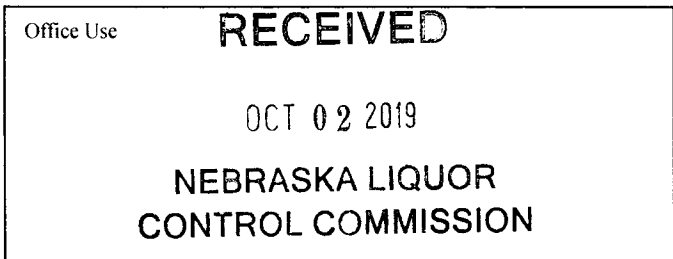
Notary Public

(Seal)



**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

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.nebraska.gov



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members 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 Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Sanket Chaudhari

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Lexington Hospitality LLC

LLC Address: 4619 S Lincoln AVE

City: York State: NE Zip Code: 68850

LLC Phone Number: 435-310-1737 LLC Fax Number: _____

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Chaudhari First Name: Sanket MI: D

Home Address: 4619 S Lincoln AVE City: York

State: NE Zip Code: 68850 Home Phone Number: _____

[Handwritten signature]

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

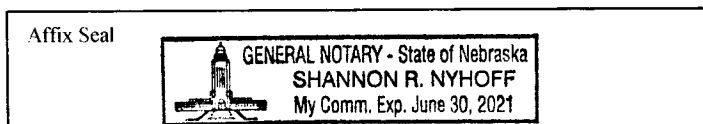
State of Nebraska
County of Lincoln

The foregoing instrument was acknowledged before me this

08/27/2019
Date

by Sanket Chaudhari
name of person acknowledge

Shannon R. Nyhoff



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Chaudhari First Name: Sanket MI: D
Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Spouse Full Name (indicate N/A if single): Ravina Chaudhari
Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Percentage of member ownership 30%

Last Name: Chaudhari First Name: Chirag MI: R
Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Spouse Full Name (indicate N/A if single): Payal Chaudhari
Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Percentage of member ownership 30%

Last Name: Patel First Name: Sanat MI: D
Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Spouse Full Name (indicate N/A if single): Pinkuben Patel
Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Percentage of member ownership 20%

Last Name: Chaudhari First Name: Anil MI: G
Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Spouse Full Name (indicate N/A if single): Kinjalben Chaudhari
Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Percentage of member ownership 20%

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Is the applying Limited Liability Company 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 company's tax year with the IRS (Example January through December)

Starting Date: _____ Ending Date: _____

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

Nebraska Secretary of State

LEXINGTON HOSPITALITY LLC

Fri Oct 4 13:09:06 2019

SOS Account Number

1908206223

Status

Active

Principal Office Address

No address on file

Registered Agent and Office Address

SANKET CHAUDHARI
4619 SOUTH LINCOLN AVENUE
YORK, NE 68467

Designated Office Address

4619 S LINCOLN AVENUE
YORK, NE 68467

Nature of Business

Not Available

Entity Type

Domestic LLC

Qualifying State: NE

Date Filed

Aug 15 2019

Filed Documents

Filed documents for LEXINGTON HOSPITALITY LLC may be available for purchase and downloading by selecting the Purchase Now button. Your Nebraska.gov account will be charged the indicated amount for each item you view. If no Purchase Now button appears, please contact Secretary of State's office to request document(s).

Document	Date Filed	Price	
Certificate of Organization	Aug 15 2019	\$1.35 = 3 page(s) @ \$0.45 per page	Purchase Now
Amendment	Sep 10 2019	\$0.90 = 2 page(s) @ \$0.45 per page	Purchase Now

Good Standing Documents

- If you need your Certificate of Good Standing Apostilled or Authenticated for use in another country, you must contact the Nebraska Secretary of State's office directly for information and instructions. Documents obtained from this site cannot be Apostilled or Authenticated.

Online Certificate of Good Standing with Electronic Validation

\$6.50

This certificate is available for immediate viewing/printing from your desktop. A Verification ID is provided on the certificate to validate authenticity online at the Secretary of State's website.

