



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

September 5, 2014

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

Mayor Beutler and Members of the City Council:

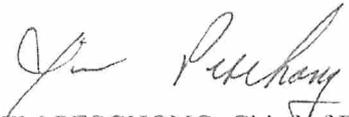
An investigation has been made regarding the application of Red Lobster Hospitality LLC, DBA as Red Lobster, 6450 O Street, requesting a class I liquor license.

Sean B Korth has requested that he be approved as the manager of the liquor license.

No areas of concern were found.

The applicant has completed the required training.

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) Red Lobster #0236

Street Address #1 6540 "O" Street

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2 Zip Code 68510

Premise Telephone number 402-466-8397 E-mail \_\_\_\_\_

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

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

Name Red Lobster Hospitality, LLC - Attn: Licensing

Street Address #1 P.O. Box 695016

Street Address #2 \_\_\_\_\_

City Orlando State Florida Zip Code 32869

**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 76 feet

Width 91 feet

Is there a basement? Yes \_\_\_ No X

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

One story building

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**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
Lisa Marie (Stratemeyer)Kern	06/08/1995	Coconut Creek, FL	DUI (1st Degree Misdemeanor)	Guilty/Convicted
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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 Red Lobster #0236 - 32487

- 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?**

YES       NO

If yes, give name and license number Red Lobster #0236 - 32487

**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) See attached

passport, voter reg, signed, prints on file

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Korth First Name: Sean MI: B.

Home Address (include PO Box if applicable): 17303 "M" ST

City: OMAHA County: Douglas Zip Code: 68135

Home Phone Number: 402-933-4240 Business Phone Number: 402-330-0162

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: LA JOLLA, CA

Email address: SEAN.B.Korth@GMAIL.COM

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

YES

NO

signed, spousal

Spouse's information

Spouses Last Name: KORTH First Name: LAURA MI: E

Social Security Number \_\_\_\_\_ Drivers License Number & Stat NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: OMAHA, 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
OMAHA, NE	04	14	OMAHA, NE	04	14

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**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1990	2014	RED LOBSTER	KIMMY STOCK	407-245-4541

**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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
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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(s):

RED LOBSTER, 320 SO 72ND ST OMAHA, NE & 2707 SO 140TH ST

**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



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

*VP/Sec*

Last Name: Dawson, III First Name: Horace MI: G.

*prints*

Social Security Number: \_\_\_\_\_ Date of Birth: <sup>1</sup> \_\_\_\_\_

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

*spousal*

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 0%

*Asst Sec*

Last Name: Hunter First Name: Colleen MI: M.

*Managing member prints*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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Percentage of member ownership 0%

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*Asst Sec*

Last Name: Kern First Name: Joseph MI: G.

*prints*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

*spousal*

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 0%

*Pres. Asst Sec*

Last Name: Richmond First Name: Carl MI: B.

*prints*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

*spousal*

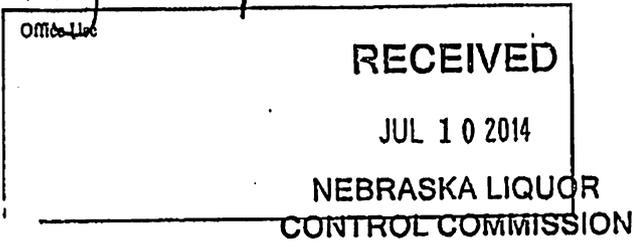
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 0%

Controlling Corp

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](http://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 of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Corporate Creations Network Inc.

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

Red Lobster Management LLC

LLC Address: 1000 Darden Center Drive

City: Orlando State: FL Zip Code: 32837

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: Richmond First Name: Carl MI: B

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

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

\_\_\_\_\_ by \_\_\_\_\_  
Date name of person acknowledge



1a

Controlling Corp

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

Last Name: Richmond First Name: Carl MI: B

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 0%

Last Name: Dawson, III First Name: Horace MI: G

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 0%

Last Name: Red Lobster Intermediate Holdings LLC 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 100%

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CONTROL COMMISSION

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