

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
EMAIL: lcc.frontdesk@nebraska.gov
WEBSITE: www.lcc.nebraska.gov

License
Class: C

License Number:

126276

RECEIVED

Office Use only
FEB 05 2024

Date Stamp HERE ONLY
Do not stamp here
**NEBRASKA LIQUOR
CONTROL COMMISSION**

Office Use Only

NEW / REPLACING _____

TOP Yes / No

Hot List Yes / No

Initial: KF

PLEASE READ CAREFULLY

See directions on the next page. 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.

APPLICANT NAME Smokin' Liquor LLC

TRADE (DBA) NAME Smokin' liquor

PREVIOUS TRADE (DBA) NAME _____

CONTACT NAME AND PHONE NUMBER Im Noeut 717-318-7169

CONTACT EMAIL ADDRESS amynoeut04@gmail.com

0
0

12-21-2024

Form 102 pg 2
Business plan
lease
usa tomack

Office use only

PAYMENT TYPE CK 006

AMOUNT \$450 - RCPT 170534

RECEIVED: 2/5/24

DATE DEPOSITED 2.5.24



2400001654

FORM 100
REV 12/7/2022
PAGE 1

FROM

FOR

☐ CASH

CHECK #

☐ MONEY#
ORDER

\$400

Received by-

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

RETAIL LICENSE(S) Application Fee \$400 (nonrefundable)
CLASS C LICENSE TERM IS FROM NOVEMBER 1 – OCTOBER 31
ALL OTHER CLASSES TERM IS MAY 1 – APRIL 30

- ☐ A BEER, ON SALE ONLY
- ☐ B BEER, OFF SALE ONLY**
- ☒ C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE**
Do you intend to sale cocktails to go as allowed under Neb Rev. Statute 53-123.04(4) YES ☐ NO ☒
- ☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY**
- ☐ F BOTTLE CLUB,
- ☐ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
Do you intend to sale cocktails to go as allowed under Neb Rev. Statute 53-123.04(5) YES ☐ NO ☒
- ☐ 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 endorsement (Submit Form 106) – Catering license (K) expires same as underlying retail license
- ☐ Class G Growler endorsement (Submit Form 165) – Class C licenses only
- **Class B, Class C, Class D license do you intend to allow drive through services under Neb Rev. Statute 53-178.01(2) YES ☐ NO ☒

**ADDITIONAL FEES WILL BE ASSESSED AT THE CITY/VILLAGE OR COUNTY LEVEL WHEN THE
LICENSE IS ISSUED**

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- ☐ Individual License (requires insert FORM 104)
- ☐ Partnership License (requires insert FORM 105)
- ☐ Corporate License (requires FORM 101 & FORM 103)
- ☒ Limited Liability Company (LLC) (requires FORM 102 & FORM 103)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)

Name Deborah Hembry Phone Number 402-430-8008

Firm Name Deb's Office

Email address debann21@hotmail.com

Should we contact you with any questions on the application? YES ☒ NO ☐

PREMISES INFORMATION

Trade Name (doing business as) **Smokin' Liquor**

Street Address 1229 Main Ave

City Crete County Saline Zip Code 68333 *22* - *2*

Premises Telephone number 402-418-7078

Business e-mail address **amynoeut07@gmail.com**

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

MAILING ADDRESS (where you want to receive mail from the Commission)

Check if same as premises

Name _____

Street Address

City _____ State _____ Zip Code _____

DESCRIPTION AND DIAGRAM OF THE AREA TO BE LICENSED

IN THE SPACE PROVIDED BELOW DRAW OR ATTACH A DIAGRAM OF THE AREA TO BE LICENSED

DO NOT SEND BLUEPRINTS, ARCHITECT OR CONSTRUCTION DRAWINGS

PROVIDE LENGTH X WIDTH IN FEET (NOT SQUARE FOOTAGE)

INDICATE THE DIRECTION OF NORTH

Building length 110 x width 58.90 in feet

Is there a basement? Yes _____ No **X** _____ If yes, length _____ x width _____ in feet