Purchase Now

**Nebraska Certificate of Organization
Of
LEXINGTON HOSPITALITY LLC**

Article 1

Name

The name of the limited liability company is:

LEXINGTON HOSPITALITY LLC

Article 2

Management

The limited liability company shall be Manager-Managed. Management of the limited liability company is vested in one or more managers whose names and addresses are as follows:

NAME

4619 S LINCOLN AVE
YORK, NE 68467-9488

Article 3

Registered Agent

The name and office address of the Registered Agent for service of process is:

SANKET CHAUDHARI
4619 S LINCOLN AVENUE
YORK, NE 68467

Article 4

Purpose

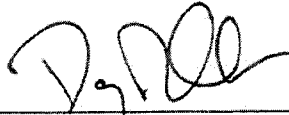
The purpose for which the company is organized is to conduct any and all lawful business for which limited liability companies can be organized pursuant to Nebraska statute.

Article 9
Additional Members

Additional members may be added if all Members unanimously consent to such addition in accordance with the Limited Liability Company Operating Agreement.

IN WITNESS THEREOF, the undersigned has executed this Certificate of Organization.

Wednesday, August 14, 2019.



DEVANG S. MEHTA _____ -
Organizer

**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.nebraska.gov



MUST BE:

- ✓ Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: Lexington Hospitality LLC

Premise information

Liquor License Number: _____ Class Type _____ (if new application leave blank)

Premise Trade Name/DBA: Holiday Inn Express & Suites

Premise Street Address: 2605 plum Creek Pkwy

City: Lexington County: Dawson Zip Code: 68850

Premise Phone Number: 308-324-9900

Premise Email address: lexingtonhospitality@gmail.com

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. To see authorized officers or members search your license information here.

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Chaulhari First Name: Shruti MI: D
 Home Address: 4619 S Lincoln AVE
 City: York County: York Zip Code: 68167
 Home Phone Number: 435-310-1737
 Driver's License Number & State: [REDACTED] Neb.
 Social Security Number: [REDACTED]
 Date Of Birth: [REDACTED] Place Of Birth: Saman, India
 Email address: lexingtonhospitality@gmail.com

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: Chaulhari First Name: Ramona MI: C
 Social Security Number: [REDACTED]
 Driver's License Number & State: [REDACTED] Neb.
 Date Of Birth: [REDACTED] Place Of Birth: Belva, India

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
Councilbluffs, Iowa	2007	2016	Belva, India	1996	2012
Woods Cross, UT	2015	2016	Beaver, UT	2012	2014
Delta, UT	2016	2017	Woods Cross, UT	2014	2016
West Jordan, UT	2017	2018	Delta, UT	2016	2018
York, NE	2015	Present	York, NE	2015	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2017	2018	Ucez Hospitality ^{INC}	Anil Chandelbasi	435-261- 4 5752
2018	2019	Shri Raj Hospitality ^{INC}	Chirag Chandelbasi	435-310-1727

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 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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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(s):

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. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

5. Have you enclosed form 147 regarding fingerprints?

YES NO

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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.



Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

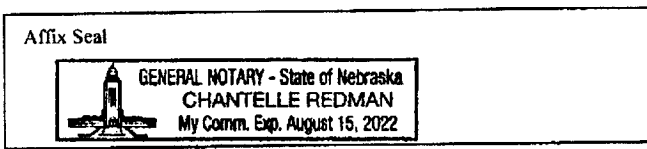
State of Nebraska
County of York The foregoing instrument was acknowledged before me this

October 2 - 2019
date

by Sanket D Chaudhari
NAME OF PERSON BEING ACKNOWLEDGED



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.

UTAH NOTARY ACKNOWLEDGMENT

State of Utah

County of Salt Lake

On this 2nd day of October, in the year 2019, before me

Rosalia Sanchez (notary public name) a notary public, personally appeared

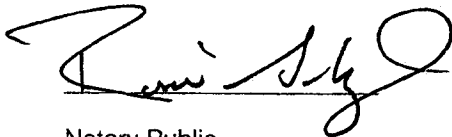
Ravindra Chaudhari (name of document signer), proved on the basis of

satisfactory evidence to be the person(s) whose name(s) is (is/are)

subscribed to this instrument, and acknowledged that (he/she/they)

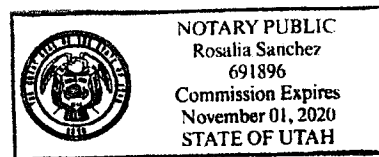
executed the same.

