



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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

June 4, 2009

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 Hampton Inn, 7343 Husker Circle requesting a class I liquor license.

Robert Grimm has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Robert Grimm was born in Omaha, Nebraska. He attended West Wood High School graduating in 1993.

Robert Grimm employment history is as follows:

2006 - Present	GM, Kinseth Hospitality	Lincoln, NE.
2005 - 2006	Manager, Walgreens	Lincoln, NE.
2004 - 2005	Manager, American Eagle	Lincoln, NE.
1995 - 2005	Team Leader, Target	Lincoln, NE.

The required training will be completed on July 9th 2009.

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



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
 PO BOX 95046
 LINCOLN, NE 68509-5046
 PHONE: (402) 471-2571
 FAX: (402) 471-2814
 Website: www.lcc.ne.gov/

45 days = 7/13/09

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NEBRASKA LIQUOR
 CONTROL COMMISSION

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

RETAIL LICENSE(S)

		<u>Application Fee</u>
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS

		<u>Application Fee</u>	<u>Bond Required</u>
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
	<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Copy of TTB permit (if applying for L, V, W, X, Y or Z)		

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st
 All other licenses expire April 30th
 Catering license (K) expires 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 & 3c)
- Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION
 (commission will call this person with any questions we may have on this application)

Name Michelle Schultz Phone number: 319-626-8343
 Firm Name Kinseth Hotel Corporation

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PREMISE INFORMATION

Trade Name (doing business as) Hampton Inn

Street Address #1 7343 Husker Circle

NEBRASKA LIQUOR
CONTROL COMMISSION

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68504

Premise Telephone number 402-435-4600

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

Mail address (where you want receipt of mail from the commission)

Name Kinseth Hotel Corporation

Street Address #1 2 Quail Creek Circle

Street Address #2 _____

City North Liberty State Ia Zip Code 52317

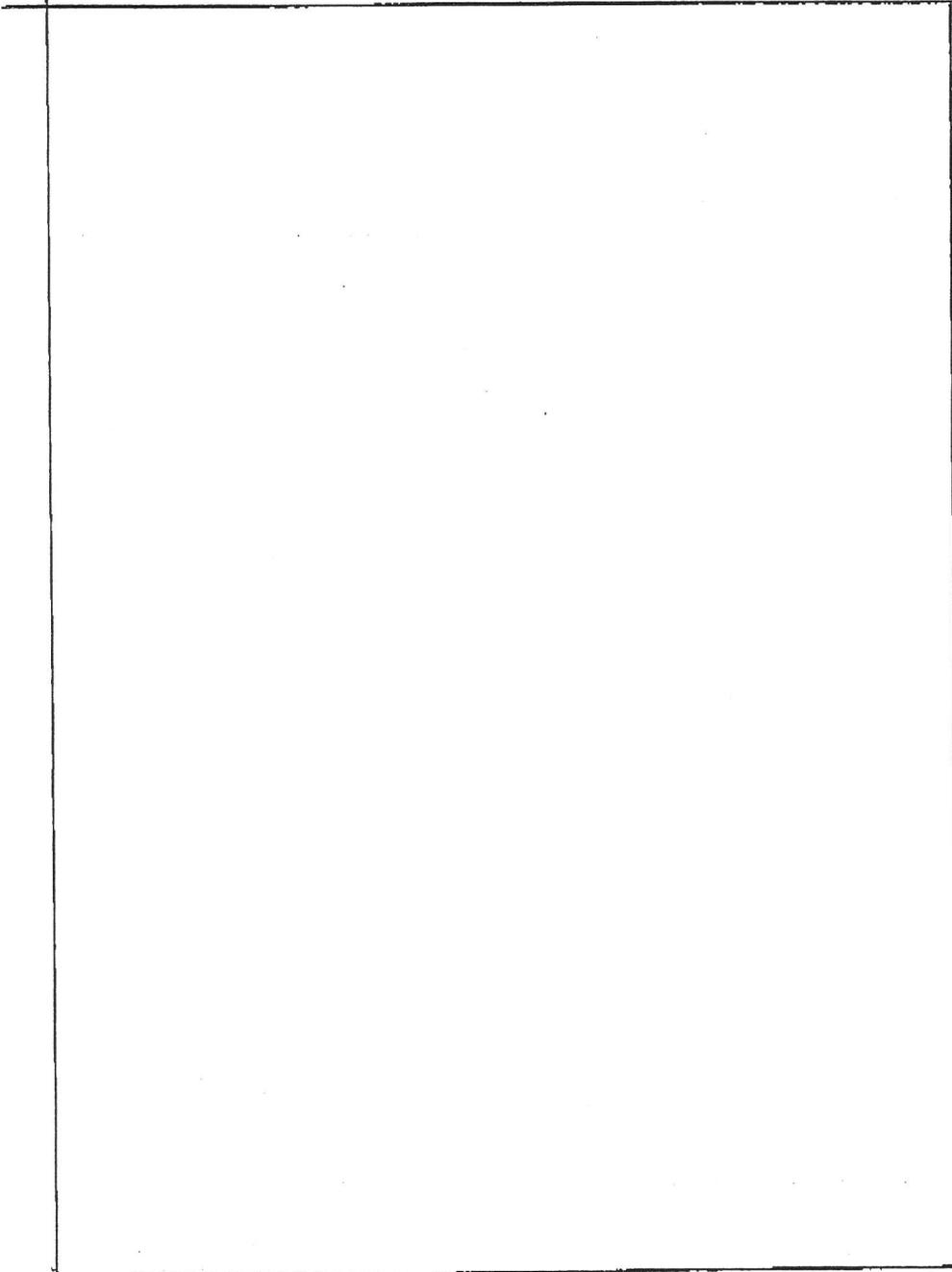
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

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.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

