



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 26, 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 Christos' Pub, 1200 'O' Street requesting a class C liquor license.

This location has been purchased by HHMG Inc.

HHMG Inc has requested that Scott Hoffman be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Scott Hoffman was born in York, Nebraska. He attended Midlands College graduating in 1998.

Scott Hoffman employment history is as follows:

2001 - Present	Finance Director, Mosail	Lincoln, NE.
1998 - 2001	Accountant, Dane	Aurora, NE.

Stockholder information has been included for your review.

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) Christo's Pub

Manager      Owner      Other \_\_\_\_\_

Name: SCOTT HOFFMAN

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 90 of sales

How many hours will applicant be at the establishment? 20

Any other employment? No       Yes explain MOBILE

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

Comments \_\_\_\_\_

Interview Date 6 / 13 / 07

Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: CHRISTO'S PUB

Address: 1200 'O' Phone: 435-3358

Type of Investigation : Purchase Upgrade Expansion New  
Owner Manager Other: \_\_\_\_\_

Type of Business: BAR

Liquor Class A B C D I J K Catering Other: \_\_\_\_\_

Ownership: Corporation Partnership Individual

Amount Financed: 100 K Source: VAMP'S BANK

Lease Agreement: 3YR 4900<sup>00</sup>

Sales: %Food: 20 %Liquor: 80

Located: Commercial Industrial Residential

Traffic Flow: HEAVY Off Street Parking: Yes No

Ready for Operation: Yes No/ Est Date: \_\_\_\_\_

Food Service: Yes No Employees: F/T 4-5 P/T 4

Est Seating: 140 Est Daily Customers 80

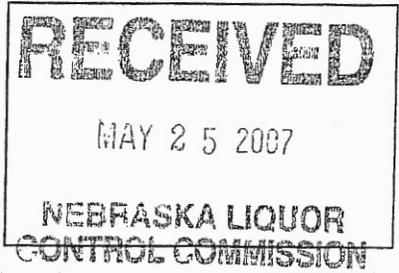
Hours of Operation: 10.30 - 1Am 7 day

Any Additional Comments: \_\_\_\_\_

Hours of Operation: 10.30 - 1Am 1 day

**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/](http://www.nol.org/home/NLCC/)



**LIQUOR LICENSE INFORMATION**

NAME OF LICENSED CORPORATION H H M G, Inc.  
CLASS & LICENSE NUMBER C  
TRADE NAME Christo's Pub  
STREET ADDRESS 1200 "O" Street CITY Lincoln

**SIGNATURE OF CORPORATION PRESIDENT/CEO**

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

NAME Scott Hoffman  
ADDRESS 2811 Fletcher Ave Apt 26  
CITY Lincoln STATE NE ZIP CODE 68504  
HOME PHONE NUMBER 402-416-9439 BUSINESS PHONE NUMBER 402-416-9439  
SEX  MALE  FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH York, NE  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

**SPOUSES INFORMATION (IF NOT MARRIED INDICATE)**

SPOUSE NAME N/A  
SOCIAL SECURITY NUMBER N/A DATE OF BIRTH N/A  
DRIVERS LICENSE NUMBER & STATE N/A

**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.

*Minor in Possession 10/1994 Merrick County (Central City), Plead guilty and paid small fine. Multiple non-alcohol related speeding traffic violations, paid small fine and/or completed STOP class.*

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 FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Pollack, NE	1976	4-1998	N/A		
Aurora, NE	5-1998	5-2002	N/A		
Lincoln, NE	6-2002	current	N/A		
			N/A		

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

MONTH/YEAR FROM	MONTH/YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1998	2002	DADE, CPA Firm	Bob Eddy	402-694-6404
2002	current	MOBAC,	Tammy Westfall	866-366-7242

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC INSERT - FORM 3a**

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.nol.org/home/NLCC](http://www.nol.org/home/NLCC)



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

HHMG, Inc.