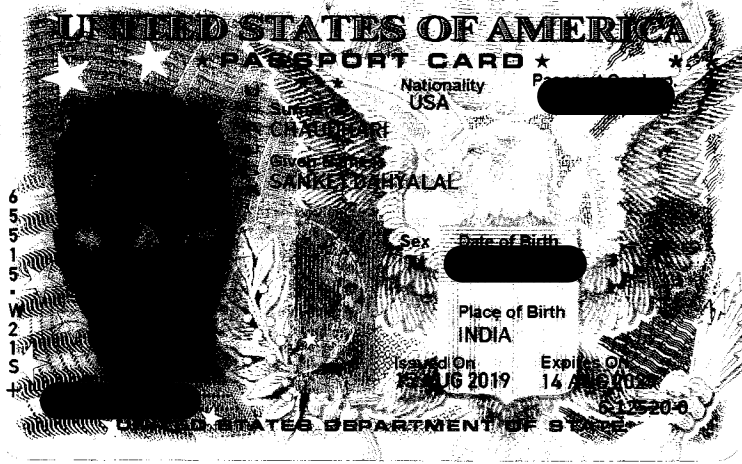
Witness my hand and official seal.



Notary Public

(Seal)





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UNITED STATES OF AMERICA

PASSPORT CARD

Nationality
USA

Passport
SANKU BHAYALAL

Sex
M

Date of Birth
14 AUG 1978

Place of Birth
INDIA

Issued On
14 AUG 2019

Expires On
14 AUG 2029

6512520-6

UNITED STATES DEPARTMENT OF STATE


Important Message:
 If you have recently moved, please use the [Polling Place](#) feature. Locate Your Polling Place with the street and city address of your new/current residence.

[HOME](#)

[REGISTRATION INFORMATION](#)

[POLLING PLACE](#)

[PROVISIONAL BALLOT](#)

[ABSENTEE BALLOT](#)

[Select Language ▼](#)

Registrant Search Information

Registrant Detail

Name: Sanket D Chaudhari
Party: Nonpartisan
Polling Place: City Auditorium-York
 612 N Nebraska Ave
 York, NE 68467

Districts

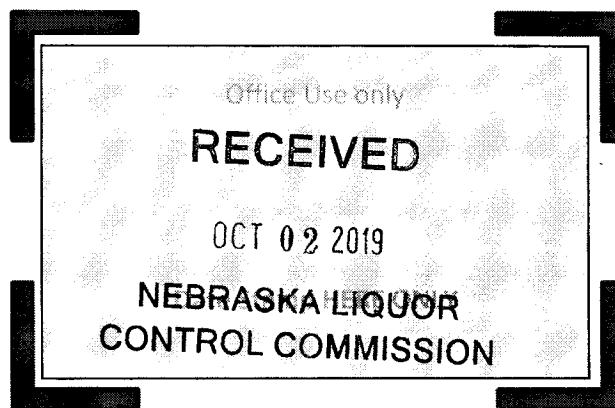
DISTRICT NAME	DISTRICT TYPE
PSC District 4	Public Service Comm District
County Judge Dist 5	Judge of County Court Dist.
District Judge, Dist 5	Judge of Distict Court Dist.
Supreme Court Judge Dist 5	Judge of Supreme Court Dist.
Legislative District 24	Legislative District
Board of Regents District 6	Board of Regents
State Board of Education Dist6	State Board of Education
York City Council	City Council (Ward)
County Commissioner District 1	County Board (Commiss./Superv)
Fire District of York	Fire District
Mayor of York	Mayor
York Public Schools	School District
Southeast Com College Dist 1	Community College District
U.S. Congressional District 3	U.S. Congressional District
Appeals Court Judge Dist 5	Judge of Appeals Court Dist.
Upper Big Blue NRD At Large	Natural Resources District
Nebraska PPD SubD 7	Public Power District
ESU 6 District 2	ESU District
Southeast Com College At Large	Community College District
Upper Big Blue NRD SubD 8	Natural Resources District