4 floors in building

Hampton Inn Lincoln Ne
Entire Building

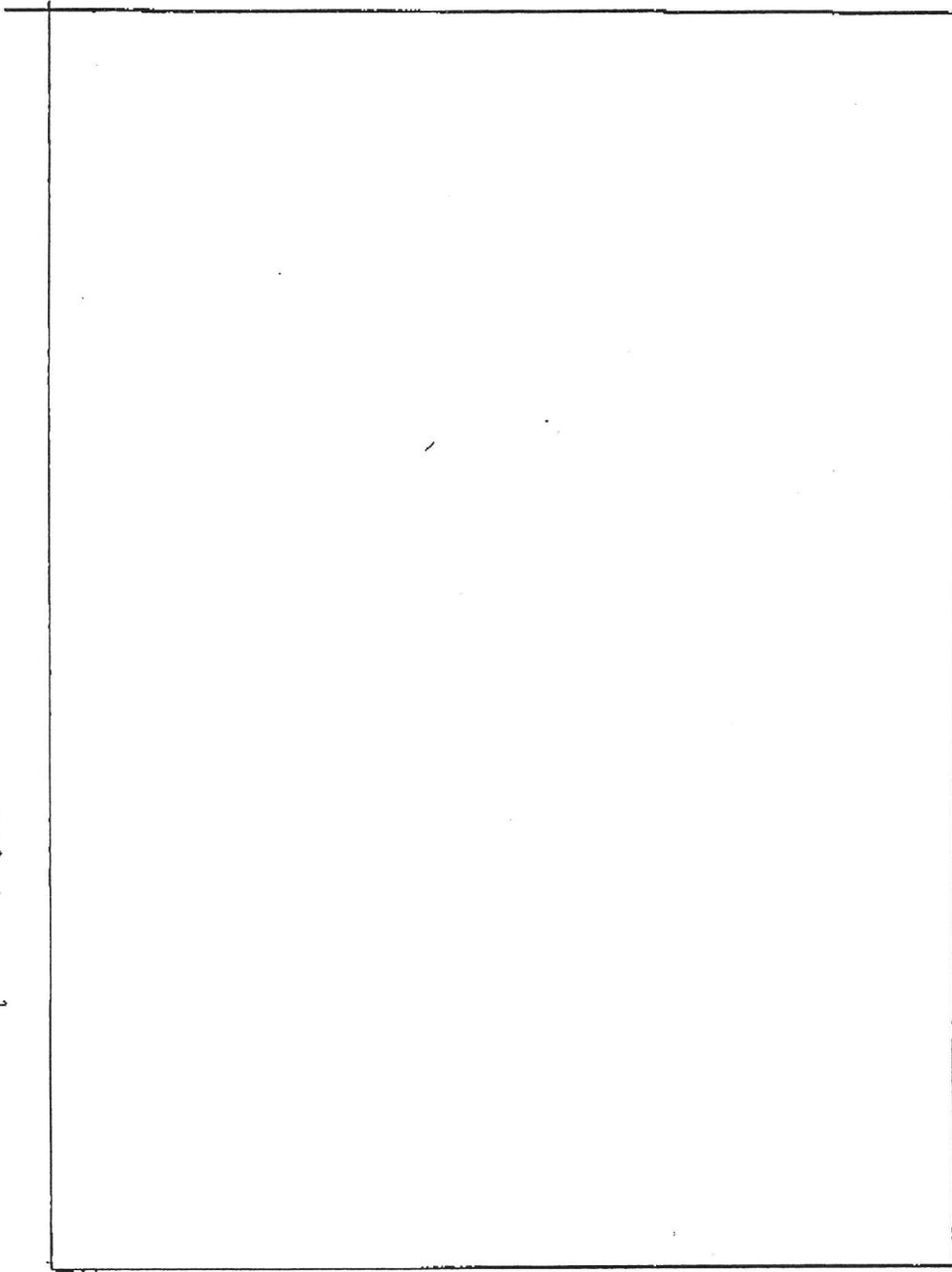


244'

417'