Corporate Street Address: 1224 Kiplinger Ave.

City: YORK State: NE Zip Code: 68467

Corporate Telephone Number 402-366-8373

Total number of shares issued (if corporation) ~~10,000~~ 1,000

Is this a Non Profit Corporation?  YES  NO  
If yes, what is your Federal ID #? -

Name of Registered Agent Angie S. Mason

Name of Proposed Manager ~~Andrea Havel~~ Scott Hoffman  
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Hoffman First Name: Scott MI 0

Address Street 2811 Fletcher Ave Apt 26 City Lincoln

State NE Zip Code 68504 Home Phone number 402-416-9439

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

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name MASON First Name ANGIE

Social Security Number 508-19-1067 Date of Birth \_\_\_\_\_

Title VP/Secretary Number of Shares 280

Spouse Name (indicate N/A if single) BRYAN MASON

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

Title N/A Number of Shares N/A

Last Name Hoffman First Name Joel

Social Security Number 306-98-0388 Date of Birth \_\_\_\_\_

Title President / Treasurer Number of Shares 280

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

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

Title N/A Number of Shares N/A

Last Name Havel First Name Andrea

Social Security Number 507-04-6763 Date of Birth \_\_\_\_\_

Title Director Number of Shares 280

Spouse Name (indicate N/A if single) Christopher Havel

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

Title N/A Number of Shares N/A

Title Director Number of Shares 280

signed  
prints

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280

280

280

✓

Last Name GRAFF First Name DONALD

Social Security Number 507-64-7836 Date of Birth \_\_\_\_\_

Title Director Number of Shares 160

Spouse Name (indicate N/A if single) KERRY Graff

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

Title N/A Number of Shares N/A

160

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Name (indicate N/A if single) \_\_\_\_\_

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

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Name (indicate N/A if single) \_\_\_\_\_

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

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Is this Corporation or Limited Liability Company controlled by another Corporation?

Yes  No

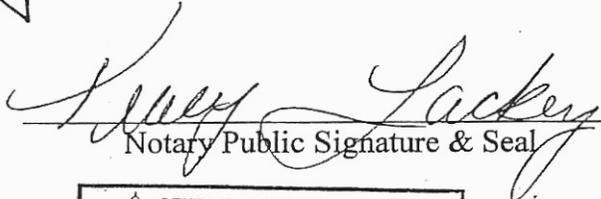
If yes, give name of corporation and supply organizational chart

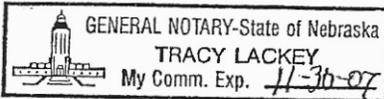
Indicate tax year with the IRS

Starting Date 6-18-2007

Ending Date 12-31-2007

  
Signature of President/Managing Member

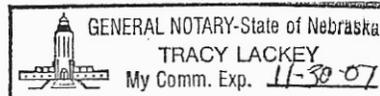
  
Notary Public Signature & Seal



Subscribed in my presence and sworn to before me this

17<sup>th</sup> day of May, 2007

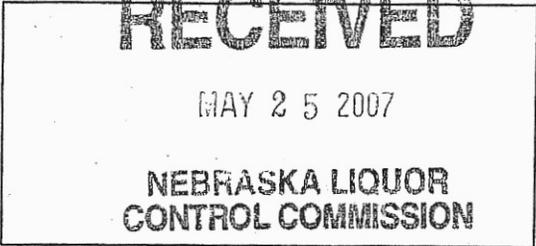
  
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE**

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.nol.org/home/NLCC/



OFFICE USE ONLY

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS(S)**

**RETAIL LICENSE(S)**

- A Beer, On Sale Only \$45.00
- B Beer, Off Sale Only \$45.00
- C Beer, Wine & Distilled Spirits, On & Off Sale \$45.00
- D Beer, Wine & Distilled Spirits, Off Sale Only \$45.00
- I Beer, Wine & Distilled Spirits, On Sale Only \$45.00