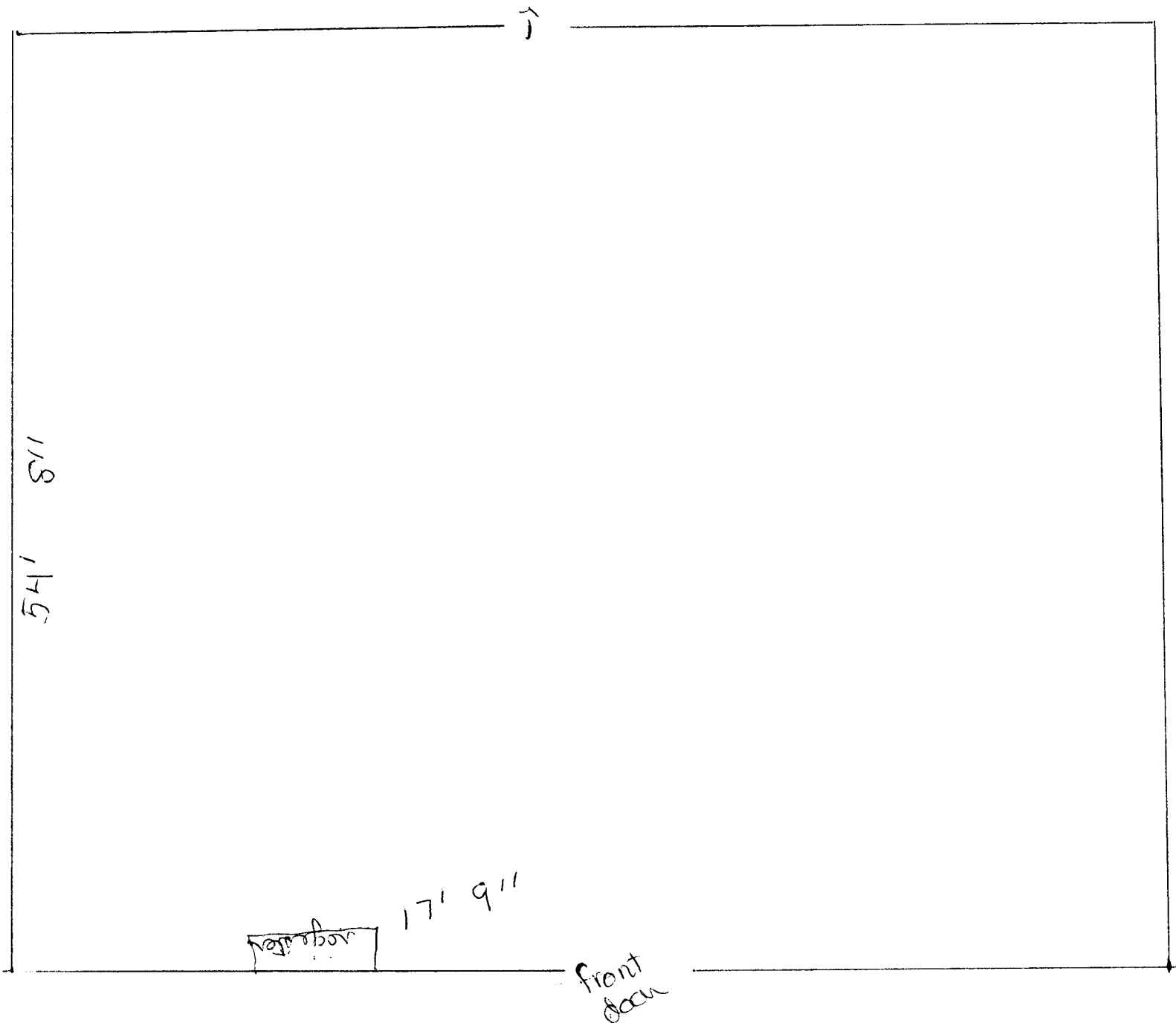
Is there an outdoor area? Yes _____ No ^x _____ If yes, length _____ x width _____ in feet+

*If including an outdoor area permanent fencing is required. Please contact the local governing body for other requirements regarding fencing

Number of floors of the building ¹

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

bathroom & storage



APPLICANT INFORMATION**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 **X** _____ 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. Was this premise licensed as liquor licensed business within the last two (2) years?