Hampton Inn Lincoln Ne

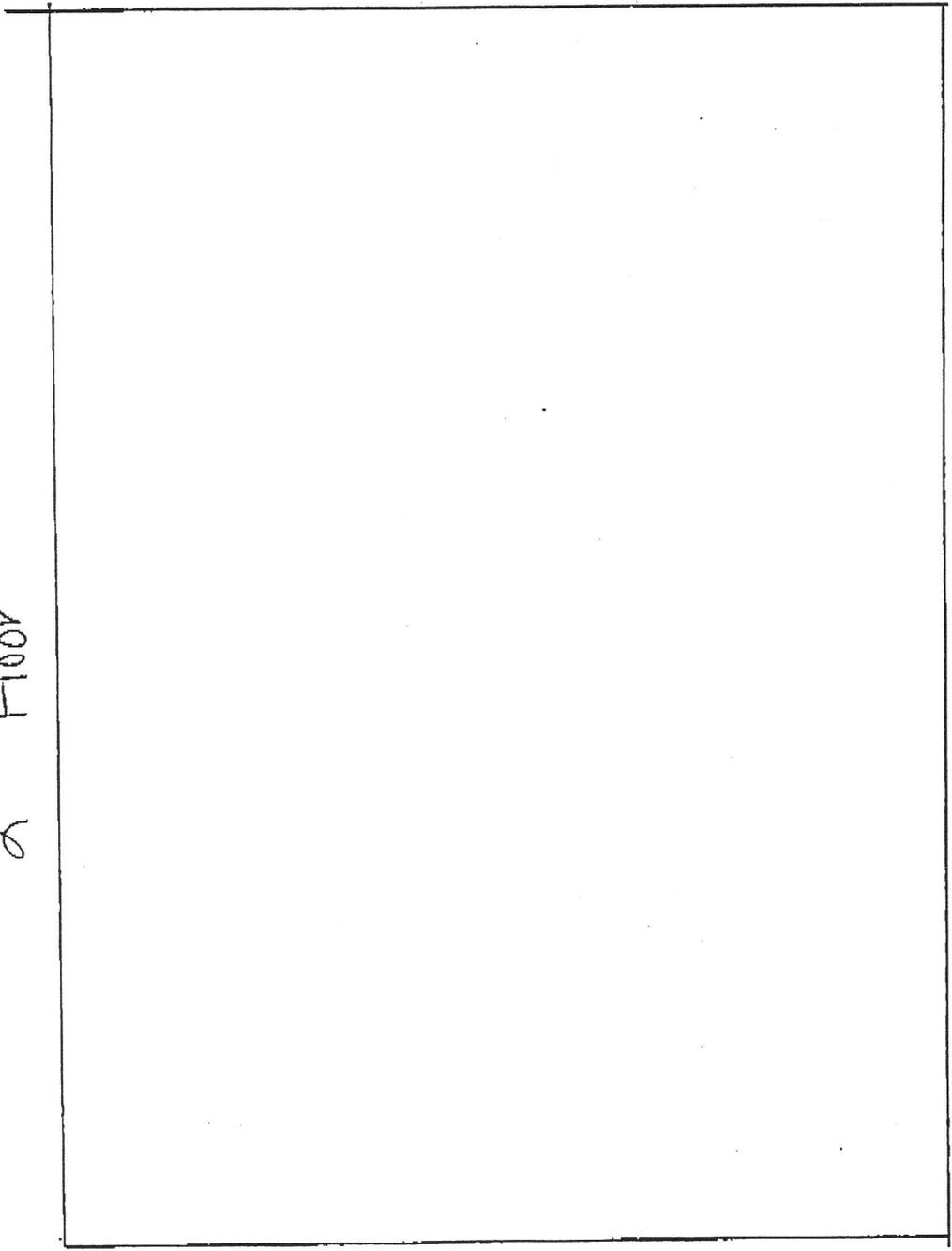
1st Floor



244'

417'

