



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

December 14, 2011

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 Qdoba Mexican Grill, 211 North 11th Street requesting a class A liquor license.

This location currently has a class I liquor license. The reason for the request is a change in ownership.

Heather Hampton has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Heather Hampton was born in Kearney, Nebraska. She obtained her GED in 1997.

Heather Hampton employment history is as follows:

2005 - Present	Manager, Qdoba	Lincoln, NE.
2003 - 2005	Manager, Wendy's	Lincoln, NE.
1997 - 2003	Manager, Godfather's	Lincoln, NE.

Ms. Hampton has been informed about the required training.

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



PREMISE INFORMATION

Trade Name (doing business as) Qdoba Mexican Grill

Street Address #1 211 N.12th Street

Street Address #2 _____

City Lincoln County Lancaster #02 Zip Code 68508

Premise Telephone number 402-477-0090

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

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

Name Qdoba Mexican Grill

Street Address #1 4865 Ward Road

Street Address #2 Suite 500

City Wheat Ridge State CO Zip Code 80033

**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 62.5 feet
Width 67.5 feet

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

RECEIVED

SEP 15 2011

PROJECT NO.	027
DATE	02-14-04
OWNER	LIQUOR PLAN
NO. OF SEATS	3123 S.F.
NO. OF STALLS	60
NO. OF SEATING	60
NO. OF STALLS	60

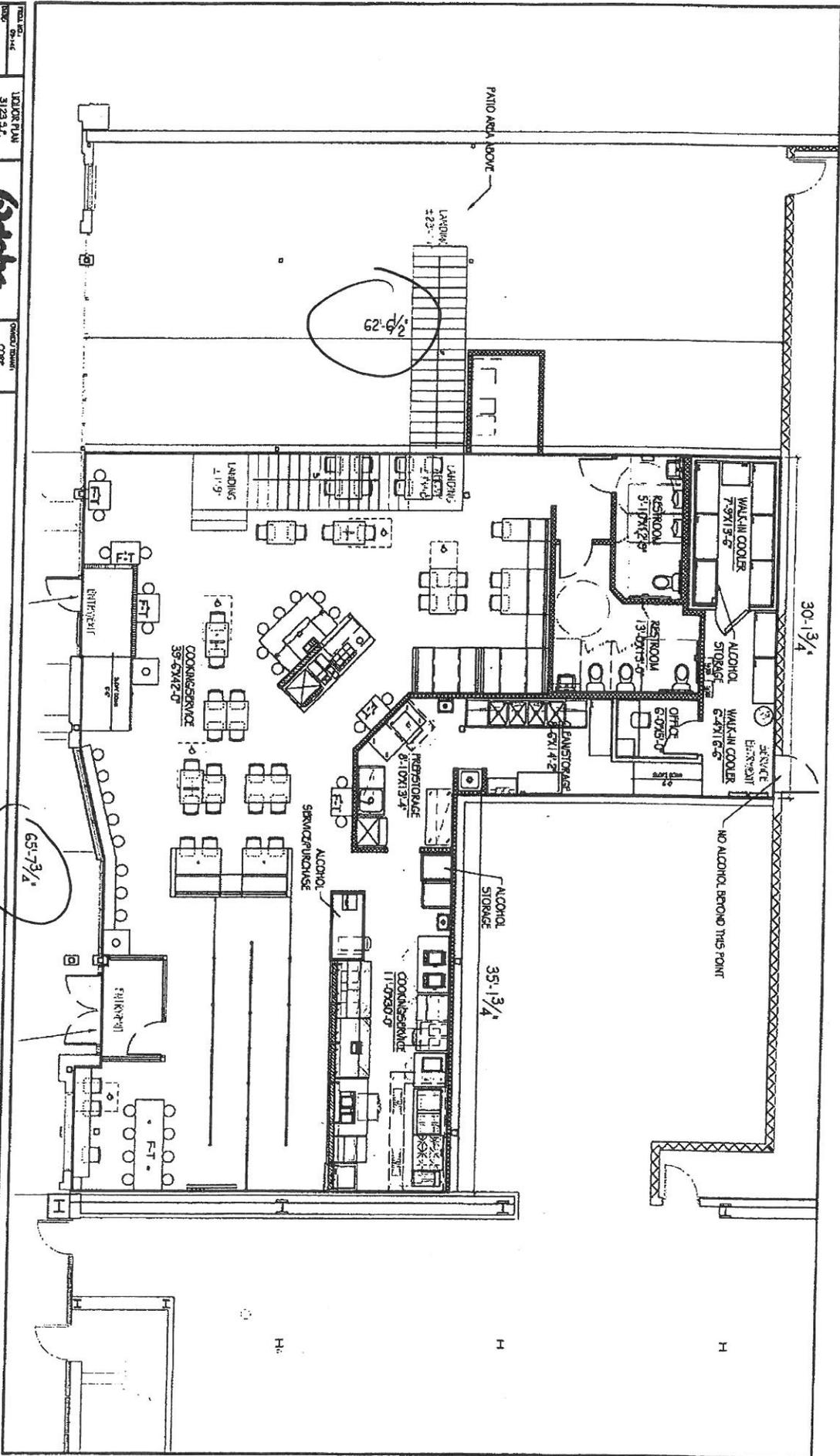
Capitol
 2111 N 12TH STREET
 LINCOLN, NE 68508