_____ YES **X** _____ NO

If yes, provide business name and license number _____

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

_____ YES **X** _____ NO

If yes, give name of business and liquor license number _____

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

_____ YES **X** _____ NO

If yes

a) Attach temporary operating permit (TOP) (Form 125)

a) Submit a copy of the business purchase 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 _____

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)

No silent partners 019.01E Silent Partners; Profit Sharing: No licensee or partner, principal, agent or employee of any Retail Liquor License shall permit any other person not licensed or included as a partner, principal, or stockholder of any Retail Liquor License to participate in the sharing of profits or liabilities arising from any Retail Liquor License. (53-1,100)

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 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 (Nebraska Revised Statute 53-177(1) **AND PROVIDE FORM 134 – CHURCH OR FORM 135 – CAMPUS AND LETTER OF SUPPORT FROM CHURCH OR CAMPUS**

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties. (Nebraska Revised Statute 53-125(15))

____ YES ☒ NO

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.

a) List the individual(s) who are authorized to write checks and/or withdrawals on accounts at this institution.

Union Bank, Im Noe ut

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.

NA

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)
Im Noeut	02/2022	Responsilbe Beverage Service Training
Im Noeut	01/28/24	Liquor exam

Experience

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

13. If the property 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 be in the name of applicant as owner or lessee

X Lease expiration date 08/30/2028
 _____ Deed
 _____ Purchase Agreement

14. When do you intend to open for business? February 2024

15. What will be the main nature of business? Beer and Alchol Sales

16. What are the anticipated hours of operation? Monday thru Saturday 10am. to 11 pm Sunday 12 pm to 9 pm

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 CITY & STATE	YEAR		SPOUSE CITY & STATE	YEAR	
	FROM	TO		FROM	TO
7200 N 19th Street Lincoln NE 6821	23	P			
521 W Chadderton Dr Lincoln NE 68521	19	23			
4700 W F St Lincoln NE 68522	16	19			

If necessary, attach a separate sheet

PERSONAL OATH AND CONSENT OF INVESTIGATION
SIGNATURE PAGE – PLEASE READ CAREFULLY

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, CFR, 16.34.*

Must be signed by all applicant(s) and spouse(s) owning more than 25%
(YOU MAY NEED TO PRINT MULTIPLE SIGNATURE PAGES)

Im Noeut

Signature of APPLICANT

Im Noeut

Printed Name of APPLICANT

Signature of SPOUSE

Printed Name of SPOUSE

Signature of APPLICANT

Signature of SPOUSE

Printed Name of APPLICANT

Printed Name of SPOUSE

Nebraska Secretary of State

SMOKIN' LIQUOR LLC

Fri Feb 9 10:45:26 2024

SOS Account Number

2308308848

Status

Active

Principal Office Address

No address on file

Registered Agent and Office Address

LISA LOMACK

521 W CHADDERTON DR

LINCOLN, NE 68521

Designated Office Address

1235 MAIN AVENUE

CRETE, NE 68333

Nature of Business

Not Available

Entity Type

Domestic LLC

Qualifying State: NE

Date Filed

Aug 21 2023

Next Report Due Date

Jan 01 2025

Filed Documents

Filed documents for SMOKIN' LIQUOR 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 21 2023	\$0.45 = 1 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](#)

LIMITED LIABILITY COMPANY (LLC)

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
EMAIL: lcc.frontdesk@nebraska.gov
WEBSITE: www.lcc.nebraska.gov

License
Class: _____

License Number: _____

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FEB 05 2024

NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS

1. All members and spouses must be listed
2. 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
3. Managing/Contact member and all members holding over 25% interest and their spouses must submit fingerprints. See Form 147 for further information
4. Attach copy of Articles of Organization

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

Smokin'Liquor LLC

Name of Registered Agent: Im Nouet

LLC Address: 521 W Chadderton Dr

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: 717-318-7169

LLC Fax Number: _____

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Noeut First Name: Im MI: _____

Home Address: 7200 N 19th Street City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 717-318-7169

Imnoeut

Signature of Managing/Contact Member

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

X Last Name: Noent First Name: IM MI: _____

Social Security Number: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

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 owned 100% by another corporation/LLC?