[Voter View Mobile](#)
[Registration Information](#) [Polling Place](#) [Provisional Ballot](#) [Absentee Ballot](#)

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 © Voter View 3.3.1480.0

**PRIVACY ACT STATEMENT/
SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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.nebraska.gov



THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED:

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE
- Fee payment of \$45.25 per person MUST be made DIRECTLY to the Nebraska State Patrol;
It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/nsp
Or a check made payable to NSP can be mailed directly to the following address:
Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License

The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521

- Fingerprints taken at NSP LIVESCAN locations will be forwarded to NSP – CID
Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices may be released to the applicants;
Fingerprint cards should be submitted with the application.

Applicant Notification and Record Challenge: *Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR, 16.34.*

Trade Name: Lexington Hospitality LLC

Name of Person Bring Fingerprinted: Sanket Chaudhari

Date of Birth: [REDACTED] Last 4 SSN: [REDACTED] Date fingerprints were taken: 09/30/2019

Location where fingerprints were taken: Lexington Sheriff's Dept.

How was payment made to NSP?

NSP PAYPORT CASH CHECK SENT TO NSP CK # _____

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

A handwritten signature in black ink, appearing to read "Sanket Chaudhari".

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

**PRIVACY ACT STATEMENT/
SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

NEBRASKA LIQUOR CONTROL COMMISSION
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Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License
The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521

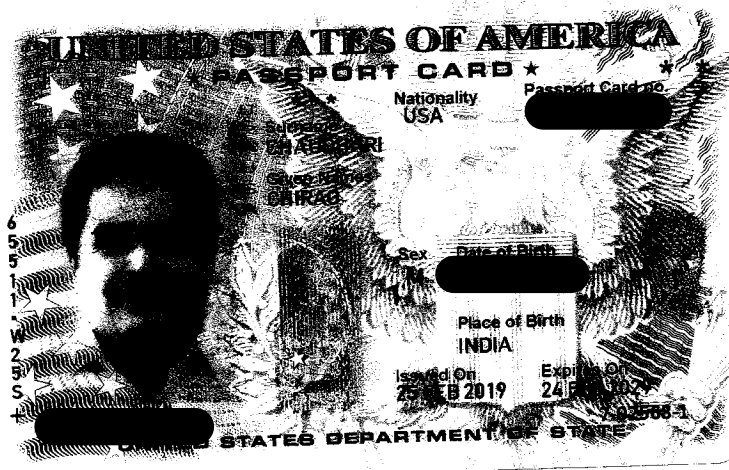
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- Fingerprints taken at local law enforcement offices may be released to the applicants;
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Trade Name: Lexington Hospitality LLC.
Name of Person Bring Fingerprinted: Ravina Choudhary
Date of Birth [REDACTED] Last 4 SSN [REDACTED] Date fingerprints were taken: Sept. 30th 2019
Location where fingerprints were taken: BCI, Salt Lake City, UT
How was payment made to NSP?
 NSP PAYPORT CASH CHECK SENT TO NSP CK # _____
My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

R. Choudhary

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED



UNITED STATES OF AMERICA
PASSPORT CARD

Nationality USA
Passport Card no. [REDACTED]

Name SRI

Sex [REDACTED]

Date of Birth [REDACTED]

Place of Birth
INDIA

Issued On
25 FEB 2019

Expires On
24 FEB 2024

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[REDACTED]

U.S. DEPARTMENT OF STATE

**PRIVACY ACT STATEMENT/
SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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- Fee payment of \$45.25 per person MUST be made DIRECTLY to the Nebraska State Patrol;
It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/osp
Or a check made payable to NSP can be mailed directly to the following address:
Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License
The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521

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Trade Name: Lexington Hospitality LLC

Name of Person Bring Fingerprinted: Chirag Chaudhari

Date of Birth: [REDACTED] Last 4 SSN: [REDACTED] Date fingerprints were taken: 09/30/2019

Location where fingerprints were taken: Lexington Sheriff's Dept.

How was payment made to NSP?

