CITY OF LINCOLN NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

October 11, 2016

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 LOF Lincoln TRC, LLC, dba Country Inn & Suites by Carlson, Lincoln North, NE, 5353 N 27th Street, requesting a Class I-120659 (beer, wine, distilled spirits, on-sale only) liquor license.

Deborah Carroll is requesting that she be approved as the manager of the liquor license. Ms. Carroll has not yet completed the required alcohol management training. She is scheduled to attend on October 13, 2016.

This is the former location of Beacon Hills, a restaurant/bar and event space, located inside Country Inn & Suites by Carlson, with a liquor license that covered the entire three story hotel. LOF Lincoln TRC, LLC is now taking over the liquor license and will have the license under the name of Country Inn & Suites by Carlson. The restaurant/bar inside the hotel will be named JB's Burger Kitchen.

LOF Lincoln TRC, LLC Corporate Officers/Stockholders/Members:
Member 1: Leslie Norman – President (25%)
Member 2: Corey Maple – Member (25%)
Member 3: Kennard McAdam – Member (25%)
Member 4: James Brown, JR – Member (25%)

No areas of concern were found.

The application is 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.

JEFFREY J. BLIEMEISTER, Chief of Police

APPLICATION FOR LIQUOR LICENSE CHECKLIST - RETAIL

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

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Hot List: YES / NO	New/Replacing # 0836666	
Class Type I	120659	Initial RS

Applicant name LOF Lincoln TRS, LLC

Trade name Country Inn & Suites by Carlson, Lincoln North, NE

Previous trade name

Contact email address hkjos@nhshotels.com

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

Office use only
PAYMENT TYPE CR 5583
AMOUNT: $400
Received: mm

1600019368

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1. X Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application.

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2. X Enclose application fee of $400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at PAYPORT.

3. X Enclose the appropriate application forms;
   - Individual License (requires insert form 1)
   - Partnership License (requires insert form 2)
   - Corporate License (requires insert form 3a & 3c)
   - Limited Liability Company (LLC) (requires form 3b & 3c)

4. X If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.

5. NA If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. NA If buying the business of a current liquor license holder:
   a. Provide a copy of the purchase agreement from the seller (must read applicants name)
   b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
   c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)

7. NA If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).

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

9. X For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
   a. For residency enclose proof of registered voter in Nebraska
   b. See guideline for further assistance

10. X Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

11. X Submit a copy of your business plan.

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

Signature

9/20/16
Date

APPLICATION FOR LIQUOR LICENSE
RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
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CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS

RETAIL LICENSE(S) Application Fee $400 (nonrefundable)

_____ A BEER, ON SALE ONLY
_____ B BEER, OFF SALE ONLY
_____ C BEER, WINE, DISTILLED SPIRTS, ON AND OFF SALE
_____ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
X I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
_____ 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

X Class K Catering license (requires catering application form 106) $100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

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

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application

Name Holly A. Jackson Phone number: (616) 264-3840

Firm Name Durell + Jackson, PLC

PREMISES INFORMATION

Trade Name (doing business as) Country Inn & Suites by Carlson, Lincoln North, NE

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Street Address #1 5353 N 27th St.

SEP 30 2016

Street Address #2

NEBRASKA LIQUOR CONTROL COMMISSION

City Lincoln County Lancaster

Premises Telephone number 402-476-5353

Business e-mail address cx-lncn@countryinns.com

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

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

Name LOF Lincoln TRS, LLC

Street Address #1 1635 - 43rd Street South, Suite 305

Street Address #2

City Fargo State ND Zip Code 58103

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED READ CAREFULLY

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

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

Building: length _____ x width _____ in feet

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

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

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

Please see attached Site Plan

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.

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

_____YES X 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

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

X YES _____NO

If yes, give name and license number Beacon Hills, LLC #083666

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)
b) TOP will only be accepted at a location that currently holds a valid liquor license.