Hampton Inn Lincoln Ne
2nd Floor

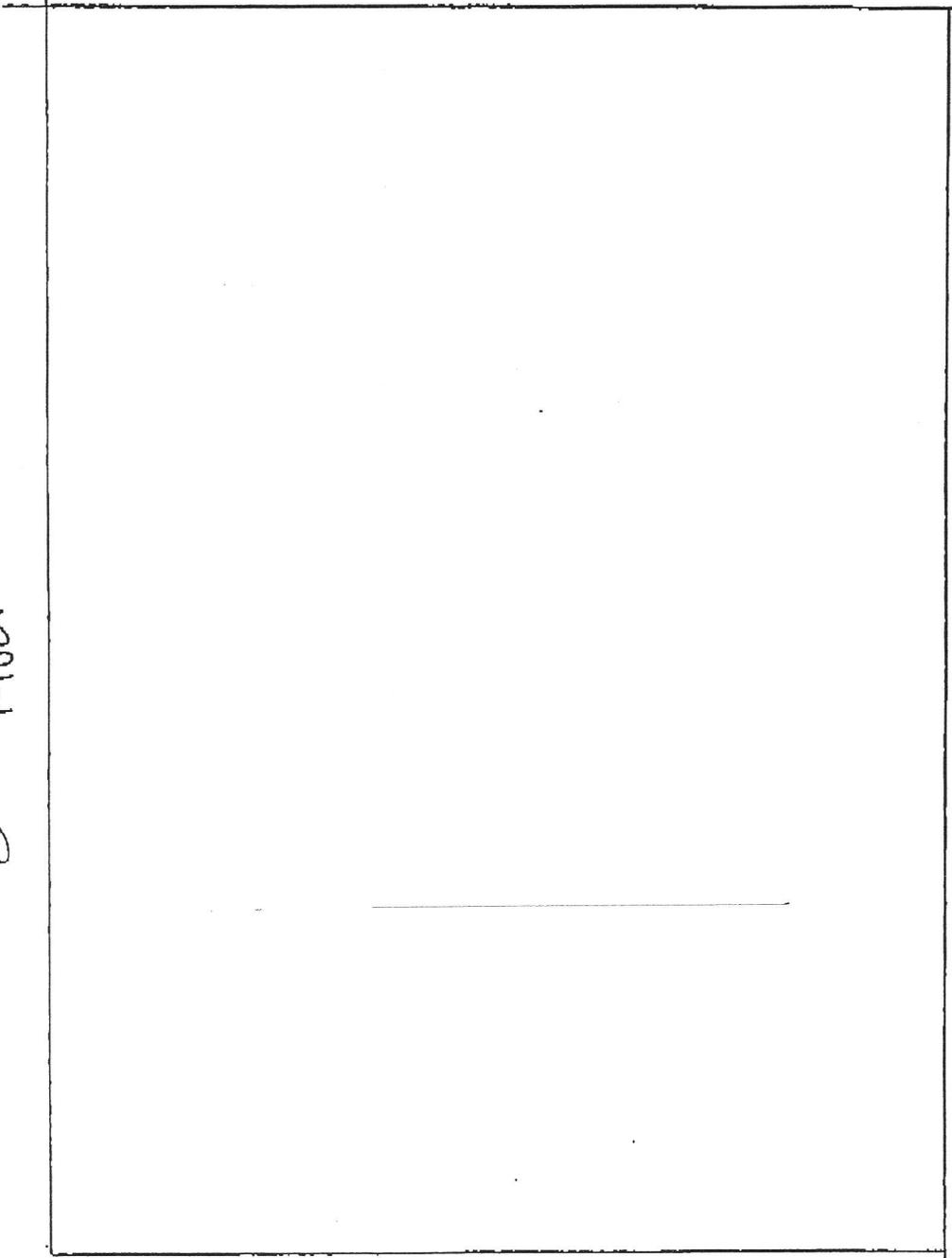


11/18

11/17

Hampton Inn Lincoln Ne

3rd Floor

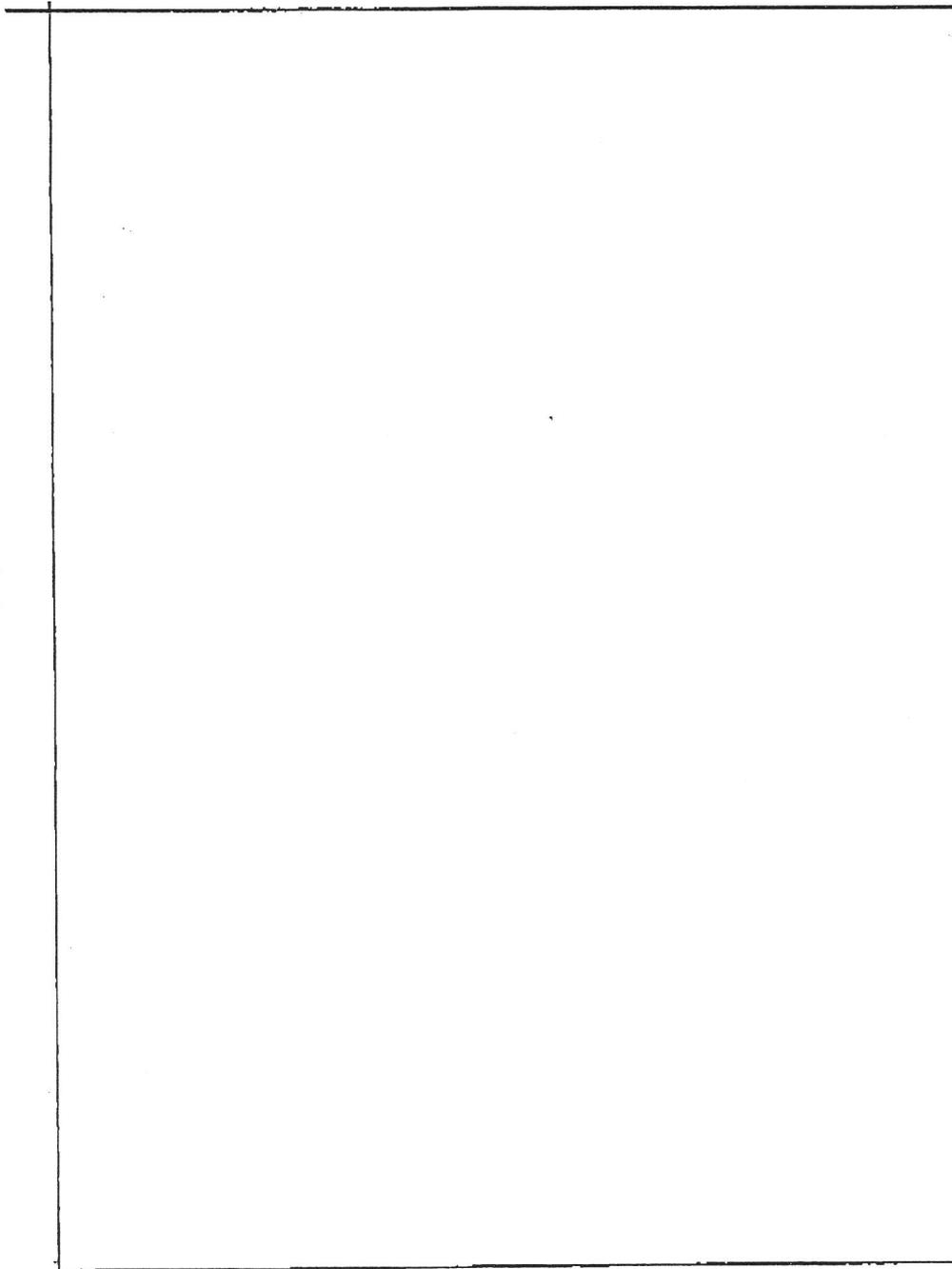


2440

417'

Hampton Inn Lincoln Ne

4th floor



4th floor

4th floor

APPLICANT INFORMATION

MAY 26 2009

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or pled guilty to any charge or 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.

NEBRASKA LIQUOR CONTROL COMMISSION

YES NO

If yes, please explain below or attach a separate page.

Rob Grimm - Plead guilty in June 2002 to a DUI that occurred in Lincoln, Ne and received 6 month probation.

2. Are you buying the business and/or assets of a licensee?

YES NO

If yes, give name of business and license number

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

YES NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

YES NO

If yes, list the lender Cornhusker Bank, Lincoln, Ne.

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

YES NO

If yes, explain. All involved persons must be disclosed on application. Profits are distributed at the end of the year. Attached is a copy of parties that have an interest in the property.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES NO

If yes, list such items and the owner. Furniture, fixtures, and equipment are owned by Salt Creek Hotel Associates, LLC. Ownership disclosure is attached.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

YES NO

If yes, explain. Indirect ownership (control through yearly board meeting); but No silent partners not involved in the daily operation of the business. Ownership disclosure is attached.

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8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

YES NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

NEBRASKA LIQUOR CONTROL COMMISSION

9. Is anyone listed on this application a law enforcement officer?

YES NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

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 withdrawals on accounts at the institution.

U.S. Bank - depository account only
U.S. Bank - property operation account - Rob Grimm, Sandy Vandembosch, Bruce Kinseth

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 reason for termination of any license(s) previously held.

Active - Kinseth Hotel Corporation, 17879 Chicago St., Omaha NE. License C-75028

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Rob Grimm (manager)	8/2006 - Current	Guest Service Supervisor Hilton Garden Inn ↳ Omaha Ne.