NSP PAYPORT CASH CHECK SENT TO NSP CK # _____

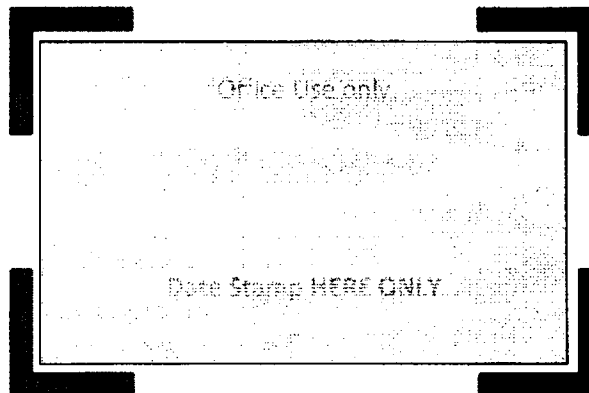
My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

A handwritten signature in black ink, appearing to read "Chirag Chaudhari".

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

**PRIVACY ACT STATEMENT/
SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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3800 NW 12th Street
Lincoln, NE 68521
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- Fingerprints taken at local law enforcement offices may be released to the applicants;
Fingerprint cards should be submitted with the application.

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Trade Name: Lexington Hospitality LLC

Name of Person Bring Fingerprinted: Payal Chaudhari

Date of Birth: [REDACTED] Last 4 SSN: [REDACTED] Date fingerprints were taken: 09/30/2019

Location where fingerprints were taken: York NSP

How was payment made to NSP?

NSP PAYPORT CASH CHECK SENT TO NSP CK # _____

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

Payal Chaudhari

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

**Nebraska
State
Patrol**

#037838
06 Tara

10/02/2019 1:56:25PM
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4@ 45.25
LIQUOR

\$181.00

ITEMS 40
***TOTAL
CHECK
CHANGE

\$181.00
\$181.00
\$0.00

PRO BOND PUBLICO

S T A T E O F N E B R A S K A
LIQUOR CONTROL COMMISSION

MISCELLANEOUS DEPOSIT

LICENSE INFORMATION:

LICENSE NO. 999999

CATEGORY r (R, S, M, D)

RECEIVED FROM:

REFERENCE: lexington hospitality llc - 123321
ck starter check rept 169377

	CHECK	CASH	CURRENCY
	\$\$\$\$\$\$ ¢¢	\$\$\$\$\$\$ ¢¢	\$\$\$\$\$\$ ¢¢
REMITTANCE AMOUNT:	000400 00		

ACCT	DEPOSIT (+/-)
=====	=====
63.476100	000395 00
67.472201	000005 00

DEPRESS: **ENTER** - PROCESS

PA1 - RETURN TO MENU

Business Plan

So this is a Hotel with a conference center and would be open 24/7 and alcohol is only served to the conference center and only to the people attending the event and not to the all guest staying at the hotel.

RECEIVED

OCT 08 2019

NEBRASKA LIQUOR
CONTROL COMMISSION

Title Services of the Plains, LLC

220 North Dewey
North Platte, NE 69101

Purchaser Statement
10/01/2019

File No: 60577-

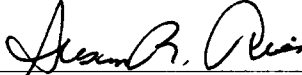
Purchaser: Lexington Hospitality LLC
4619 S Lincoln Ave
York, NE 68467

Seller: Lexington Lodging LTD
PO Box 768
North Platte, NE 69101

Property Address: Holiday Plaza Sub. , Lot 2, Municipality Lexington, Dawson County
2605 Plum Creek Parkway
Lexington, NE 69103