☐ YES

☒ NO

If yes, Form 185 is required

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

Starting Date: January 1st Ending Date: December 31st

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #. _____

CERTIFICATE OF ORGANIZATION

Robert B Evnen

1201 N Street Suite 120

Lincoln NE 68508

Name of Limited Liability Company: Smokin' Liquor LLC

The Initial Designate Office is: 1235 Main Avenue Crete NE 68333

The Initial Registered Agent in Nebraska:

The Initial Agent Name: Lisa Lomack

Initial Agent Address: 521 W Chadderton Dr. Lincoln NE 68521



Printed Name

Lisa Lomack

Organizer

MANAGER APPLICATION FORM 103

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
EMAIL: lcc.frontdesk@nebraska.gov
WEBSITE: www.lcc.nebraska.gov

License
Class: _____

License Number: _____

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FEB 05 2024

NEBRASKA LIQUOR
CONTROL COMMISSION

MANAGER MUST:

- Be at least 21-years of age
- Complete all sections of the application.
- Form must be signed by a **member or corporate officer**
- Include Form 147 –Fingerprints are required
- Provide a copy of one of the following: US birth certificate, US Passport, naturalization papers OR legal resident documentation
- Be a resident of the state of Nebraska and if an US citizen be a registered voter in the State of Nebraska
- Spouse who **will** participate in the business, the **spouse must meet the same requirements as the manager applicant:**

Spouse who **will not** participate in the business

- Complete the Spousal Affidavit of Non Participation (Form 116). **Be sure to complete both halves of this form.**

CORPORATION/LLC INFORMATION

Name of Corporation/LLC: Smokin' Liquor LLC

PREMISES INFORMATION

Premises Trade Name/DBA: _____

Premises Street Address: 1229 Main Ave.

City: Crete County: Saline Zip Code: 68333

Premises Phone Number: 402-418-7078

Premises Email address: amynoeut04@gmail.com

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

The individual whose name is listed as a corporate officer or managing member as reported or listed with the Commission.

BARCODE

MANAGER INFORMATION

Last Name: Noeut First Name: Im MI: _____
Home Address: 7200 N 19th Street
City: Lincoln County: NE Zip Code: 68521 + 5848
Home Phone Number: 717-318-7169
Driver's License Number: [REDACTED]
Social Security Number: [REDACTED]
Date of Birth: [REDACTED] Place of Birth: Cambodia
Email address: Amynoeut04@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: _____ First Name: _____ MI: _____
Social Security Number: _____
Driver's License Number: _____
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
7200 N 19th St Lincoln NE	2023	Present			
1 W Chadderson Dr Lincoln	2019	2023			
100 W F Street Lincoln NE	2016	2019			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
22	Present	MS V Shop LLC	Lisa Lomack	402-314-4912
21	21	Marenda Nails	Marenda	402--476-6657

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.

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Im Nouet	02/26/2022	REsponsible beverage Service Training

*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

PERSONAL OATH AND CONSENT OF INVESTIGATION
SIGNATURE PAGE – PLEASE READ CAREFULLY

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.

***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.*

Must be signed by applicant and spouse.

Im Noeut

Signature of **APPLICANT**

Im Noeut

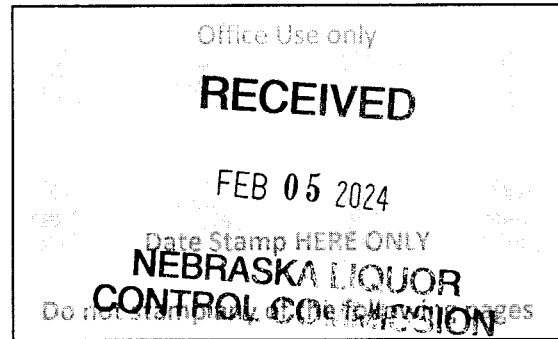
Printed Name of **APPLICANT**

Signature of **SPOUSE**

Printed Name of **SPOUSE**

**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
4600 Innovation Drive
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 the 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.