13. 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 7/1/2010 to renew automatically for 1 year periods until
 Deed either party elects not to renew the agreement. (See attached)
 Purchase Agreement See Document # 883755

14. When do you intend to open for business? 8/1/2009

15. What will be the main nature of business? Hotel

16. What are the anticipated hours of operation? 24 hours daily

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet. Please see attached #1

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

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO

MAY 26 2009

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and 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 of for any partner or stockholder that are needed in furtherance of the application investigation of 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.

Bruce Kinsett
Bruce Signature of Applicant

Lisa Kinsett
Lisa Signature of Spouse

Leslie B. Kutt
Les Signature of Applicant

Alisa Skinsick
Alisa Signature of Spouse

Gary Kinsett
Gary Signature of Applicant

Darla Kinsett
Darla Signature of Spouse

Linda Kinsett
Linda Signature of Applicant

Keith Mauer Skinner
Keith Signature of Spouse

Bob Kinsett
Bob Signature of Applicant Manager

Elizabeth Kinsett
Elizabeth Signature of Spouse

Iowa
State of ~~Nebraska~~
County of Johnson

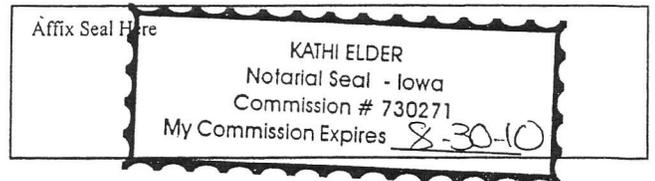
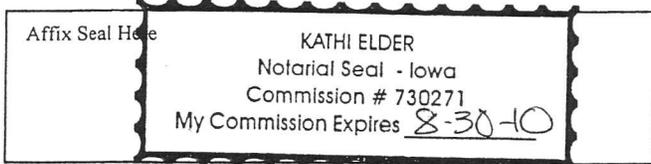
State of Iowa
County of Johnson

The foregoing instrument was acknowledged before me this May 14, 2009 by

The foregoing instrument was acknowledged before me this May 14, 2009 by

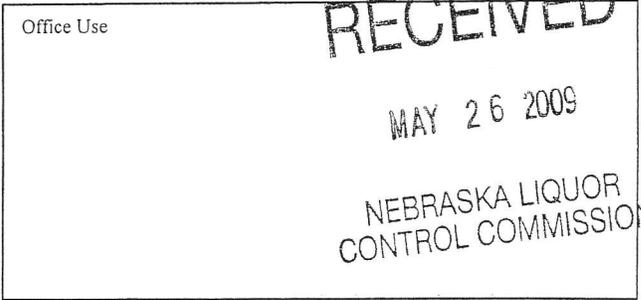
Kathi Elder
Notary Public signature

Kathi Elder
Notary Public signature



APPLICATION FOR LIQUOR LICENSE CORPORATION 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.lcc.ne.gov



Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Bruce Kinseth

Name of Corporation that will hold license as listed on the Articles
Kinseth Hotel Corporation

Corporation Address: 2 Quail Creek Circle

City: North Liberty State: Ia Zip Code: 52317

Corporation Phone Number: 319-626-5600 Fax Number 319-626-8350

Total Number of Corporation Shares Issued: 6000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Kinseth First Name: Bruce MI: A

Home Address: 420 Knowling Drive City: Coralville

State: Ia Zip Code: 52241 Home Phone Number: 319-351-0783

Bruce Kinseth
Signature of president

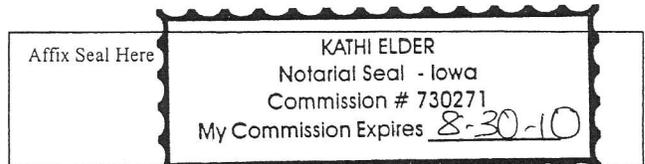
State of ~~Nebraska~~ Iowa
County of Johnson

The foregoing instrument was acknowledged before me this

5-18-09 by Bruce Kinseth
date name of person acknowledged

Kathi Elder

Notary Public signature



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List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: Kinseth First Name: Leslie MI: signed
 Social Security Number: _____ Date of Birth: _____ prints
 Title: President Number of Shares 1500 signed
 Spouse Full Name (indicate N/A if single): Alisa Kinseth spousal
 Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Skinner First Name: Linda MI: signed
 Social Security Number _____ Date of Birth: _____ prints
 Title: Vice-President Number of Shares 1500 signed
 Spouse Full Name (indicate N/A if single): Keith Skinner spousal
 Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Kinseth First Name: Bruce MI: signed
 Social Security Number: _____ Date of Birth: _____ prints
 Title: Senior Vice-President Number of Shares 1500 signed
 Spouse Full Name (indicate N/A if single): Lisa Kinseth spousal
 Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Kinseth First Name: Gary MI: signed
 Social Security Number: _____ Date of Birth: _____ prints
 Title: Vice President Number of Shares 1500 signed
 Spouse Full Name (indicate N/A if single): Darla Kinseth spousal
 Spouse Social Security Number: _____ Date of Birth: _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

Is the applying Corporation controlled by another Corporation?