	Debits	Credits
Deposit or earnest money		\$50,000.00
Principal amount of new loan(s) from Adams Bank & Trust		\$3,517,500.00
County property taxes 1-1-19 to 10-01-19		\$54,076.47
Contract Sales Price	\$3,950,000.00	
Funds held for Construction	\$538,098.27	
Appraisal Fee to Adams Bank & Trust	\$3,000.00	
Credit Report to Adams Bank & Trust	\$40.48	
Flood Determination Fee to Adams Bank & Trust	\$26.00	
Loan Doc Fee #1743630 to Adams Bank & Trust	\$7,000.00	
Loan Doc Fee #1743637 to Adams Bank & Trust	\$2,000.00	
Lien search to Adams Bank & Trust	\$80.00	
Certificate of Good Standing to Adams Bank & Trust	\$6.50	
Appraisal Review Fee to Adams Bank & Trust	\$550.00	
MountainSeed Service Fee to Adams Bank & Trust	\$235.00	
Settlement or closing fee to Title Services of the Plains	\$250.00	
Lender Closing Fee to Title Services of the Plains	\$150.00	
Title insurance to Title Services of the Plains	\$3,416.25	
Closing Service Letter to Title Services of the Plains	\$12.50	
Recording Fees to Dawson County Register of Deeds	\$73.00	
E-file to Title Services of the Plains	\$5.00	
 Sub-totals	 \$4,504,943.00	 \$3,621,576.47
Balance Due From Purchaser		\$883,366.53


By:




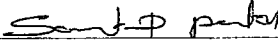
Witness

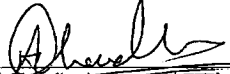
I/We hereby acknowledge receipt of this statement.

Lexington Hospitality LLC

By: 
Sanket Chaudhari, member/manager

By: 
Chirag Chaudhari, member, manager

By: 
Sanat Patel, member, manager/member

By: 
Anil Chaudhari, manager/member

 COPY

AFTER RECORDING RETURN TO:

Title Insurance of the Plains
PO Box 929
North Platte, NE 69103
60577-

WARRANTY DEED

Lexington Lodging LTD, GRANTOR, in consideration of One Dollar (\$1.00) and other good and valuable consideration, conveys to GRANTEE, Lexington Hospitality LLC, the following described real estate (as defined in Neb. Rev. Stat. § 76-201):

Lot 2, Holiday Plaza Subdivision, formerly a tract in the N1/2 of the SW1/4, Section 18, Township 9 North, Range 21 West of the 6th P.M., in the City of Lexington, Dawson County, Nebraska, EXCEPT that part of said lot 2 dedicated to the public as Commerce Road in the Final Plat of Commerce First Addition

GRANTOR covenants (jointly and severally, if more than one) with GRANTEE that GRANTOR:

1. is lawfully seized of such real estate and that it is free from encumbrances, EXCEPT subject to easements, reservations, and restrictions of record;
2. has legal power and lawful authority to convey the same;
3. warrants and will defend title to the real estate against the lawful claims of all persons.

Executed: September 30th, 2019.

Lexington Lodging, Ltd.

[Handwritten Signature]

Gilbert E. Wilkinson,
Member/Secretary-Treasurer of
Wilkinson Family LLC General
Partner

STATE OF Nebraska)

COUNTY OF Lincoln)

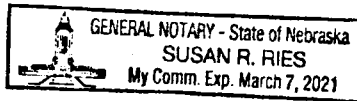
The foregoing instrument was acknowledged before me this 30th day of
September, 2019 by Gilbert E. Wilkinson, Member/Secretary-Treasurer of
Wilkinson Family LLC General Partner of Lexington Lodging LTD.

[Handwritten Signature]

Notary Public

My Commission Expires: 3-7-2021

File No. 60577-



BILL OF SALE OF PERSONAL PROPERTY

KNOW ALL MEN BY THESE PRESENTS:

That in consideration of \$1.00 and other good and valuable consideration, the receipt of which is hereby acknowledged, Lexington Lodging LTD, hereinafter referred to as GRANTOR, whether one or more, do grant, sell, transfer and deliver unto, Lexington Hospitality LLC, hereinafter referred to GRANTEE, whether one or more, and GRANTEE'S successors, administrators, and assigns, the following goods and chattels, to wit:

See attached Exhibit "A"

Lot 2, Holiday Plaza Subdivision, formerly a tract in the N1/2 of the SW1/4, Section 18, Township 9 North, Range 21 West of the 6th P.M., in the City of Lexington, Dawson County, Nebraska, EXCEPT that part of said lot 2 dedicated to the public as Commerce Road in the Final Plat of Commerce First Addition

TO HAVE AND TO HOLD, all and singular, the said goods and chattels, forever; and said GRANTOR hereby covenants with said GRANTEE, that GRANTOR is the lawful owner(s) of said goods and chattels; that they are free from all encumbrances; that GRANTOR has good right to sell the same as aforesaid and that GRANTOR will warrant and defend the same against the lawful claims and demands of all persons whatsoever.

