

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 19, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Staybridge Suites, 1501 North 86th Street requesting a class I liquor license.

John Klimpel has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved liquor license holder.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



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PREMISE INFORMATION

OCT 09 2012

Trade Name (doing business as) Staybridge Suites

Street Address #1 1501 North 86th Street

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #2

City Lincoln

County Lancaster #2

Zip Code 68505

Premise Telephone number (402) 484-6000

Is this location inside the city/village corporate limits:

YES

NO

CITY

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

Name John Klimpel

Street Address #1 1501 North 86th Street

Street Address #2

City Lincoln

State NE

Zip Code 68505

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

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

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length ~241' feet
Width ~88' feet

no basement

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

Four-story building approx. 241' x 88' with indoor pool area and outdoor courtyard (fenced in) on ground floor.

x 3rd

See attached drawing.

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
See attached				

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

YES NO

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

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

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NEBRASKA LIQUOR CONTROL COMMISSION

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

YES NO

If yes, give name and license number _____

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

YES NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

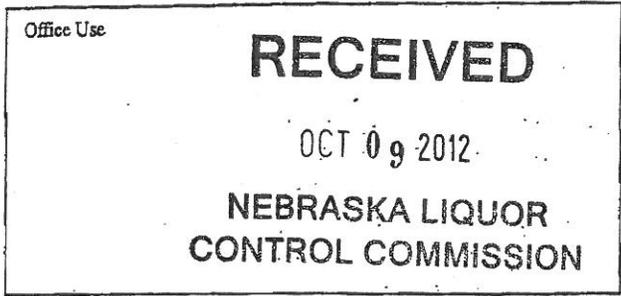
5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) Great Western Bank, Lincoln, NE

**MANAGER APPLICATION
INSERT - FORM 3c**

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



Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Bl voter reg

Corporation/LLC Information

Name of Corporation/LLC: Herberg, LLC

Premise Information

Premise License Number: _____
 (if new application leave blank)

Premise Trade Name/DBA: Staybridge Suites

Premise Street Address: 1501 North 86th Street

City: Lincoln State: NE Zip Code: 68505

Premise Phone Number: (402) 484-6000

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi

Michael R Moser

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

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Klimpel First Name: John MI: E

Home Address (include PO Box if applicable): 5930 South 114th Street

City: Lincoln County: Lancaster Zip Code: 68526

Home Phone Number: (402) 420-2543 Business Phone Number: (402) 484-6000

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: St. Louis, MO

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

YES NO

Spouse

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Spouse's information

Spouses Last Name: Klimpel First Name: Tamarie MI: A

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: Parma, OH

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
Lincoln, NE	2002	Present	Lincoln, NE	2002	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2006	2009	Lincoln Hotel Group	Self	(402) 420-2543
2010	Present	MK Hospitality	Self	(402) 420-2543

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. 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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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
See attached				NEBRASKA LIQUOR CONTROL COMMISSION

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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.

See attached

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? YES NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

YES NO

prints enclosed

5. List any alcohol related training and/or experience (when and where).

Management Training from Responsible Hospitality Council - 04/2010

#1
Manager

QUESTION 1: Law Violations

John E. Klimpel

- Mr. Klimpel has had speeding violations in Nebraska and Iowa, but cannot remember more details of them
- Mr. Klimpel had an assault charge in 1995 that was expunged

Tamarie A. Klimpel

- Ms. Klimpel has had speeding violations in Lincoln, Nebraska, but cannot remember further details of them

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

BIRTH CERTIFICATION

DATE FILED: MAY 3, 1956

STATE FILE NUMBER: 124-56-C

CHILD'S NAME: JOHN EDWARD KLIMPEL

DATE OF BIRTH: COUNTY OF BIRTH: ST LOUIS CITY SEX: MALE

MOTHER'S MAIDEN NAME: CELESTE KLIMPEL

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MOTHER'S AGE: 35 MOTHER'S STATE OF BIRTH: ILLINOIS

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NEBRASKA LIQUOR CONTROL COMMISSION

FATHER'S NAME: HAROLD A KLIMPEL

FATHER'S AGE: 34 FATHER'S STATE OF BIRTH: MISSOURI

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: JEFFERSON

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

Ivra J. Cross

DATE ISSUED: SEPTEMBER 5, 2007

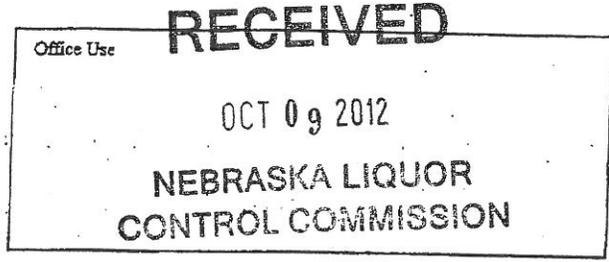
Ivra J. Cross
State Registrar of Vital Statistics



THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

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

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



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

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

~~Attach copy (or Articles of Organization) Articles must show barcode receipt by Secretary of States office~~

