

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:
125483

EXHIBIT #1

RECEIVED
Date Stamp HERE ONLY
Do not stamp any of the following pages
JAN 19 2023
NEBRASKA LIQUOR CONTROL COMMISSION

Office Use Only
NEW/REPLACING _____ TOP Yes/No
Hot List Yes/No Initial: mw

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 Darren Jelinek & Megan Johnson
TRADE (DBA) NAME The Dead Unicorn Society
PREVIOUS TRADE (DBA) NAME _____
CONTACT NAME AND PHONE NUMBER Darren Jelinek 308-760-~~6000~~ 7520
CONTACT EMAIL ADDRESS deadunicornsociety@gmail.com

Office use only
PAYMENT TYPE CK #1011
AMOUNT 400.00 RCPT _____
RECEIVED: 1-13-23
DATE DEPOSITED _____


2300000182

RECEIVED
FORM 100
REV July/2022
PAGE 1

DIRECTIONS

Each item must be included with your application

1. Application fee of \$400 (nonrefundable), please pay online thru our PAYPORT system or enclose payment made payable to the Nebraska Liquor Control Commission
2. Enclose the appropriate application forms
 - Individual License (Form 104)
 - Partnership License (Form 105)
 - Corporate License (Form 101 & Form 103)
 - Limited Liability Company (LLC) (Form 102 & Form 103)Corporation or Limited Liability Company (LLC) must be active with the Nebraska Secretary of State
3. 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 Applicant Guidelines for further assistance
4. Form 147 - Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures".
5. If purchasing an already licensed business; include Form 125—Temporary Operating Permit (TOP)
 - a. Form 125 must be signed by the seller (current licensee) and the buyer (applicant)
 - b. Provide a copy of the business purchase agreement from the seller (current licensee sells "the business currently licensed" to applicant)
 - c. Provide a copy of alcohol inventory being purchased (must include quantity, brand name and container size)
 - d. Enclose a list of the assets being purchased (furniture, fixtures and equipment)
6. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
7. If building is being leased, send a copy of signed lease in the name of the applicant. Lease term must run through the license year being applied for.
8. Submit a copy of your business plan.

**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**
- 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 (Form 106 and \$100 application fee) expires with underlying retail license
- Class G Growler endorsement (Form 165 and \$300 application fee) – 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 _____ Phone Number _____

Firm Name _____

Email address _____

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

PREMISES INFORMATION

Trade Name (doing business as) The Dead Unicorn Society LLC

Street Address 716 Flack Ave

City Alliance County Box Butte - 65 Zip Code 69301-3546

Premises Telephone number 308-760-7520

Business e-mail address deadunicornsociety@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 same

Street Address _____

City _____ State _____ Zip Code _____

DESCRIPTION AND DIAGRAM OF THE AREA TO BE LICENSED

IN THE SPACE PROVIDED BELOW OR ATTACH A DRAWING 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 30 x width 60 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 192 x width 38 in feet

Number of floors of the building 1

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

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 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 NO

If yes, provide business name and license number _____

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

YES 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 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) Platte Valley Bank

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.

Platte Valley Bank Darren Jelinek & Megan M Johnson

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.

Derbys Food Truck Court 124286 304 East 3rd St
Alliance NE

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)

Experience

Applicant Name/Job Title	Date of Employment	Name & Location of Business
Darren Jelinek Darren Jelinek/partner	4/30/21 to present	Derby's Food Truck Court 304 E 3rd St Alliance

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

Lease expiration date _____
 Deed
 Purchase Agreement

14. When do you intend to open for business? February 2023

15. What will be the main nature of business? music & events venue

16. What are the anticipated hours of operation? undetermined

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
Megan Johnson Alliance NE WA 301			Derek Johnson Alliance, NE		
Darren Jelinek Alliance NE			Christy Jelinek Alliance, NE		

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% in the presence of a notary public (YOU MAY NEED TO PRINT MULTIPLE SIGNATURE PAGES)

Megan M Johnson
Signature of **APPLICANT**
(Do not sign until in the presence of the Notary Public)

[Signature]
Signature of **SPOUSE**
(Do not sign until in the presence of the Notary Public)

Megan M Johnson
Printed Name of **APPLICANT**

Derek Johnson
Printed Name of **SPOUSE**

State of Nebraska, County of Box Butte

State of Nebraska, County of Box Butte

The foregoing instrument was acknowledged before me this

The foregoing instrument was acknowledged before me this

11/5/2023
(Date)

