

Lincoln



Nebraska's Capital City

March 11, 2003

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

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of GMRI, Inc, d.b.a. Olive Garden Italian Restaurant, 6100 'O' Street requesting that Jared Beckmann be approved as the manager of the class I liquor license.

Background information on the applicant is as follows:

Jared Beckmann was born in Norfolk, Nebraska. He attended Nebraska Lutheran High School, Waco, Nebraska graduating in 1996.

Jared Beckmann employment history is as follows:

1997 - Present	G.M., Olive Garden	Lincoln, NE.
1992 - 1997	Kitchen Manager, Hunters Lounge	Waco, 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



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Web: www.ci.lincoln.ne.us
A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Olive GARDEN

Manager Owner Other _____

Name: JARED BECKMANN

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? 55+

Any other employment? No Yes, explain _____

Any previous experience with a liquor license? Yes No

Any criminal convictions? No Yes
Comments See ATTACHED

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 3 / 11 / 03

STATE OF NEBRASKA

Act Hearing 3-1-03
PH: 3-31-03



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 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

A3-023148
417

March 4, 2003

Joan Ross, City Clerk
County City Bldg.
555 So 10th St
Lincoln NE 68508

RE: GMRI, Inc. dba Olive Garden Italian Rest #1432
6100 "O" Street, Lincoln, license #I-32483

Clerk:

Enclosed is a copy of the manager application for Jared J. Beckmann filed in connection with the Class I license for the above named corporation.

Please present this application to your City Council and send us the results of that action.

NEBRASKA LIQUOR CONTROL COMMISSION

A handwritten signature in cursive script that reads "Mary Messman".

Mary Messman
Licensing Division

mm
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

City

Application for Corporate Manager

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

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

GMRI, Inc. *

Class & License number

Class I - License #32483 *

Trade Name of Licensed Premise

Drive Garden Italian Restaurant #1432 *

Street Address of Licensed Premise

6100 "O" Street *

City

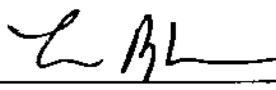
Lincoln *

County

Lancaster *

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

GMRI, Inc.

Signature of Corporate President/CEO: By: 

Laurie B. Burns, President

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Beckmann, Jared J. *

Sex *

F	M
<input type="radio"/>	<input checked="" type="radio"/>
C	☉

Social Security Number

_____ *

Date of Birth

_____ *

Place of Birth

Norfolk, NE *

Home Street Address

861 S. 46th Street, #1 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68510 *

Home Telephone Number

402-730-3639 *

Business Telephone Number

402-464-1910 *

Drivers License Number

_____ *

State

NE *

Are You Married? * Yes No If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

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

1996 & 1998 Ticketed for possession of alcohol as a minor, Nebraska

* 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

* 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

RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE

Year
From To

Applicant: City & State

Lincoln, NE

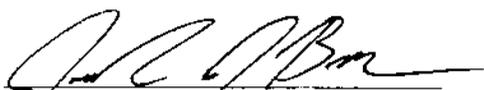
97

03

Spouse: City & State

disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

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 and inaccurate.



Signature of Applicant

Jared J. Beckmann

Subscribed in my presence and sworn to before me this 4th day
of March 2003

Signature of Spouse (if applicable)

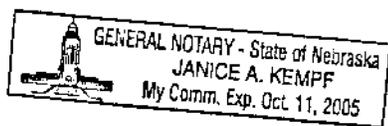
Subscribed in my presence and sworn to before me this ____ day
of _____.



Notary Signature & Seal

Notary Signature & Seal





FORM 35-4013
REV. 2/01