YES

NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: September Ending Date: August

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

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Salt Creek Hotel Associates, LLC

Ownership Breakdown

Fed ID# 20-5959394, State of NE - filed 11-21-06

NEBRASKA LIQUOR
CONTROL COMMISSION

Investor / Address Information	Phone #	E-mail	% Ownership	Payments Received
Held Family Limited Partnership c/o Chris Held 11506 Nicholas St., Suite 200 Omaha, NE 68154	402-493-2800	cheld@diarealtycorp.com	75%	
Kinseth West Omaha, LLC c/o Bruce Kinseth 2 Quail Creek Circle North Liberty, IA 52317	319-626-5600	bkinseth@kinseth.com	25%	

**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

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NEBRASKA LIQUOR
CONTROL COMMISSION

**Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required**

- 1) **Must be a citizen of the United States**
- 2) **Must be a Nebraska resident (Chapter 2 - 006)**
- 3) **Must provide a copy of birth certificate, naturalization paper or US passport**
- 4) **Must submit fingerprints (2 cards per person)**
- 5) **Must be 21 years of age or older**
- 6) **Applicant may be required to take a training course**

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: KINSETH HOTEL CORPORATION / HAMPTON INN & SUITES LINCOLN NE

Premise information

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA: HAMPTON INN & SUITES LINCOLN NORTHEAST

Premise Street Address: 7343 HUSKER CIRCLE

City: LINCOLN Zip Code: 68504

Premise Phone Number: 402-435-4600

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below. PLEASE PRINT CLEARLY

Gender: MALE FEMALE

MAY 26 2009

Last Name: GRIMM First Name: ROBERT MI: E

Home Address (include PO Box if applicable): 7150 HOLMES PARK RD, APT #125

City: LINCOLN State: NE Zip Code: 68506

Home Phone Number: 402-750-8211 Business Phone Number: 402-403-2416

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: OMAHA, NE

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: GRIMM First Name: ELIZABETH MI: M

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: DES MOINES, IA

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
LINCOLN, NE	04	PRESENT	LINCOLN, NE	08/99	PRESENT
COUNCIL BLUFFS, IA	03	04			
PELLA, IA	02	03			
LINCOLN, NE	95	02			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
06	PRESENT	KINSETH HOTEL CORPORATION	SHANA YOUNG	402-306-3128
04	06	WALGREENS	HEATHER GAPP	402-423-3839

1. READ PARAGRAPH CAREFULLY AND 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.

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DUI - 2002 - LINCOLN, NE	MAY 26 2009

NEBRASKA LIQUOR CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES NO

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

YES NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

YES NO

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

Date:	Where:
AUGUST 06 - PRESENT	HILTON GARDEN INN OMAHA WEST, NE

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.

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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NEBRASKA LIQUOR CONTROL COMMISSION

[Handwritten Signature]

Signature of Manager Applicant

[Handwritten Signature]

Signature of Spouse

State of Nebraska

County of otoe

County of lancaester

The foregoing instrument was acknowledged before me this April 15th, 2009 by Robert E Grimm JR

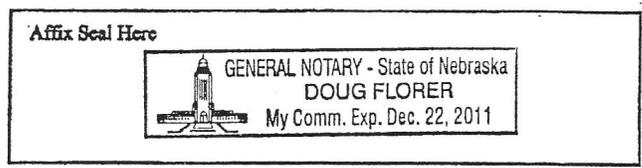
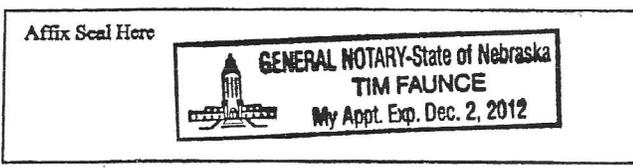
The foregoing instrument was acknowledged before me this 4-14-09 by Elizabeth K. Grimm

[Handwritten Signature]

Notary Public signature

[Handwritten Signature]

Notary Public signature



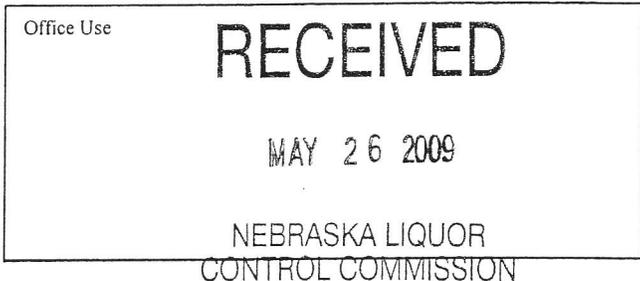
In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

Hampton Inn

**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
FAX: (402) 471-2814
Website: www.lcc.ne.gov



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.

Alisa Kinseth

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

Alisa Kinseth

Printed name of spouse asking for waiver

State of Iowa

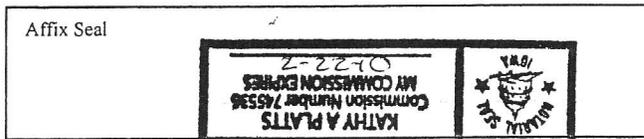
County of Cerro Gordo

April 15, 2009
date

The foregoing instrument was acknowledged before me this

by Alisa Kinseth
name of person acknowledged

Kathy Platts
Notary Public signature



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.

Leslie Kinseth

Signature of individual involved with application
(Spouse of individual listed above)

Leslie Kinseth

Printed name of applying individual

State of Iowa

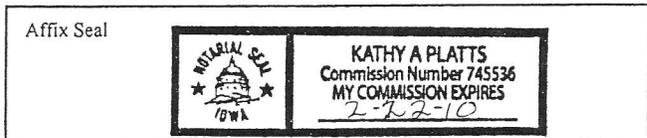
County of Cerro Gordo

April 15, 2009
date

The foregoing instrument was acknowledged before me this

by Leslie Kinseth
name of person acknowledged

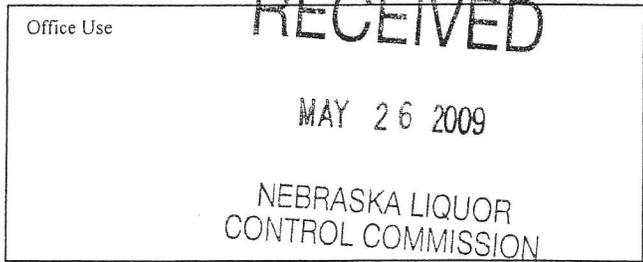
Kathy Platts
Notary Public signature



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.