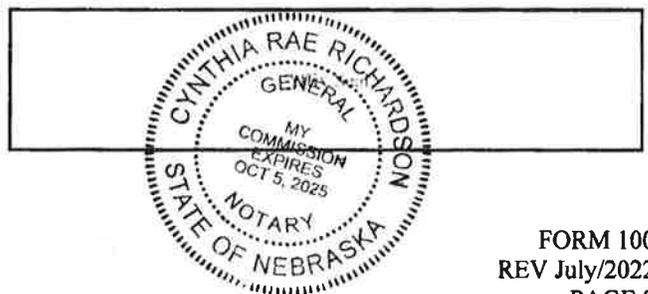
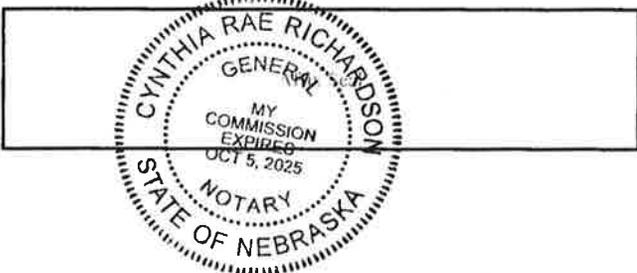
11/5/2023
(Date)

By Megan M Johnson
Name of person(s) signing document in front of Notary

By Derek Johnson
Name of person(s) signing document in front of Notary

Cynthia Rae Richardson
Notary Public Signature

Cynthia Rae Richardson
Notary Public Signature



ce

PERSONAL OATH AND CONSENT OF INVESTIGATION

**SIGNATURE PAGE -
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Must be signed by all applicant(s) and spouse(s) owning more than 25% in the presence of a notary public (YOU MAY NEED TO PRINT MULTIPLE SIGNATURE PAGES)

[Signature]
Signature of **APPLICANT**
(Do not sign until in the presence of the Notary Public)
Darren J Jelinek
Printed Name of **APPLICANT**

[Signature]
Signature of **SPOUSE**
(Do not sign until in the presence of the Notary Public)
Christine M Jelinek
Printed Name of **SPOUSE**

State of Nebraska, County of Box Butte

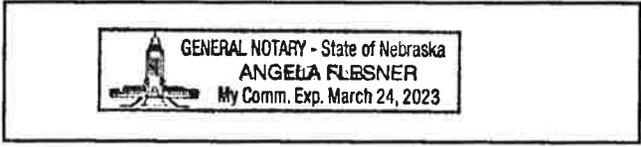
State of Nebraska, County of Box Butte

The foregoing instrument was acknowledged before me this
Nov, 21, 2022
(Date)

The foregoing instrument was acknowledged before me this
Nov, 21, 2022
(Date)

By Darren Jelinek
Name of person(s) signing document in front of Notary
Angela Flesner
Notary Public Signature

By Christine Jelinek
Name of person(s) signing document in front of Notary
Angela Flesner
Notary Public Signature



Nebraska Secretary of State

THE DEAD UNICORN SOCIETY LLC

Fri Jan 13 13:37:39 2023

SOS Account Number

2206136509

Status

Active

Principal Office Address

No address on file

Registered Agent and Office Address

MEGAN JOHNSON

658 W 25TH STREET

ALLIANCE, NE 69301

Designated Office Address

658 W 25TH STREET

ALLIANCE, NE 69301

Nature of Business

Not Available

Entity Type

Domestic LLC

Qualifying State: NE

Date Filed

Jun 21 2022

Next Report Due Date

Jan 01 2023

Filed Documents

Filed documents for THE DEAD UNICORN SOCIETY 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	Jun 21 2022	\$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

Not available. The biennial report is now due and may be filed online. Once filed, return to Corporate & Business Search to obtain an Online Certificate of Good Standing.

Certificate of Good Standing - USPS Mail Delivery

\$10.00

This is a paper certificate mailed to you from the Secretary of State's office within 2-3 business days.