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

**MISCELLANEOUS**

			Bond
<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00 1,000 min.
<input type="checkbox"/>	O	Boat	\$ 95.00 N/A
<input type="checkbox"/>	V	Manufacturer, Beer, Wine & Distilled Spirits (additional fee of \$100 to \$1,000-call for exact amount)	\$ 45.00 10,000 min.
<input type="checkbox"/>	W	Wholesale Beer	\$545.00 5,000
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00 5,000
<input type="checkbox"/>	Y	Farm Winery	\$295.00 1,000

All Class C licenses expire October 31st  
All other licenses expire April 30<sup>th</sup>  
Catering expire same as underlying retail license

**TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)**

- Individual License, requires insert form 1
- Partnership License, requires insert form 2
- Corporate License, requires insert form 3a and manager application 3b

**NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION**

(Commission will call this person with any questions we may have)

Name: Angie Mason Phone: 402-362-5506

Firm Name: Svenla, Thomas, Rauert & Grafton, P.C.

Firm address: 408 N. Platte Ave., Suite A, York, NE 68467

**PREMISE INFORMATION**

Trade Name (doing business as) Christa's Pub

Street Address #1 1200 "O" Street

Street Address #2 -

City Lincoln County Lancaster #2

Zip Code 68508

Telephone number at premise to be licensed 402-435-3358

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

city

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: HHMG, Inc.

Street Address #1 2811 Fletcher Ave.

Street Address #2 Apt. 26

City Lincoln County Lancaster

Zip Code 68504

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, 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 in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

See Attachment. # 1

**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 If yes, please explain below or attach a separate page.
- No See attachment # 2

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted. (See attachment # 3)

- Yes  
Current business name and license number Christo's Pub #69550
- No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- Yes
- No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- Yes Genoe National Bank, Cornerstone Bank and Bank of America
- No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

Yes \_\_\_\_\_  
 No \_\_\_\_\_

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

Yes \_\_\_\_\_  
 No \_\_\_\_\_

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

Yes \_\_\_\_\_  
 No \_\_\_\_\_

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

Yes \_\_\_\_\_  
 No \_\_\_\_\_

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

Yes \_\_\_\_\_  
 No \_\_\_\_\_

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

First National of Omaha - Lincoln Branch  
Scott Hoffman      Andrea Havel  
Angie Mason      Don Graft

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

None

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Andrea Havel - 30 Hours (approx.)

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

1 year cocktail waitress } Nebraska  
2 years manager at bar } approx 5 years ago

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

Lease: expiration date 10-31-2010 (see attachment #4)  
 Deed  
 Purchase Agreement

15. When do you intend to open for business? June 18th, 2007

16. What will be the main nature of business? What are the anticipated hours of operation? Beverage & Food Service  
10:00 am to 1:00 pm

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

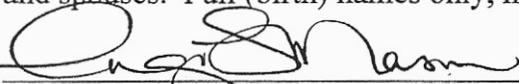
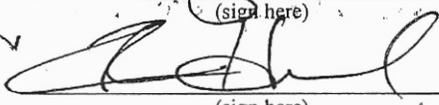
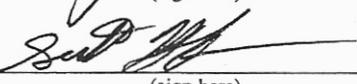
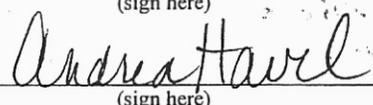
Applicant Name	From: Year	To: Year	City/State
See attachment #5			

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. 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.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

 _____ (sign here)	 _____ (sign here)
 _____ (sign here)	 _____ (sign here)
 _____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)

Subscribed in my presence and sworn to before me this  
17th day of May, 2007

  
\_\_\_\_\_  
Notary Public Signature & Seal

GENERAL NOTARY-State of Nebraska  
TRACY LACKEY  
My Comm. Exp. 11-30-07

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05