OWNER	CONTRACTOR
NAME	NAME
PHONE	PHONE
ADDRESS	ADDRESS



LIQUOR PLAN

150 WEST MAIN ST.
 LINCOLN, NE 68501
 TEL: 402-471-4477
 FAX: 402-471-4472
 WWW.HENDERSON-PAUL.COM



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Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Print

Last Name: Hampton First Name: Heather MI: MI

Home Address (include PO Box if applicable): 3123 Fletcher Ave # 256

City: Lincoln County: Lancaster Zip Code: 68504

Home Phone Number: 402-450-2410 Business Phone Number: 402-477-0090

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

Date Of Birth: _____ Place Of Birth: Kearney NE *See Att.*

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

YES

NO

Not married

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>Lincoln NE</u>	<u>1979</u>	<u>Present</u>			

APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

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 15 2011
HARRISVILLE
COLORADO

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders 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 Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Corporation Service Company

Name of Corporation that will hold license as listed on the Articles

ZRC Operations Company, LLC

Corporation Address: 4865 Ward Road, Suite 500

City: Wheat Ridge State: CO Zip Code: 80033

Corporation Phone Number: 720-898-2307 Fax Number 720-898-2396

Total Number of Corporation Shares Issued: 1,000 2 ~~1000~~

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Beisler First Name: Gary MI: J.

Home Address: 6441 Umber Circle City: Arvada

State: CO Zip Code: 80007 Home Phone Number: 303-697-4403

Signature of President/CEO

ACKNOWLEDGEMENT

State of Colorado
County of Jefferson

The foregoing instrument was acknowledged before me this

27 July 2011
Date

by Gary J. Beisler
name of person acknowledge

Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Jack In The Box, Inc. First Name: _____ MI: _____

Social Security Number: N/A Date of Birth: N/A

Title: 100% Shareholder Number of Shares: All 100 shares - controlling Corp - Qdoba Rest. Corp.

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

Spouse Social Security Number: _____ Date of Birth: _____

Family Member Per Spouse Social Security

All 100 shares - controlling Corp - Qdoba Rest. Corp. N/A Sec. Att. Exhibit A

sig Last Name: Beisler First Name: Gary MI: J Prints

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares: 0

sig Spouse Full Name (indicate N/A if single): Tammy Beisler

Spouse Social Security Number: _____ Date of Birth: _____

Affidavit

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____

Title: Reg. - ZRC - Lic.

Spouse Full Name (indicate N/A if single): Qdoba - 100%

Spouse Social Security Number: Qdoba - 100%

Last Name: Reg. - Jack in the Box Inc. MI: _____

Social Security Number: _____

Title: _____

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

Spouse Social Security Number: _____

REGISTRATION