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JUN 11 2009

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APPLICATION FOR LIQUOR LICENSE CHECKLIST

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

86302

NEBRASKA LIQUOR CONTROL COMMISSION

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JAN 08 2009

NEBRASKA LIQUOR CONTROL COMMISSION
JUL 10 2008

NEBRASKA LIQUOR CONTROL COMMISSION

Applicant Name MARIA TRUJILLO DE AMBRIZ

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Trade Name EL JALISIENLE

Previous Trade Name LA MEXICANA

Provide all the items requested. Failure to provide any item will cause this application placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Each item must be checked and included with application or marked N/A (not applicable)

1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure.

2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.

3. Enclose the appropriate application forms; Individual License - Form 1; Partnership License - Form 2; Corporate - Form 3a; Limited Liability Form (LCC) - Form 3b. Corporate Form 3a and LLC Form 3b requires Corporate Manager application - Form 3c.

4. If building is being leased send a copy of the lease. Be sure it reads in the individual(s), corporate or LLC name being applied for. Also, the lease must extend through the license year being applied for. If building owned, send a copy of the deed or purchase agreement in appropriate name.

5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in appropriate applicant's name.

6. If wishing to run on current liquor license enclose temporary application form only, must include copy of signature card from the applicant and buyers name on account).



0900016327

BUS 0549 / 45-mm
~~2X-MAN~~
~~3X-RS~~
AX

received

7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

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

9. For individual, partnership and LLC enclose proof of citizenship; copy of birth certificate (certificate from the State where born, not hospital certificate), naturalization paper or passport, for all applicants, members and spouses.

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

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Maria Trujillo de Arvizu

Signature

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CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- A BEER, ON SALE ONLY \$45.00
 - B BEER, OFF SALE ONLY \$45.00
 - C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE \$45.00
 - D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY \$45.00
 - I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY \$45.00
- Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

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MISCELLANEOUS

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

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All Class C licenses expire October 31st
 All other licenses expire April 30th
 Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name BRENDA GONZALEZ Phone number: (308) 324-1999
 Firm Name Brenda Gonzales 1206 N. HARRISON ST. LEXINGTON NE
68850

PREMISE INFORMATION

Trade Name (doing business as) EL JALISIENCE RESTAURANT

Street Address #1 731 1/2 E PACIFIC AV.

Street Address #2 _____

City LEXINGTON County DAWSON Zip Code 68850

Premise Telephone number (308)324-1999

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

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

Name EL JALISIENCE RESTAURANT

Street Address #1 731 1/2 E PACIFIC AV

Street Address #2 SAME AS ABOVE

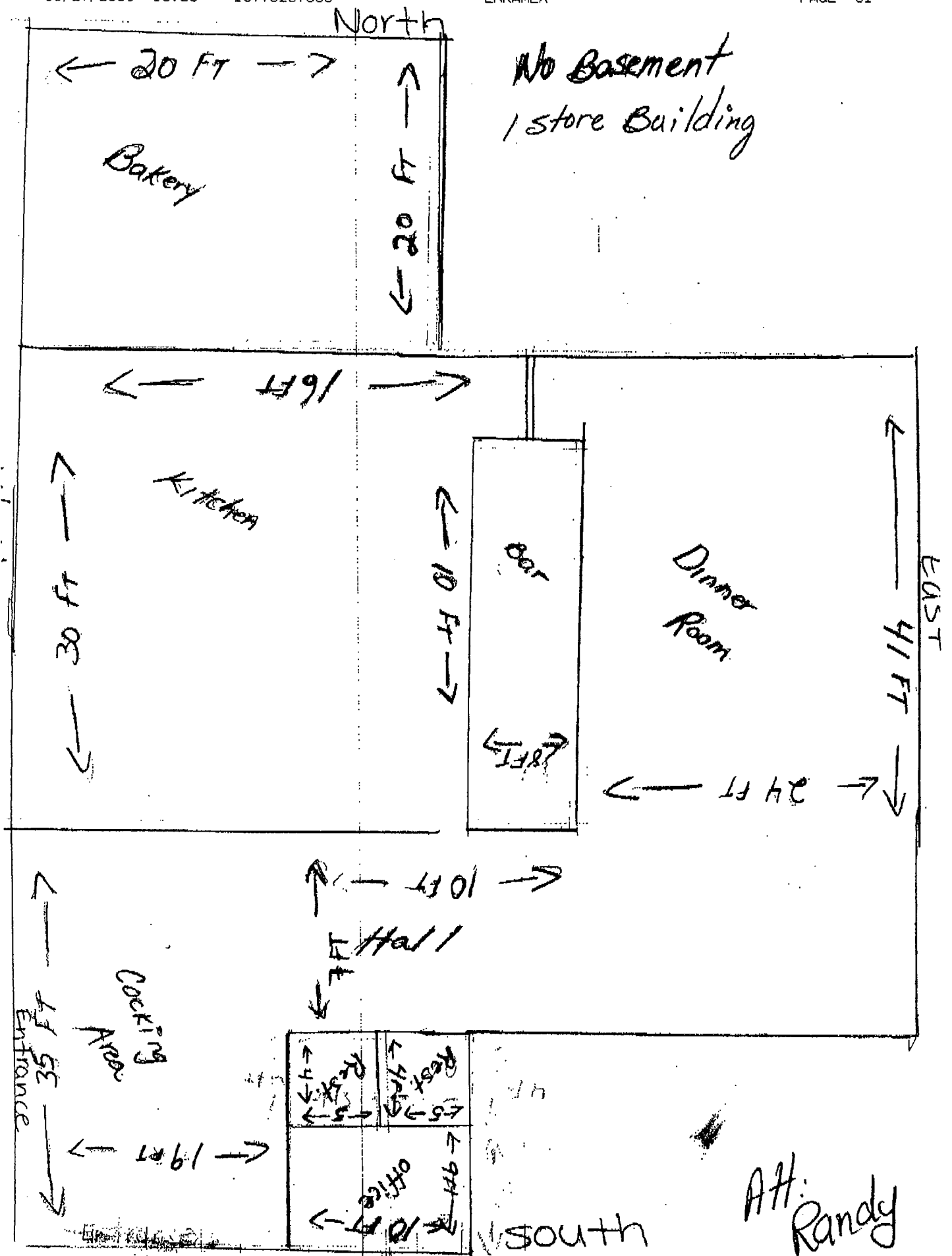
City LEXINGTON County DAWSON Zip Code 68850

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

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APPLICANT INFORMATION

NEBRASKA LIQUOR CONTROL COMMISSION

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.

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2. Are you buying the business and/or assets of a licensee?

YES NO

If yes, give name of business and license number

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

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

YES NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

YES NO

If yes, list the lender

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

YES NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

YES NO

If yes, explain. RAUL AMBRIZ VILIA JR. (EXCEPT ON BEER & LIQUOR)

No silent partners

are you keeping seperate accounts for alcohol?

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8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or in a residential neighborhood, veterans, their wives, children, or within 300 feet of a college or university campus?

YES NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

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 and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

TIER ONE BANK - MARIA TRUJILLO DE AMBRIZ - RAUL AMBRIZ JR

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

NONE

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

MARIA DE AMBRIZ - RAUL AMBRIZ JR.
80 hrs, 80 hrs,

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

WILL TAKE AN ONLINE TEST WITH LIQUOR COMMISSION

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

Lease: expiration date OCTOBER 31, 2009 2011
 Deed
 Purchase Agreement

15. When do you intend to open for business? 9-25-06 OPENED AS RESTAURANT

16. What will be the main nature of business? 80 HRS. PER WEEK, RESTAURANT-FOOD SALE

17. What are the anticipated hours of operation? 80 HRS PER WEEK

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
MARIA TRUJILLO DE AMBRIZ			RAUL AMBRIZ - PADILLA		
1406 N. HAMPTON ST	5-5-93	NOW	1406 N. HAMPTON ST	5-5-93	NOW

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The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

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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 be responsible for 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.