IN WITNESS WHEREOF, said GRANTOR has hereunto set hand this 30th day of Sept., 2019.

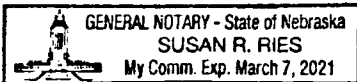
Lexington Lodging, Ltd.

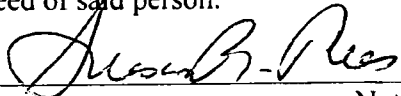


Gilbert E. Wilkinson,
Member/Secretary-Treasurer of
Wilkinson Family LLC General Partner

STATE OF NEBRASKA)
) SS
COUNTY OF Lincoln)

On this 30th day of Sept., 2019, before me, a notary public, personally came Lexington Lodging LTD, to be known to be the identical person whose name is affixed to the foregoing instrument and acknowledged the execution thereof to be the voluntary act and deed of said person.





Notary Public

My Commission Expires: 3-7-2021
File # 60577-

Lexington Holiday Inn Express

8/28/19

Tangible assets

<u>Housekeeping</u>	<u>Quantity</u>
Maids carts	6
Laundry carts	11
Vacuums	7
Carpet shampoo machine	1
Coin operated washer	2
Coin operated dryer	2
Milnor 50-60# washers	2
Wascomat dryers	2
Backpack vacuum	1
Cabinet for flammables	1

Operations

Ice machines with dispensers	2
Ice machine bulk	1
ADA pool lifts	2
Fitness treadmill	1
Fitness elliptical	1
Fitness recumbent bike	1
Roll top safe	1
5 drawer safe deposit box	1
Opera PMS Server	1
Opera workstations	5
Copier/fax machine	1
Shredder	3
Lexmark PMS printers	2

Onity key encoder	1
Onity Portable programmer	1
SPS card readers	2
SPS card swipes	2
Office desks	3
Desk chairs	3
File cabinets	3
Epson printer/copier(conf. center)	1
Business center HP workstation	1
Business center HP printer	1
Business center desk chair	2
Lobby lounge chair	2
Lobby coffee table	1
Breakfast stainless steel trash receptacles	3
Breakfast high chairs	3
Breakfast booster seats	3
Rational oven	1
Breakfast microwave	1
Breakfast upright freezer	1
Breakfast refrigerator	1
Express Start Breakfast package including serving equipment	1
Leather lounge chairs (conference center lobby)	12
Coffee tables (conference center lobby)	2
Boardroom table	1
Boardroom chairs	6
Projector screens	5
Podium	2
Projector portable table	1
Table skirts	9

Flipchart easels	2
Easels	2
8' Banquet tables	41
60" Round banquet tables	36
6' Banquet tables	7
4' Banquet tables	3
Banquet chairs	320
Portable dance floor	1
Breakfast tables 4-top	4
Breakfast tables 2-top	2
High top community table	1
Breakfast tables for banquette	3
Breakfast chairs	26
Breakfast high top chairs	8
Breakfast Banquettes	3
Breakfast 50" tv	1
Conference Center lobby tv	1
Refrigerator only (conf. center kitchen)	1
Small chest freezer	1
Large chest freezer	1
2 Door Stainless Steel Cooler	1
Small upright freezer	1
Large upright freezer	1
Double stack Blodgett oven	1
Microwave	1
Bus carts	4
Portable Coffee caddy dispensers	3
8' Stainless steel prep tables	2
Hand sink	1

3 compartment sink(kitchen)	1
Dishwasher with booster heater	1
Wire storage racks	6
Bar stations with ice bin and guns	2
Kegeator	2
3 compartment sink (bar)	1
Stainless steel single door cooler (bar)	1
Cash registers (bar)	2
Pitchers(plastic)	80
PTAC (Spare)	1
PTAC (in rooms)	72
Pool furniture tables	3
Pool furniture chairs	10
Large air mover	1
Small air mover	2
FF&E in Guestrooms per description and operational	70 guest rooms