**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
FAX: (402) 471-2814
Website: www.lcc.ne.gov



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.

Keith Skinner
Signature of spouse asking for waiver
(Spouse of individual listed below)

Keith Skinner
Printed name of spouse asking for waiver

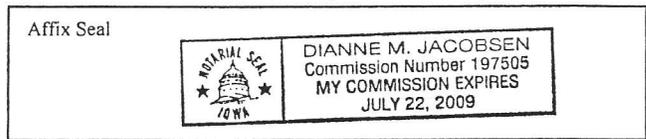
State of Iowa

County of Pottawattomie

April 17, 2009
date

Dianne M. Jacobsen
Notary Public signature

The foregoing instrument was acknowledged before me this
by Dianne M. Jacobsen
name of person acknowledged



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.

Keith Skinner
Signature of individual involved with application
(Spouse of individual listed above)

Linda Skinner
Printed name of applying individual

State of Iowa

County of Pottawattomie

April 17, 2009
date

Dianne M. Jacobsen
Notary Public signature

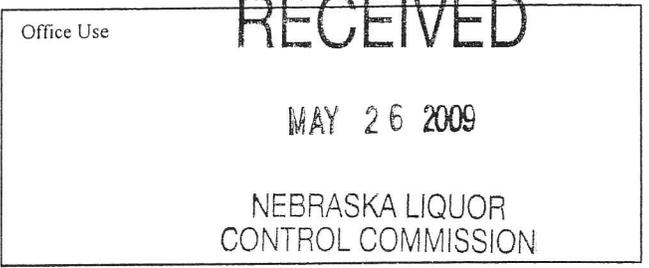
The foregoing instrument was acknowledged before me this
by Dianne M. Jacobsen
name of person acknowledged



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**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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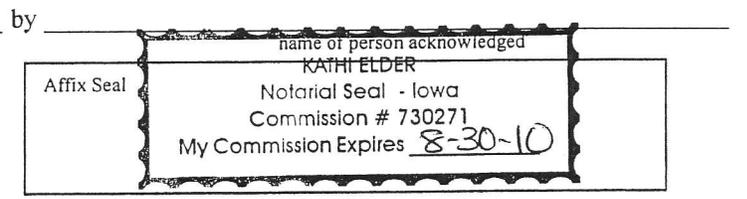
Anisa Kinseth
Signature of spouse asking for waiver
(Spouse of individual listed below)

Lisa Kinseth
Printed name of spouse asking for waiver

State of Iowa
County of Johnson

The foregoing instrument was acknowledged before me this

4-3-09
date
Kathi Elder
Notary Public signature



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.

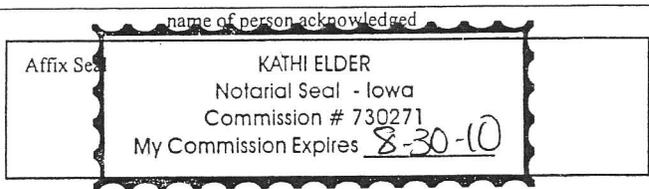
Bruce Kinseth
Signature of individual involved with application
(Spouse of individual listed above)

Bruce Kinseth
Printed name of applying individual

State of Iowa
County of Johnson

The foregoing instrument was acknowledged before me this

4-3-09
date
Kathi Elder
Notary Public signature



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**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
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use
RECEIVED
MAY 26 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

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.

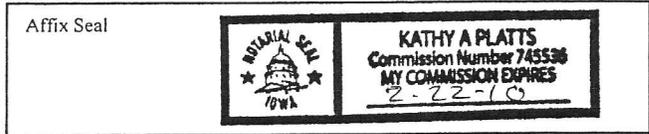
Darla Kinseth
Signature of spouse asking for waiver
(Spouse of individual listed below)

Darla Kinseth
Printed name of spouse asking for waiver

State of Iowa
County of Cerro Gordo
4.22-2009
date

The foregoing instrument was acknowledged before me this
by Darla Kinseth
name of person acknowledged

Kathy Platts
Notary Public signature



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.

Gary Kinseth
Signature of individual involved with application
(Spouse of individual listed above)

Gary Kinseth
Printed name of applying individual

State of Iowa
County of Cerro Gordo
April 17, 2009
date

The foregoing instrument was acknowledged before me this
by Gary Kinseth
name of person acknowledged

Kathy Platts
Notary Public signature



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**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
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use
RECEIVED
MAY 26 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

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.

[Handwritten Signature]

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

ELIZABETH K. GRIMM

Printed name of spouse asking for waiver

State of Nebraska

County of Laucaster

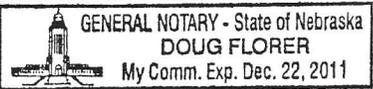
4-14-09
date

The foregoing instrument was acknowledged before me this

by Elizabeth K. Grimm
name of person acknowledged

[Handwritten Signature]

Notary Public signature

Affix Seal


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.

[Handwritten Signature]

Signature of individual involved with application
(Spouse of individual listed above)

Rob Grimm

Printed name of applying individual

State of Nebraska

County of ota c

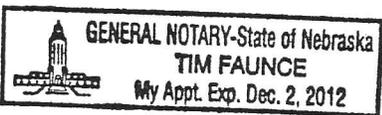
4/15/2009
date

The foregoing instrument was acknowledged before me this

by Robert E Grimm JR
name of person acknowledged

[Handwritten Signature]

Notary Public signature

Affix Seal


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.

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Fri Apr 3 9

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MAY 26 2009

STATE OF NEBRASKA
LETTER OF GOOD STANDING

NEBRASKA LIQUOR
CONTROL COMMISSION

JOHN A. GALE
Secretary of State

Corporate Division
Room 1301
State Capitol
Lincoln, NE 68509

April 03, 2009

Kathi Elder
2 Quail Creek Circle
North Liberty, IA 52317

Dear Kathi Elder

Our records indicate that as of April 03, 2009 at 11:05 AM the corporation known as:

KINSETH HOTEL CORPORATION

a IA corporation, has registered with the Nebraska Secretary of State's Office and is currently in existence and good standing to do business in the State of Nebraska as of the time and date noted above.