******Please Submit this form with your completed application to the Liquor Control Commission******

Trade Name Smokin' Liquor LLC

Name of Person Being Fingerprinted: Im Neut

Date of Birth: [REDACTED]

Date fingerprints were taken: 12/05/2023

Location where fingerprints were taken: NSP 3800 NW 12th Street Lincol

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 ☐

Im neut

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

THE UNITED STATES OF AMERICA

No. 43414405

CERTIFICATE OF NATURALIZATION

Personal description of holder
as of date of naturalization:

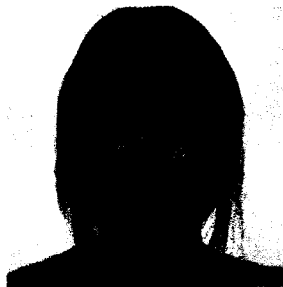
Date of birth: [REDACTED]

Sex: FEMALE

Height: 5 feet 05 inches

Marital status: SINGLE

Country of former nationality:
CAMBODIA



ALTERATION OR MISUSE OF THIS DOCUMENT IS
A FEDERAL OFFENSE AND PUNISHABLE BY LAW

USCIS Registration No. A065 025 866

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

Immoent
(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of
Homeland Security

at: OMAHA, NEBRASKA

The Secretary having found that:

IM NOET

residing at:

LINCOLN, NEBRASKA

having complied in all respects with all of the applicable provisions of the
naturalization laws of the United States, being entitled to be admitted as
a citizen of the United States, and having taken the oath of allegiance at a
ceremony conducted by

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

at: OMAHA, NEBRASKA

on: MARCH 08, 2023

such person is admitted as a citizen of the United States of America.

Mr. M. Judd

U. S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY

FORM 14-880 (REV. 10/17)



[Back to Lookup](#) / Registrant Detail

Im Noeut

Political Party
Democratic

Precinct
01D10

Election Details

05/14/2024 2024 Primary Election

We did not find an absentee or provisional ballot associated with this election (may not be available after certification). Note: This website does not track the status of a traditional ballot voted at the polls. If you voted a traditional ballot at the polls, your ballot was accepted and counted.

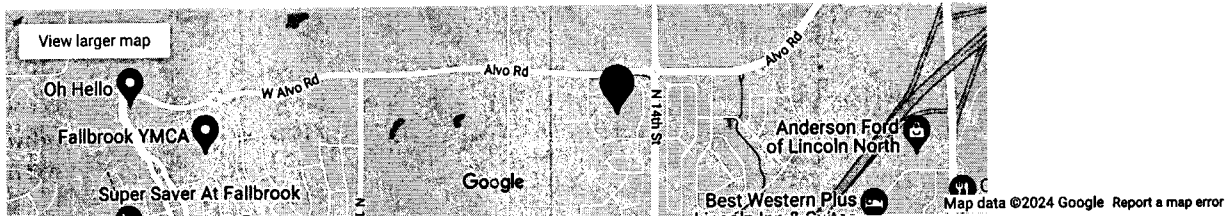
Polling Location

Kooser Elementary School

7301 N 13th St Lincoln, NE 68521
Main Hall

Parking Info

Voters park south of building.