[Continue to Order](#)

[↑ Back to Top](#)

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

THE DEAD UNICORN SOCIETY LLC

was duly formed under the laws of Nebraska on June 21, 2022;

all fees, taxes, and penalties due under the Nebraska Uniform Limited
Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has
been filed by the Secretary of State;

the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement
of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

September 28, 2022



A handwritten signature in black ink, appearing to read "Robert B. Evnen".

Secretary of State

CERTIFICATE OF ORGANIZATION

of

THE DEAD UNICORN SOCIETY LLC

The undersigned, desiring to form a limited liability company for the purposes hereinafter set forth, under and in conformity with the laws of the State of Nebraska, do hereby make this written certificate in duplicate and hereby verify:

1. The name of the company is THE DEAD UNICORN SOCIETY LLC.

2. The period of duration of the company shall be perpetual.

3. The company is organized to engage in and to do any lawful act concerning any and all lawful business, in which the company may legally and legitimately engage under the laws of Nebraska. The company is not organized to render a professional service.

4. The Nebraska street address of the designated office of the company is

658 W 25TH STREET ALLIANCE, NE 69301

5. The Nebraska street address of the initial registered office of the company is

658 W 25TH STREET ALLIANCE, NE 69301

, and the name of the initial registered agent at such address is

MEGAN JOHNSON

6. This limited liability company is managed by x Members Manager/s

Dated: 06/16/2022

Frances Severe

Organizer name



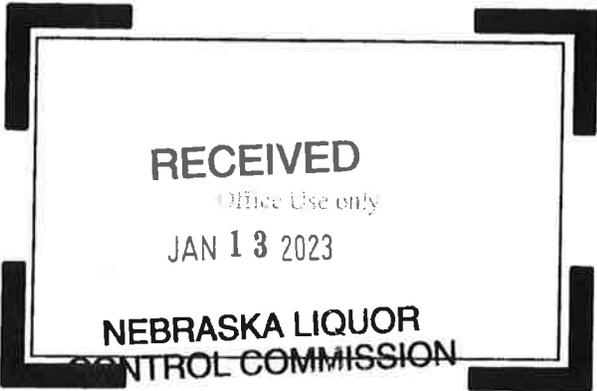
Signature

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: _____



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

The Dead Unicorn Society LLC

Name of Registered Agent: Megan M Johnson

LLC Address: 658 W 25th St

City: Alliance State: NE Zip Code: 69301-8755

LLC Phone Number: 308-760-7520 LLC Fax Number: —

Name of Managing/Contact Member

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

Last Name: Johnson First Name: Megan MI: M

Home Address: 658 W 25th St City: Alliance

State: NE Zip Code: 69301-8755 Home Phone Number: 308-760-4992

Megan M Johnson
Signature of Managing/Contact Member

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

Last Name: Johnson First Name: Megan MI: M

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

Percentage of member ownership 50%

Last Name: Jelinek First Name: Darren MI: J

Spouse Full Name (indicate N/A if single): Christine M Jelinek

Percentage of member ownership 50%

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 Ending Date: December

Is this a Non Profit Corporation?

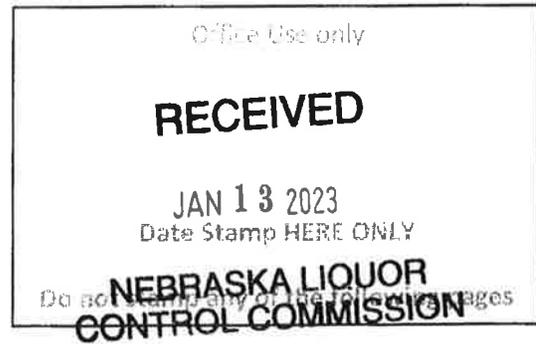
YES

NO

If yes, provide the Federal ID #. _____

**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 The Dead Unicorn Society

Name of Person Being Fingerprinted: Darren Jelinek

Date fingerprints were taken: 11/15/22

Location where fingerprints were taken: Alliance Police Department

How was payment made to NSP?

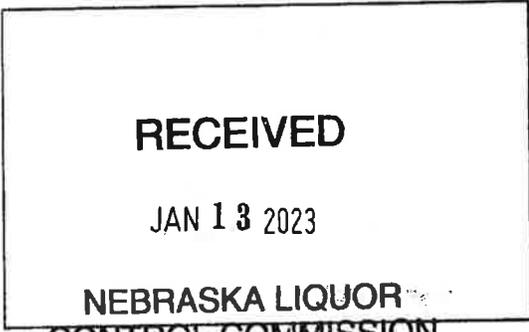
NSP PAYPORT CASH CHECK SENT TO NSP CK # _____

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

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

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

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



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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/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.