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

_____YES X NO

If yes, list the lender(s)_____

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CONTROL COMMISSION

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

_____YES X NO

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

No silent partners

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

_____YES X NO

If yes, list such item(s) and the owner._____

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

_____YES X NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)
Provide letter of support or opposition, see FORM 134 – church or FORM 135 - campus

9. Is anyone listed on this application a law enforcement officer?

_____YES X NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.
a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

First International Bank & Trust - Fargo, ND

Authorized Signors: Norman Leslie, Heather Johnson-Kjos & Chris Johnston

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.

- See Attached Document

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.

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NLCC certified training program completed:

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

List of NLCC certified training programs

Experience:

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

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

X Lease: expiration date 10/20/2024

_____ Deed

_____ Purchase Agreement

14. When do you intend to open for business? 10/1/16

15. What will be the main nature of business? Restaurant and Banquet Events

16. What are the anticipated hours of operation? 6 AM - 2AM

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
Norman H. Leslie, Fargo, ND	2003	2016	Josee Leslie, Fargo, ND	2003	2016

If necessary attach a separate sheet.

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

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NEBRASKA LIQUOR CONTROL COMMISSION

Individual applicants agree to supervise in person the management and operation of the business and that they will conduct 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.

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

Signature of Applicant	**Signature of Spouse**
Norman H. Leslie	Josee Leslie
Print Name	**Print Name**
Signature of Applicant	**Signature of Spouse**
Print Name	**Print Name**

ACKNOWLEDGEMENT

State of ~~Nebraska~~ North Dakota
County of Cass

The foregoing instrument was acknowledged before me this

Sept 15, 2016 by Norman H. Leslie, Josee Leslie
date — name of person(s) acknowledged (individual(s) signing)

Heather Johnson-Kjos
Notary Public signature

HEATHER JOHNSON-KJOS
Notary Public
State of North Dakota
My Commission Expires Dec. 19, 2018
Affix Seal

In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

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Attachment to Application for Liquor License Checklist - Retail

11. List all past and present liquor licenses held

Paramount Hotels Limited Partnership – 1635 – 42nd Street South, Fargo, ND 58103 – City of Fargo ABH-9, ND AA-02137

LOF Appleton, LLC – 1565 Federated Drive, Appleton, WI 54913 – #BB-02

LOF Columbia, LLC – 805 Keene St., Columbia, MO 65201 – Boone CO 7057, City of Columbia 16-25976

LOF Gillette, LLC – 2009 South Douglas Hwy., Gillette, WY 82718 – #3453

LOF Grand Rapids, LLC – 3333 – 28th St., Kentwood, MI 49512 – #227895 & 227896

Platinum Hospitality, LLC – 1175 S 42nd St, Grand Forks, ND – ND AW-00542, City of GF 40142 and 40306

Premiere Hospitality, LLC – 3015 South Broadway, Minot, ND 58702 – ND AW-00470, City of Minot B11940

Sterling Hospitality, LLC – 2350 Commerce Dr., Rochester, MN 55901 – #46552 Wine license 0015

Helena Street LLC – 1855 Aeroplaza Dr., Colorado Springs, CO 80916 - #12891460000

The Wine Market - 720 Main Street, Suite 101, Mendota Heights, MN 55118 - #31282

Seven Sisters Spirits - 25275 S Melissa Dr., Detroit Lakes, MN 56501 - #34475

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.ne.gov

Office Use

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SEP 30 2016
NEBRASKA LIQUOR CONTROL COMMISSION

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 or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

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

Josee Leslie
Printed name of spouse asking for waiver

State of North Dakota

County of Cass

Sept 15, 2016
date

The foregoing instrument was acknowledged before me this

by Josee Leslie
name of person acknowledged

Heather Johnson-Kjos
Notary Public signature

Affix Seal
HEATHER JOHNSON-KJOS
Notary Public
State of North Dakota
My Commission Expires Dec. 19, 2018

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

Signature of individual involved with application
(Spouse of individual listed above)

Norman H. Leslie
Printed name of applying individual

State of North Dakota

County of Cass

Sept 15, 2016
date

The foregoing instrument was acknowledged before me this

by Norman H. Leslie
name of person acknowledged

Heather Johnson-Kjos
Notary Public signature

Affix Seal
HEATHER JOHNSON-KJOS
Notary Public
State of North Dakota
My Commission Expires Dec. 19, 2018

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.