Name of Registered Agent: Michael R. Moser

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

Herberg, LLC

LLC Address: 1242 Pelican Bay Place

City: Lincoln State: NE Zip Code: 68528

LLC Phone Number: (402) 484-6000 LLC Fax Number _____

~~Name of Managing/Contact Member~~

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

Last Name: Klimpel First Name: John MI: E

Home Address: 5930 South 114th Street City: Lincoln

State: NE Zip Code: 68526 Home Phone Number: (402) 420-2543

Signature of Managing/Contact Member John E. Klimpel

ACKNOWLEDGEMENT

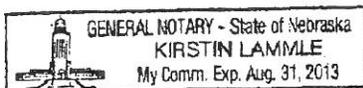
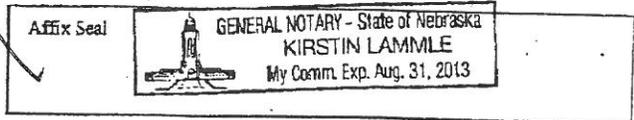
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

9/28/12

by John E. Klimpel
name of person acknowledge

Kirstin Lammle
Notary Public



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

Last Name: Klimpel First Name: John MI: E

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Tamarie Ann Klimpel

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 20%

BC signed with reg prints
Spousal signed

Last Name: Moser First Name: Michael MI: R

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Sheree Lynn Moser

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 12.5%

signed

Last Name: Moser First Name: Sheree MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Michael Robert Moser

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 12.5%

signed

Last Name: Shaw First Name: Richard MI: M

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Lori Christine Shaw

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 15% owned by Richard & Lori Shaw as Joint Tenants-WROS 7.5%

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NEBRASKA LIQUOR
CONTROL COMMISSION

Thomas Cabela - signed
Deborah Cabela - Spousal

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

Last Name: Black Stallion, L.L.C. First Name: _____ MI: _____
Social Security Number: N/A Date of Birth: 10/22/2010
Spouse Full Name (indicate N/A if single): N/A see attached
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 25%

Articles
②

Last Name: 3 Kreifs Investments LLC First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: 10/15/2010
Spouse Full Name (indicate N/A if single): N/A see attached
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 15%

Articles
③

Last Name: Shaw First Name: Lori MI: C
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Richard M. Shaw
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 7.5%

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 _____

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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

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

Office Use
2

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

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of State's office)

Name of Registered Agent: Thomas G. Cabela

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

Black Stallion, LLC

LLC Address: 3470 E. Pershing Road

City: Lincoln State: NE Zip Code: 68502

LLC Phone Number: (402) 423-4000 LLC Fax Number: _____

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

Last Name: Cabela First Name: Thomas MI: G.

Home Address: 3470 E. Pershing Road City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: (402) 423-4000

Thomas G. Cabela

Signature of Managing/Contact Member

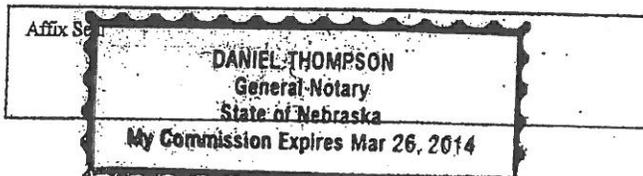
ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER

The foregoing instrument was acknowledged before me this

by Daniel Thompson
name of person acknowledge

10/11/12
Date



la

2

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

Last Name: Cabela First Name: Thomas MI: G

Social Security Number: _____ Date of Birth: _____

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

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): _____

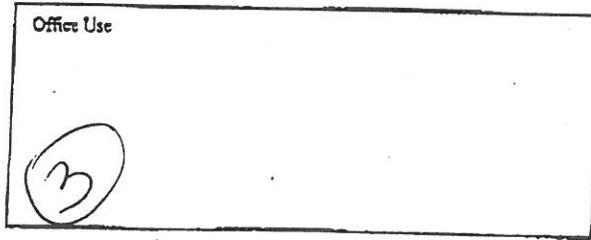
Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

2a

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

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



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- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

~~A true copy of a signed copy of this application must be provided to the clerk of the organization.~~

Name of Registered Agent: Joel G. Lonowski

~~Name of Limited Liability Company that will hold the license as listed on the Application for License form 100.~~

3 Kreifs Investments, LLC

LLC Address: 4101 South 8th Street

City: Lincoln

State: NE

Zip Code: 68502

LLC Phone Number: (402) 610-1610

LLC Fax Number: _____

~~Name of Managing/Contact Member~~
~~Name and title of each person that is a member must be listed on the following page.~~

Last Name: Kreifels

First Name: Terry

MI: J

Home Address: 4701 Christopher Court

City: Lincoln

State: NE

Zip Code: 68516

Home Phone Number: (402) 610-1610

Terry Kreifels
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

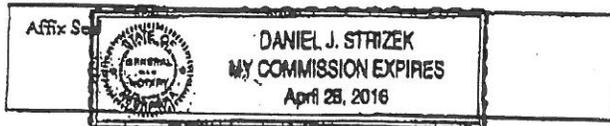
State of Nebraska
County of Lincoln

The foregoing instrument was acknowledged before me this

Oct 12, 2012
Date

by TERRY KREIFELS
name of person acknowledge

Daniel J. Strizek



/B

3

Last Name: Kreifels First Name: Terry MI: J

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Barbara Leigh Kreifels

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 1/3

Last Name: Kreifels First Name: Douglas MI: J

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Michelle Jennine Kreifels

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 1/3

Last Name: Kreifels First Name: Jeffrey MI: F

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Heide Suzanne Kreifels

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 1/3

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 _____

2B