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

Trade Name The Dead Unicorn Society

Name of Person Being Fingerprinted: Megan M. Johnson

Date fingerprints were taken: 1/15/22

Location where fingerprints were taken: Alliance Police Department

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

Megan M. Johnson



[Back to Lookup](#) / [Registrant Detail](#)

Megan M Johnson

Political Party
Democratic

Precinct
City of Alliance 005

Election Details

11/08/2022 2022 General Election

We did not find an absentee or provisional ballot associated with the selected election. 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 has been accepted and counted.

Polling Location

Burkholder Building

616 Black Hills Alliance, NE 69301
4 Blocks north on 3rd and Black Hills



Ballot Styles

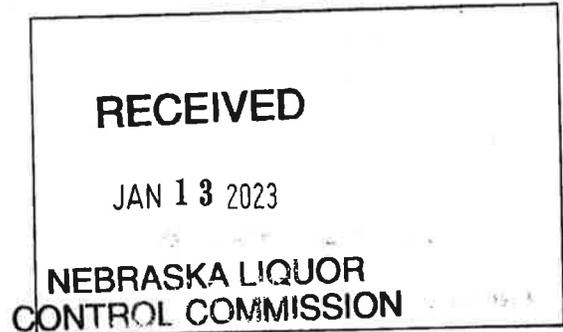
05.02

Districts

Show

**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 The Dead Unicorn Society

Name of Person Being Fingerprinted: Derek Johnson

Date fingerprints were taken: 1/11/2023

Location where fingerprints were taken: Alliance Police Department

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



[Back to Lookup](#) / Registrant Detail

Derek Alden Levi Johnson

Political Party
Legal Marijuana NOW

Precinct
City of Alliance 005

Election Details

11/08/2022 2022 General Election

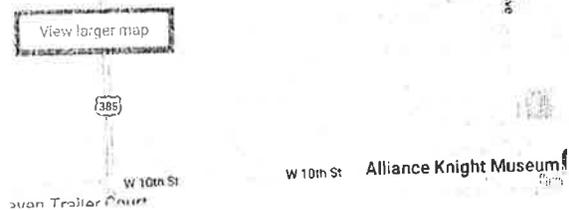


We did not find an absentee or provisional ballot associated with the selected election. This website does not track the status of a traditional ballot voted at the polls. If you voted a traditional ballot at the polls, your ballot has been accepted and counted.

Polling Location

Burkholder Building

9 616 Black Hills Alliance, NE 69301
4 Blocks north on 3rd and Black Hills



Ballot Styles

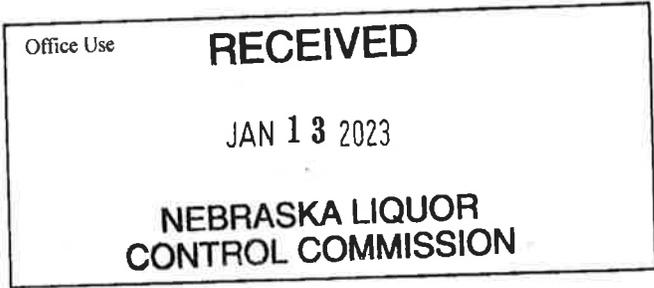
05.02

Districts

Show

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation 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, represent myself as the owner or **in any way participate in the day to day operations of this business in any capacity.** The penalty guideline for violation of this affidavit is cancellation of the liquor license.

I acknowledge that I am the applicant of the non-participating spouse of the individual signing below. I understand that my spouse and I are responsible for compliance with the conditions set out above. If, it is determined that my spouse has violated (§53-125(13)) the commission may cancel or revoke the liquor license.

