



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

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



lincoln.ne.gov

June 6, 2007

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 Beacon Hills, 5353 North 27th Street requesting that Ronn Sorensen be approved as the manager of the class C liquor license.

Background information on the applicant is as follows:

Ronn Sorensen was born in Fremont, Nebraska. He attended the University of Nebraska graduating in 1976.

Ronn Sorensen employment history is as follows:

2000 - Present	G.M., Country Inn & Suites	Lincoln, NE.
1998 - 2000	G.M., Hawthorn Suites	Omaha, NE.
1994 - 1998	Director, Gramercy Hills	Lincoln, NE.
1993 - 1994	G.M., Seldin Companies	Omaha, NE.
1986 - 1993	G.M., Hilton Hotel	Lincoln, NE.

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



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) BEACON HILLS

Manager Owner Other _____

Name: RONN SORENSEN

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 ? 50+

Any other employment ? No Yes, explain _____

Any previous experience with a liquor license? Yes No

Any criminal convictions ? No Yes
Comments _____

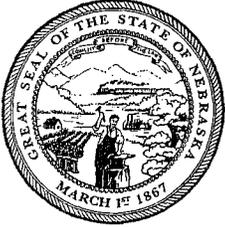
Is applicant a property owner in Lincoln ? Yes No

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

Photo Records Check References
DMU

Comments _____

Interview Date 6 / 6 / 07



Dave Heineman
Governor

PH: 4/25/07 5:3
STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe

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 800 833-7352 (TTY)
web address: <http://www.lcc.ne.gov/>

May 22, 2007

Lincoln City Clerk
555 South 10th Street
Lincoln, NE 68508-3993

Dear Clerk:

Enclosed is a copy of a manager application for **Ronn Sorensen** in connection with **Beacon Hills of Lincoln LLC** dba Beacon Hills, located at 5353 North 27th Street, Lincoln NE.

Please present this application for manager to your Council and send us the results of their action.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

A7-054596

Jerilyn A Cash
Licensing Division

jc
encl.

cc: file

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

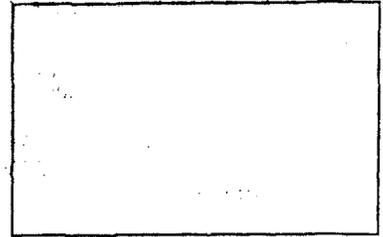
An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

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**APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
*MUST BE A NEBRASKA RESIDENT***

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Beacon Hills of Lincoln LLC
CLASS & LICENSE NUMBER I # 66647
TRADE NAME Beacon Hills
STREET ADDRESS 5353 Nth 27th St CITY Lincoln

SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Ronn L. SORENSEN
ADDRESS 6120 Sumner
CITY Lincoln STATE Ne ZIP CODE 68506
HOME PHONE NUMBER 402- BUSINESS PHONE NUMBER 402-476-5353
SEX MALE FEMALE SOCIAL SECURITY NUMBER _____
DATE OF BIRTH 3-11-1952 PLACE OF BIRTH Fremont Ne
DRIVERS LICENSE NUMBER & STATE _____ NE

SPOUSE INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Darlene E. Sorensen
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH 7-3-1953
DRIVERS LICENSE NUMBER & STATE _____ Nebraska



0700009635

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.

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 Lincoln Hilton Hotel 1987-1992

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

YES NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

YES NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

YES NO

PRINTS ENCLOSED

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
				YEAR FROM TO	
6120 Sumner Lincoln Ne		1988	2007	6120 Sumner Lincoln Ne	

EMPLOYERS - LIST LAST TWO EMPLOYERS				
MONTH/YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
12/2004	current	SAND Companies Inc	JASON Mortland	320-202-3100
3/2000	12/2004	Lighthouse Properties LLC	DAVID BOOS	785-826-8210

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

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, an 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.

Ramon L. Jensen

Signature of Applicant

Darlene E. Borson

Signature of Spouse

Subscribed in my presence and sworn to before me this 23rd
day of April, 2007.

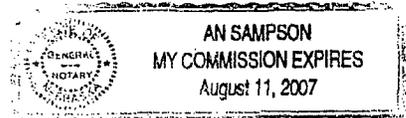
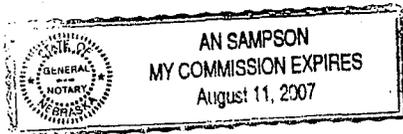
Subscribed in my presence and sworn to before me this 25th
day of April.

[Signature]

Notary Signature & Seal

[Signature]

Notary Signature & Seal

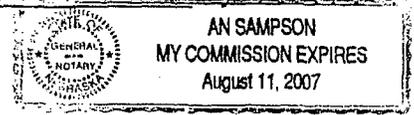
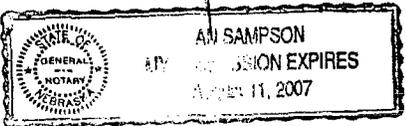


**NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

to Darlene E. Sampson
Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 23rd day
of April, 2007.



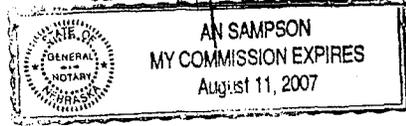
[Signature]
Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Signature]
*Signature of applying individual
(spouse of individual listed above)

RONN L. SAMPSON
Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 23rd day
of April, 2007.



[Signature]
Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit