CITY OF LINCOLN NEBRASKA

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

July 30, 2015

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 Marcus Lincoln Hotel, LLC, DBA Marriott Cornhusker, 333 S 13th Street, requesting that Lisa Fryda be approved as the manager of their class CK-100003 liquor license.

Lisa Fryda is currently the approved liquor license manager for two of the Marcus Theatre establishments, Lincoln Grand Cinema and East Park Cinema.

Ms. Fryda completed the required management training on April 9, 2015.

No areas of concern were found.

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

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

Office Use

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MAY 29 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

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 in the State of Nebraska**
- ✓ **Fingerprinted. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Marcus Lincoln Hotel, LLC

Premise information

Liquor License Number: 100003 Class Type CK (if new application leave blank)

Premise Trade Name/DBA: Marriott Cornhusker

Premise Street Address: 333 South 13th Street

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: (402) 474-7474

Email address: carrieamaya@marcuscorp.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. Click on this link to see authorized individuals. http://www.lcc.ne.gov/license_search/licsearch.cgi

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

1500012719

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Fryda First Name: Lisa MI: M.

Home Address (include PO Box if applicable): 18101 North 1st Street

City: Davey County: Lancaster Zip Code: 68336

Home Phone Number: (402) 785-2505 Business Phone Number: (402) 323-6720

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

Date Of Birth: _____ Place Of Birth: Lincoln, Nebraska

Email address: lisafryda@marcustheatres.com

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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: Fryda First Name: Dean MI: G.

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

Date Of Birth: _____ Place Of Birth: Grand Rapids, Michigan

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
Davey, Nebraska	1999	current	Davey, Nebraska	1999	current

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2008	present	Marcus Theatres Corporation	Tim Ward	(608) 443-7458
1989	2008	Douglas Theatres	Debby Brehm	(402) 323-6700

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.

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☐ 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
N/A				

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

*NLCC Training Certificate Issued: 02/15/2014 Name on Certificate: Lisa M. Fryda

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Lisa M. Fryda	02/2014	Responsible Beverage Service Training (attached)
Lisa M. Fryda	02/2014	Lincoln Server/Seller Permit (attached)
Lisa M. Fryda	04/2015	Responsible Hospitality Council Management Training (attached)

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*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Lisa M. Fryda/ General Manager	2008-current	Lincoln Grand Theatre - Lincoln, Nebraska
Lisa M. Fryda/General Manager	1989-2008	Douglas Theatres - Lincoln, Nebraska

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.

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.

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Lisa M Fryda
Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

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

10th of March, 2015 by Lisa M. Fryda
date name of person acknowledged

Megan M. Van Dyke
Notary Public signature

Affix Seal

State of Nebraska - General Notary
MEGAN M. VAN DYKE
My Commission Expires
April 14, 2018

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.

Print Form

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
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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.

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

Dean G. Fryda
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

10th of March, 2015
date

by Dean G. Fryda
name of person acknowledged

Megan M. VanDyke
Notary Public signature

Affix Seal

State of Nebraska - General Notary
MEGAN M. VAN DYKE
My Commission Expires
April 14, 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.

Lisa M Fryda
Signature of individual involved with application
(Spouse of individual listed above)

Lisa M. Fryda
Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

10th of March, 2015
date

by Lisa M. Fryda
name of person acknowledged

Megan M. VanDyke
Notary Public signature

Affix Seal

State of Nebraska - General Notary
MEGAN M. VAN DYKE
My Commission Expires
April 14, 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.