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
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Julie McAdam
Signature of spouse asking for waiver
(Spouse of individual listed below)

Julie McAdam
Printed name of spouse asking for waiver

State of Minnesota
County of Carver

9-8-16
date

The foregoing instrument was acknowledged before me this by Julie McAdam
name of person acknowledged

Tina Lueck
Notary Public signature

Affix Seal
Tina Lueck
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2020

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

Kennard B. McAdam
Signature of individual involved with application
(Spouse of individual listed above)

Kennard B. McAdam
Printed name of applying individual

State of Minnesota
County of Carver

9-8-16
date

The foregoing instrument was acknowledged before me this by Kennard B. McAdam
name of person acknowledged

Tina Lueck
Notary Public signature

Affix Seal
Tina Lueck
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2020

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SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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NEBRASKA LIQUOR CONTROL COMMISSION

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 or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Katherine Maple

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

Katherine Maple

Printed name of spouse asking for waiver

State of North Dakota

County of Cass

9/6/2016
date

The foregoing instrument was acknowledged before me this

by Katherine Maple
name of person acknowledged

Heather Johnson-Kjos
Notary Public signature

Affix Seal
HEATHER JOHNSON-KJOS
Notary Public
State of North Dakota
My Commission Expires Dec. 19, 2018

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

Signature of individual involved with application
(Spouse of individual listed above)

Corey R. Maple

Printed name of applying individual

State of North Dakota

County of Cass

9/6/2016
date

The foregoing instrument was acknowledged before me this

by Corey R. Maple
name of person acknowledged

Heather Johnson-Kjos
Notary Public signature

Affix Seal
HEATHER JOHNSON-KJOS
Notary Public
State of North Dakota
My Commission Expires Dec. 19, 2018

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
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I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Lori A Brown
Signature of spouse asking for waiver
(Spouse of individual listed below)

Lori A Brown
Printed name of spouse asking for waiver

State of MN

County of Hennepin

9/6/2016
date

The foregoing instrument was acknowledged before me this

by Lori A. Brown
name of person acknowledged

Notary Public signature

Affix Seal
RACHEL M BELLFIELD
NOTARY PUBLIC - MINNESOTA
MY COMMISSION EXPIRES 01/31/19

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

Signature of individual involved with application
(Spouse of individual listed above)

James M. Brown, Jr.
Printed name of applying individual

State of MN

County of Hennepin

9/6/16
date

The foregoing instrument was acknowledged before me this

by James M. Brown, Jr.
name of person acknowledged

Notary Public signature

Affix Seal
RACHEL M BELLFIELD
NOTARY PUBLIC - MINNESOTA
MY COMMISSION EXPIRES 01/31/19

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.

FORM 35-4178
Revised 1/2008

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

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
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Office Use

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NEBRASKA LIQUOR CONTROL COMMISSION

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

1) **All members spouse(s) must be listed**
2) **Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.**
3) **Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)**

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

Name of Registered Agent: David R. Durell

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

LOF Lincoln TRS, LLC 01019847 1

LLC Address: 1635 - 43rd Street S., Suite 305

City: Fargo State: ND Zip Code: 58103

LLC Phone Number: _____ LLC Fax Number _____

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

Last Name: Leslie First Name: Norman MI: H

Home Address: 3577 Woodbury Ct. S City: Fargo

State: ND Zip Code: 58103 Home Phone Number: (701) 306-7122

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of ~~**Nebraska**~~ North Dakota
County of Cass

The foregoing instrument was acknowledged before me this

September 21, 2016
Date

by Norman Leslie
name of person acknowledge

Heather Johnson-Kjos

Affix Seal

HEATHER JOHNSON-KJOS
Notary Public
State of North Dakota
My Commission Expires Dec. 19, 2018

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

Last Name: Leslie First Name: Norman MI: H

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 25%

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CONTROL COMMISSION

Last Name: Maple First Name: Corey MI: R

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 25%

Last Name: McAdam First Name: Ken

Social Security Number: Date of Birth:

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

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 25%

Last Name: Brown, Jr. First Name: James MI: M

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): Lori A. Brown

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 25%

Is the applying Limited Liability Company controlled by another corporation/company?

