



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

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



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

January 6, 2004

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

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Sunmart #738, 2145 South 17th Street requesting that David Soflin be approved as the manager of the class D liquor license.

Background information on the applicant is as follows:

David Soflin was born in Seward, Nebraska. He attended Seward High School graduating in 1997. Mr. Soflin has been employed by Nash Finch / Sunmart since 1997.

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.

THOMAS K. CASADY, Chief of Police



STATE OF NEBRASKA

Mike Johanns
Governor

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7252 (TTY)

FILED
CITY CLERK'S OFFICE
'03 DEC 24 PM 2 39
CITY OF LINCOLN
NEBRASKA

1-26-04
@ 5:30

A3-144846

December 23, 2003

City Clerk
555 S. 10th Street
Lincoln, NE 68508

RE: Hinky Dinky Lincoln #9, LLC / LIC # D-49368

Dear Clerk:

Enclosed is a copy of a manager application for the following:

David M. Soflin filed in connection with the Class D license of the above-named corporation.

Please present this application for manager to your City/Village Council or County Commissioners Board, and send us the results of their action.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION



Tamj Freeman
Licensing Division

tf

encl.

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman
An Equal Opportunity/Affirmative Action Employer

R.L. (Dick) Coyne
Commissioner

Liquor License Investigation

Business (DBA) SUNMART

Manager Owner Other _____

Name: DAVID SOFFIN

US Citizen ? Yes No

Has applicant ever been cited for liquor law violations ? No Yes
Explain _____

Does applicant have an interest in another liquor license ? No Yes
Explain _____

Is spouse qualified to hold a license ? Yes No N/A

How is applicant if not an owner to be paid ? Salary Hourly

How many hours will applicant be at the establishment ? 45+

Any other employment ? No Yes, explain _____

Any previous experience with a liquor license ? Yes No

Any criminal convictions ? No Yes
Comments _____

Is applicant a property owner in Lincoln ? Yes No

Is applicant involved in any civil litigation ? No Yes
Comments _____

Photo Records Check References

Comments _____

Interview Date 11/6/04

City

Application for Corporate Manager

RECEIVED

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

DEC 23 2003

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

NEBRASKA LIQUOR CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Hinky Dinky Lincoln #9, LLC, a wholly owned subsidiary of Hinky Dinky Super- markets, Inc.		CLASS & LICENSE NUMBER D49368	
TRADE NAME OF LICENSED PREMISE Sunmart #738			
STREET ADDRESS OF LICENSED PREMISE 2145 S. 17th Street	CITY Lincoln	COUNTY Lancaster	ZIP CODE 68502

On behalf of the corporation, I designate this individual as corporate manager

Signature of Corporate President/CEO:

Ron Marshall, President, Hinky Dinky Supermarkets, Inc.

APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, FIRST, MIDDLE, MAIDEN) Soflin, David Michael	SEX F <input type="radio"/> M <input checked="" type="radio"/>	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH Seward NE
HOME STREET ADDRESS 511 Lakeside Dr., #202	CITY Lincoln	COUNTY Lancaster	STATE NE	ZIP CODE 68528
HOME TELEPHONE NUMBER (402) 499-9906	BUSINESS TELEPHONE NUMBER (402) 435-3276	DRIVERS LICENSE NUMBER & STATE 20793 NE		

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) Single/ Not married	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE
DATE OF BIRTH:	PLACE OF BIRTH	

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 criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or 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

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES,** for what premise give license number and date.

YES NO