Districts

Show ▾

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LIQORexam.com

LEARN TO SERVE AND SELL ALCOHOL LEGALLY AND RESPONSIBLY

Certificate of Completion

This is to certify that

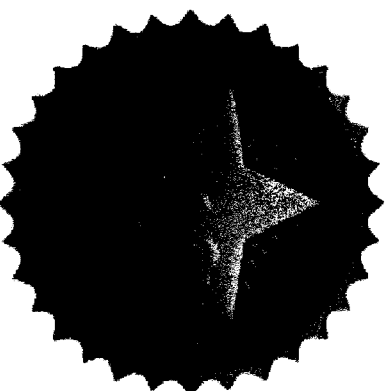
Im Noeut

has successfully completed the following
LIQORexam.com Course and Examination

Course Name: Nebraska Alcohol Server/Seller Certification

Edward D. McLean, Administrator

www.LIQORexam.com



Date: 01/28/2024

Expiration: 36 Months

Certificate #: 179490

Birth Date: 09/04/2000

Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

IM NOEUT
holds a

State Alcohol certificate

Permit # RB-0148569

Permit Expires: 02-26-2025 Amount Paid: \$

 **Responsible Beverage Service Training** 
N E B R A S K A



General	Credential	Number	Earned	Expires
Im Noeut 521 w chadderton dr Lincoln NE 68521	STATE ALCOHOL	RB-0148569	02-26-2022	02-26-2025

Thank You

Your Appointment is Confirmed!


Liquor License Fingerprinting at
8:30 AM on Tuesday, December 5th
at 4600 Innovation Drive, Door 1, Lincoln, NE
68521

For your **Liquor License**
Fingerprinting appointment, please
bring the following information to
your appointment:

- Fingerprint Identification /
Requisitos de identificación

Order ID:	82004944
Fingerprint Fee:	\$45.25
NE.gov Fee:	\$1.75
Total Fee:	\$47.00

HOW DID WE DO?

 SCHEDULE ANOTHER APPOINTMENT

This information has been sent to the email
address provided during the payment process.

Smokin' Liquor business plan will be to sell Beer, Wine, Hard Liquor. The store will also sell snacks and some small food items.

Tobacco and vape products

COMMERCIAL LEASE AGREEMENT

THIS INSTRUMENT WITNESSES:

That Jaime Castaneda and Carmen v. Castaneda, husband and wife, hereinafter called the "Owner", has this day leased to Smokn' liquor llc, hereinafter called the "Tenant", the following described premises:

The main level of the structure is located on the North Twenty-One Feet (N 21'), Lot Three (3), Block One (1), in the City of Crete, Saline County, Nebraska and commonly referred to as 1229 Main Ave. Crete, Nebraska 68333.

for a term of one (1) years, beginning the first day of Nov. 20th, 2023, to the last day of December 21st, 2024. Rental amounts shall accrue at the rate of ONE THOUSAND TWO HUNDRED DOLLARS (\$1,200) per month, payable in advance, beginning on the first day of October 2023, and continuing the first day of each and every month thereafter throughout the first twelve (12) month of this Lease. Owner and Tenant further acknowledge that Tenant will not owe rent for the month September 2023, in exchange for and as consideration for labor and materials Tenant has invested and expended in making painting and repairing the floor to the leased which will benefit the Owner.

Tenant shall make all payments due hereunder to the Owner by hand delivery, or by sending the same via first class, United State Mail, sufficient postage pre-paid, to the Owner's address at 1145 Crestline Dr., Crete, Nebraska 68333. Tenant shall pay a security deposit in the sum of \$1,200.00 at the time of signing of this agreement.

To terminate this Lease at the end of the term, written notice must be provided to the other party prior to December 21st, 2024. In the event either party wishes to terminate this Lease Agreement during the term of the Lease, the Tenant and Owner each hereby agree such termination would have to be mutually agreed upon between the parties, in writing.

During the term of the Lease, the tenant shall pay for water, sewer, electricity, refuse removal, internet service and/or gas service fees in addition to the monthly rental payments from Tenant to the Owner. The Tenant shall, during the term of the lease, pay all the telephone fees and charges for the Tenant's telephone lines on the leased premises, if any. Owner agrees that Tenant may install any window treatments, coverings or displays on the leased premises, after first obtaining the consent of Owner. Tenant shall be responsible all snow removal and Tenant agrees to promptly remove any snow from the sidewalk and to keep the sidewalk in front of the leased premises free of the obstructions and debris.

The tenant shall be responsible for cleaning the leased premises, The Owner shall keep and maintain the leased premises in tenantable condition. Tenant is also free to make any alterations, conduct remodeling and painting, but only after receiving the express consent of the Owner, it being understood and agreed that the Owner is under no obligation to make any alterations, remodeling, or painting during the term of this lease, except as set forth below.