☐YES ☒NO

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If yes, provide the following:

1) Name of corporation _____
2) Supply an organizational chart of the controlling corporation named above.
3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: January Ending Date: December

Is this a Non Profit Corporation?

☐YES ■NO

If yes, provide the Federal ID #._____

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

MANAGER APPLICATION
INSERT - FORM 3c

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

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CONTROL COMMISSION

FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE PROCESSED

MANAGER MUST:

- Complete all sections of the application. Be sure it is signed by a **member or corporate officer,** corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card or print document from Secretary of State website with application

Spouse who **will not** participate in the business, spouse must:

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

BARCODE

MANAGER APPLICATION
INSERT - FORM 3c

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MUST BE:

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

Corporation/LLC information

Name of Corporation/LLC: LOF Lincoln TRS, LLC

Premise information

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

Premise Trade Name/DBA: Country Inn & Suites by Carlson, Lincoln North, NE

Premise Street Address: 5353 N 27th Street

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: 402-476-5353

Premise Email address: cx-lncn@countryinns.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. To see authorized officers or members search your license information here.

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Carroll First Name: Deborah MI: D

Home Address: 1623 S. 27th Street

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City: Lincoln County: Lancaster Zip Code: 68502

SEP 30 2016

Home Phone Number: 402-525-4387

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Driver's License Number & State:

Social Security Number:

Date Of Birth: Place Of Birth: Colusa, CA

Email address: deborah.carroll@countryinns.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: Carroll First Name: Michael MI: L

Social Security Number:

Driver's License Number & State:

Date Of Birth: Place Of Birth: Lincoln, NE

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	2016	Lincoln, NE	2002	2016

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	2016	Country Inn & Suites	Colette Wear	405-406-7417
2009	2011	Super Saver	Mike (no longer there)	

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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):
Broken Bow Country Club, Broken Bow, Nebraska

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

■ YES ☐ NO

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

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

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CONTROL COMMISSION

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

*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Deborah Carroll / Manager	1999	Broken Bow Country Club, Broken Bow, NE
Deborah Carroll / Manager	2002	Beacon Hills Bar & Grill

5. Have you enclosed form 147 regarding fingerprints?

☒ YES ☐ NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

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The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non-participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Signature of Manager Applicant **Signature of Spouse**

ACKNOWLEDGEMENT

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

September 15th 2016 by Michael Carroll & Deborah Carroll
date NAME OF PERSON BEING ACKNOWLEDGED

Notary Public signature

Affix Seal

NICOLE CHANCELLOR
General Notary
State of Nebraska
My Commission Expires Mar 30, 2020

In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
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PO BOX 95046
LINCOLN, NE 68509-5046
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I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

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

Michael Carroll
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

September 15th 2016 by Michael Carroll
date name of person acknowledged

Notary Public signature

Affix Seal

NICOLE CHANCELLOR
General Notary
State of Nebraska
My Commission Expires Mar 30, 2020

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

Signature of individual involved with application
(Spouse of individual listed above)

Deborah Carroll
Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

September 15th 2016 by Deborah Carroll
date name of person acknowledged

Notary Public signature

Affix Seal

NICOLE CHANCELLOR
General Notary
State of Nebraska
My Commission Expires Mar 30, 2020

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.

FORM 35-4178
Revised 1/2008

SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
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PHONE: (402) 471-2571
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DATE RECEIVED

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Office Use Only

Class:_____ License #:_____

NEBRASKA LIQUOR CONTROL COMMISSION

Applicant Name: LOF Lincoln TRS, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: Country Inn & Suites by Carlson, Lincoln North, NE
(Doing Business As)

(701) 532 - 2803 — Phone Number

hkjos@nhshotels.com — Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Guidelines / Brochures". **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
  Include a list of names covered by your payment to insure proper application of payment.
- Fee payment of **$28.75 per person** must be made directly to the NSP;
  It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/nsp
  Or checks made payable to NSP should be mailed directly to the following address:

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

- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.
- Fingerprints taken at NSP 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 will be released to the applicants;
  Fingerprint cards should be submitted with the application.

Please complete information on the following pages for EACH person fingerprinted.