Christine M Jelinek
Signature of NON-PARTICIPATING SPOUSE

[Signature]
Signature of APPLICANT

Christine Jelinek
Print Name

Darren Jelinek
Print Name

State of Nebraska, County of Box Butte

State of Nebraska, County of Box Butte

The foregoing instrument was acknowledged before me
this December 22, 2022 (date)

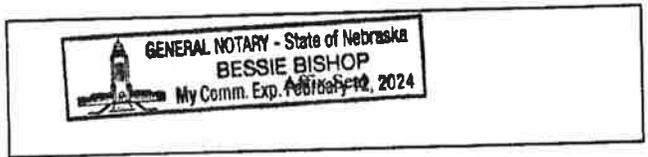
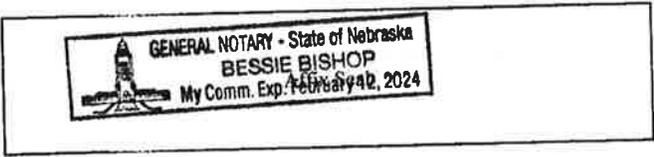
The foregoing instrument was acknowledged before me
this December 22, 2022 (date)

by Christine Jelinek
Name of person acknowledged
(Individual signing document)

by Darren Jelinek
Name of person acknowledged
(Individual signing document)

[Signature]
Notary Public Signature

[Signature]
Notary Public Signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

NEBRASKA COMMERCIAL LEASE AGREEMENT

I. THE PARTIES. This Commercial Lease Agreement ("Agreement") made on January 19, 2023 by and between:

Landlord: Daniel Megan Thomas with a mailing address of 716 Flack Ave ("Landlord") who agrees to lease the Premises to:

Tenant: Dead Unicorn Bitch with a mailing address of 716 Flack Ave ("Tenant"), who agrees to rent the Premises under the following terms:

Collectively the Landlord and Tenant shall be known as the "Parties."

II. DESCRIPTION OF LEASED PREMISES. The Landlord agrees to lease to the Tenant the following described space:

Street Address: 716 Flack Ave
Square Feet: 1800 SF
Type of Space: social lounge (retail, office, industrial, etc.)
Other Description: retail store, kitchen, bar & live music space

Hereinafter known as the "Premises."

III. USE OF LEASED PREMISES. The Tenant agrees to use the Premises for: (check one)

All purposes legal under law.

Only the following purposes: _____
Any change in the above-mentioned purpose of the Premises shall only be permitted upon the Landlord's prior written consent.

IV. TERM OF LEASE. The term of this Agreement shall be for a period of 76 weeks commencing on January 1, 2023 and expiring at midnight on October 31, 2024 ("Initial Term").

V. SECURITY DEPOSIT. The Tenant is: (check one)

Not Required to Pay a Deposit. There shall be no deposit required for the successful performance of this Agreement by the Tenant ("Security Deposit").

Required to Pay a Deposit. The Tenant is required to pay \$ _____ and shall be due and payable in advance of the _____



Landlord's Initials / Tenant's Initials

Landlord Megan Thomas Tenant Dead Unicorn Bitch
Tenant / LLC Agent Megan Thomas

Business Plan

One-Page Business Template

Hubspot

The Business Opportunity

What problem are you solving? What challenges and pain points will you resolve for users?

The Dead Unicorn exists to provide a social space for our community via experiences involving the arts, including live music, artists, & local crafters.

Company Description

What does your company do? What challenge(s) does your company solve?

We provide an entertainment space for people to relax & socialize in. We want to provide a drama free worry free space that is inclusive of all people.

Industry Analysis

Who are your competitors? What are some key factors related to being successful in your industry?

There is currently none else in our community offering a social venue focused such as ours. It's a unique & intriguing space.

Implementation Timeline

Briefly, how will you roll out the business? Which phases will be involved?

We plan on 4-5 months of construction from start to finish

Team

Who is involved in this endeavor? Who is on your team and why are you the right person/people to build this business?

Partners Darren & Megan are involved in providing a drama free worry free space that is inclusive of all people.

Target Market

Who are you targeting? Who makes up your target audience? Who are your target segments, buyer personas, and ideal customers?

Our target audience includes anyone interested in the arts, food & entertainment

Marketing Plan

Which channels and platforms will you use to reach and convert your target audience? Where will you meet your audience?

We plan on using social media primarily as well as word of mouth

Financial Summary

What is your cost structure and what are your revenue streams? Describe your fixed variable costs and how will you make money? Consider your sales goals for the near future and long-term.

~~Alcohol~~ Alcohol sales
Food sales
Merchandise
Classes
Art + Music

Funding Required

What amount of funding will you require from investors? Where will that funding go?

We had a start-up construction loan of \$80,000.00 which is our only need investment