CITY OF LINCOLN NEBRASKA

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

June 18, 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 MMG Nebraska F & B, Inc., DBA Chili's Grill & Bar, 6730 S 27th Street, requesting that Brian Hofmeister be approved as the manager of their class I-086129 liquor license.

Mr. Hofmeister 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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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: MMG Nebraska

Premise information

Liquor License Number: 86129 Class Type I (if new application leave blank)

Premise Trade Name/DBA: Chili's Grill & Bar

Premise Street Address: 6730 S 27th St

City: Lincoln County: Zip Code: 68512

Premise Phone Number: 402) 420-2800

Email address: jessica@hielangroup.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)

1500014299

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: HOFMEISTER First Name: BRIAN MI: M

Home Address (include PO Box if applicable): ~~6730 S 27th St~~ 6030 Thornton Drive, Apt. 1007

City: LINCOLN County: LANCASTER Zip Code: 68512

Home Phone Number: (719) 246-6380 Business Phone Number: (402) 420-2800

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

Date Of Birth: _____ Place Of Birth: BALTIMORE, MD

Email address: bhofmeister42@gmail.com

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Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted). If not:

☐ YES ☑ NO

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
6030 THORNTON DR LINCOLN, NE 68512	13	PRESENT	~~LINCOLN, NE~~		
~~6730~~ COLORADO SPRINGS, CO	01	13			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	PRESENT	HAGEN GROUP DBA CHANS	CHARLES LAYNE	(402) 420-2800
2006	2011	BOARDS OF THE WORLD DBA PANORA BOARD	DAVE DAVIS	

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**
Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

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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):

_____

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: 4/9/15 Name on Certificate: Brian Hohmstedt

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Brian Hohmstedt	04/09/15	

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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:
Brian Hohmstedt / GM	2/2011 TO PRES	Chuys Grill + Bar Colorado Springs, CO Lincoln, NE
Brian Hohmstedt / GM	1993 - 2008	Ruby Tuesday Baltimore MD
Brian Hohmstedt / GM	2008 - 2004	TGI Fridays Tysons Corner, VA

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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.

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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.

Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

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

April 20, 2015 by Brian M. Hofmeister
date name of person acknowledged

Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
JILL M. SLOMA
My Comm. Exp. Dec. 2, 2015

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.

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