If the premises, or any part of the premises, shall be damaged by fire or other casualty not due to the Tenant's negligence or willful act or that of the Tenant's agents, the premises shall be promptly repaired by the Owner and there shall be an abatement of rent corresponding with the time during which, and to the extent to which, the premises may have been untenable. However, if the premises should be damaged other than by the Tenant's negligence or willful act or that of the Tenant's agents to the extent the Owner shall decide not to rebuild or repair, the term of this lease shall end, and the rent prorated up to the time of the damage.

The Tenant shall maintain in full force and effect a public liability policy of insurance with limits of at least \$1,000,000.00 per occurrence and \$2,000,000.00 general aggregate and a personal property policy of insurance with limits which shall at a minimum, cover all of Tenant's use and activities on the leased premises and agrees to hold harmless and keep the Owner free from liability as a result of its activities and use of the leased premises.

It is understood and agreed that this Lease shall not be assigned without the consent of the Owner in writing; provided, however, that the Owner shall not unreasonably withhold Owner's consent without good cause.

The Tenant shall notify the Owner of any anticipated extended absence from the premises in excess of seven (7) days no later than the first day of the extended absence. During any absence in excess of seven (7) days, the Owner, or the Owner's agent, may enter the premises at times reasonably necessary.

All personal property owned by the Tenant, or Tenant's agents which may be kept on the premises during the term of this Lease shall be kept on the premises at the risk of the Tenant, or Tenant's agents. The Tenant agrees to hold the Owner harmless for any damage or any injury or accident sustained by such personal property, except where such injury results from the active negligence of the Owner.

This Lease represents the entire understanding between the parties and shall not be altered except by a written document signed by both parties.

This agreement is intended to and shall be binding upon the respective heirs, personal representatives, successors and assigns of the parties hereto.

The Tenant shall not permit any unhealthy or unsightly accumulations or any nuisance of any type whatsoever on the leased premises and shall keep the leased premises and surrounding areas free and clear from all filth, refuse and obstruction.

The Tenant agrees that it will use and maintain the leased premises as a liquor store, that the Tenant will not use the leased premises as either a temporary or permanent residence, and for no unlawful purposes whatsoever and it will use all due care and diligence in guarding the leased premises from damage by fire. The parties agree that the Owner may enter the leased premises personally or through Owner's agent, to inspect the same at reasonable time during the normal business hours.

At the expiration of the Lease period the Tenant will without further notice quit and surrender possession and occupancy of the leased premises in as good as condition as reasonable use and natural wear and tear will permit, damage by fire as aforesaid, superior force and inevitable necessity excepted.

This Lease shall be construed under the laws of the State of Nebraska.

IN WITNESS WHEREOF, the parties have hereunto subscribed to this instrument this ___ day of November 2023.

OWNER:

TENANT:

Jaime A.
JAIME CASTENEDA-ANDRADE

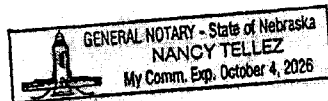
Imnoet
IM NOEUT

Carmen V. Casteneda
CARMEN V. CASTENEDA

STATE OF NEBRASKA)
COUNTY OF Saline) ss.

The foregoing Instrument was acknowledged before me this ___ day of November 2023, by JAIME CASTENEDA-ANDRADE and CARMEN V. CASTENEDA, husband and wife.

Witness my hand and notarial seal on this 8th day of November, 2023.

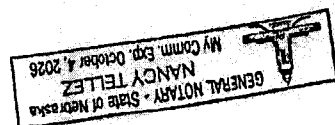


Nancy Tellez
Notary Public

STATE OF NEBRASKA)
COUNTY OF Saline) ss.

The foregoing instrument was acknowledged before me this 8th day of November 2023, by IM NOEUT

Witness my hand and notarial seal on this 8th day of November 2023.



Nancy Tellez
Notary Public

hannah.yates

PA1 - RETURN TO MENU