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* *Monica Zucapilla de Armenta*
Signature of Applicant

spouse
* *Paul Armenta Zucapilla*
Signature of Spouse

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Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

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Signature of Applicant

Signature of Spouse

NEBRASKA LIQUOR CONTROL COMMISSION

Signature of Applicant

Signature of Spouse

State of Nebraska

County of DAWSON

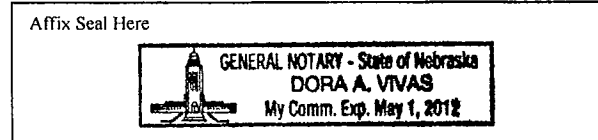
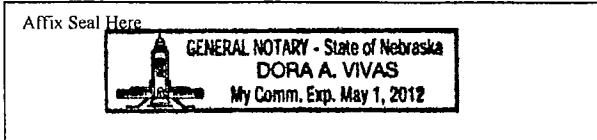
County of DAWSON

The foregoing instrument was acknowledged before me this JUNE 12 by

The foregoing instrument was acknowledged before me this JUNE 12 by

Dora A. Vivas
Notary Public signature

Dora A. Vivas
Notary Public signature



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

APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL INSERT - FORM 1

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Name of Applicant

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Last Name Trujillo de Ambriez

JUN 11 2009

First Name Maria

MI

NEBRASKA LIQUOR CONTROL COMMISSION

Home Address 1406 N. Hampton City Lexington

Home Telephone Number (308) 324-3129 Zip Code: 68850

Drivers License Number H12245220 State Ne

Are you married? Yes No If yes, complete the following

Spouses Names (Last, First, Middle) Ambriez - Padilla - Raul SR.

Social Security Number 621-07-0401 Date of Birth 05-01-47

Drivers License Number H12245413 State Ne

Spousal

** Applicant

Social Security Number: 623-14-3465

Date of Birth: Nov - 30 - 1950

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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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.

Raul Ambriz Padilla
Signature of spouse asking for waiver
(Spouse of individual listed below)

Raul Ambriz - Padilla
Printed name of spouse asking for waiver

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State of NEBRASKA

County of DAWSON

JUN 11 2009
The foregoing instrument was acknowledged before me this
NEBRASKA LIQUOR CONTROL COMMISSION

JULY 14 2008
date

by RAUL AMBRIZ
name of person acknowledged

Dora A. Vivas
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
DORA A. VIVAS
My Comm. Exp. May 1, 2012

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.

Maria Trujillo de Ambriz
Signature of individual involved with application
(Spouse of individual listed above)

Maria Trujillo de Ambriz
Printed name of applying individual

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State of NEBRASKA

AUG 26 2009

County of DAWSON

The foregoing instrument was acknowledged before me this
NEBRASKA LIQUOR CONTROL COMMISSION

JULY 14 2008
date

by MARIA TRUJILLO DE AMBRIZ
name of person acknowledged

Dora A. Vivas
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
DORA A. VIVAS
My Comm. Exp. May 1, 2012

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.

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Maria Trujillo De Ambriz is the only one on the Liquor Liscence She will ~~NEBRASKA LIQUOR~~
inversion on the Liquor. CONTROL COMMISSION

Raul Ambriz Villa Jr. will not recive any profits from the Liquor sales in the business.

We are keeping a single account that will include both the Liquor and the business profits. At the end of each month we will separate the Liquor sales from the food sales that will be made for each month.

*Raul Ambriz-Villa Jr. And Raul Ambriz-Padilla
They are two different's people.*

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CONTROL COMMISSION