Sincerely,

John A. Gale
Secretary of State

Information on this document provided from the records of the Nebraska Secretary of State Office through **Nebrask@ Online**, an instrumentality of the State of Nebraska

ARTICLES OF AMENDMENT
TO THE
RESTATED
ARTICLES OF INCORPORATION
OF
KINSETH HOTEL CORPORATION

RECEIVED
SECRETARY OF STATE
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MAY 26 2009

TO THE SECRETARY OF STATE
OF THE STATE OF IOWA:

NEBRASKA LIQUOR
CONTROL COMMISSION

Pursuant to section 1006 of the Iowa Business Corporation Act, the undersigned corporation adopts the following Articles of Amendment to the Restated Articles of Incorporation:

1. The name of the Corporation is Kinseth Hotel Corporation ("Corporation").
2. Article 2 of the Corporation's Restated Articles of Incorporation is hereby amended to read as follows: =

ARTICLE 2

AUTHORIZED CAPITAL

A. Common Stock. The authorized capital of the corporation shall include authorized common stock as follows:

Stock	Authorized Shares	Par Value
Common Stock	10,000	No par

B. Preferred Stock. In addition to authorized common stock, the authorized capital of the Corporation shall include authorized preferred stock as follows:

Stock	Authorized Shares	Par Value
Preferred Stock	1,220	\$1,000

1. Dividends. Preferred shares shall not carry a dividend preference, but shall be entitled to participate with the common shares if any dividends are declared. In the event that dividends are declared, preferred stock shall participate with the ratio of preferred shares to common shares being 0.17617:1 ("Dividend Ratio").

2. Liquidation. In the event of liquidation and after provision has been made for the Corporation's debts, preferred shares are entitled to receive a distribution of \$1,000 per share before common shares are entitled to receive any distribution.

3. Conversion. Preferred shares shall be convertible to common shares at the option of the preferred shareholder with the ratio of preferred shares to common shares being

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NEBRASKA LIQUOR CONTROL COMMISSION

0.52926:1 ("Conversion Ratio"). In the event that preferred shares are so converted, the original preferred shares shall be turned in and canceled, and new shares of common shall be issued.

- 4. Redemption. Preferred shares are not redeemable by the Corporation.
- 5. Voting. Preferred shares shall have no right to vote.

3. The amendment was adopted August 31, 2002. The amendment was duly approved by the shareholders in the manner required by 490 and by the articles of incorporation.

4. The amendment was approved by the shareholders. The designation, number of outstanding shares, number of votes entitled to be cast by each voting group entitled to vote separately on the amendment, and the number of votes of each voting group indisputably represented at the meeting are as follows:

DESIGNATION OF GROUP	SHARES OUTSTANDING	VOTES ENTITLED TO BE CAST ON AMENDMENT	VOTES REPRESENTED AT MEETING
Common Stock	6,000	6,000	6,000

The total number of votes cast for and against the amendment by each voting group entitled to vote separately on the amendment is as follows:

VOTING GROUP	VOTES FOR	VOTES AGAINST
Common Stock	6,000	0

IN WITNESS WHEREOF, the Corporation has executed and delivered these Articles of Amendment effective as of January 28, 2003.

KINSETH HOTEL CORPORATION

By: Bruce Kineth
Bruce Kineth, Vice President

FILED
IOWA
SECRETARY OF STATE
1-28-03
3:58 PM
W340838



RESTATED
ARTICLES OF INCORPORATION
OF
KINSETH HOTEL CORPORATION

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MAY 26 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

DEC 11 1997

SECRETARY OF STATE

TO THE SECRETARY OF STATE
OF THE STATE OF IOWA:

Pursuant to section 1007 of the Iowa Business Corporation Act, the undersigned corporation adopts the following Restated Articles of Incorporation:

ARTICLE 1

NAME

The name of the corporation is Kinseth Hotel Corporation (the "Corporation").

ARTICLE 2

AUTHORIZED CAPITAL

The authorized capital of the Corporation shall be as follows:

Stock	Authorized Shares	Par Value
Common Stock	10,000	No par

ARTICLE 3

DIRECTORS

The number of directors shall be the number specified in or fixed in accordance with the bylaws. The board of directors shall have power to fix or change the number of directors unless the shareholders, in amending or repealing the bylaws, provide expressly that the board of directors shall not amend or repeal the bylaw establishing the number of directors.

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MAY 26 2009

ARTICLE 4

NON-LIABILITY AND INDEMNIFICATION

NEBRASKA LIQUOR
CONTROL COMMISSION

A. A director of this Corporation shall not be personally liable to the Corporation or its shareholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the Corporation or its shareholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or knowing violation of law, (iii) for a transaction from which the director derived an improper personal benefit, or (iv) under Section 833 of the Iowa Business Corporation Act (or any similar provision of any subsequent law enacted in Iowa). If the law of the Corporation's state of incorporation is hereafter changed to permit further elimination or limitation of the liability of directors for monetary damages to the Corporation or its shareholders, then the liability of a director of this Corporation shall be eliminated or limited to the fullest extent then permitted.

B. Each individual who is or was a director of the Corporation (and the heirs, executors, personal representatives or administrators of such individual) who was or is made a party to, or is involved in any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that such person is or was a director of the Corporation or is or was serving at the request of the Corporation as a director, officer, partner, trustee, employee or agent of another corporation, partnership, joint venture, trust, employee benefit plan or other enterprise ("Indemnitee"), shall be indemnified and held harmless by the Corporation to the fullest extent permitted by applicable law, as the same exists or may hereafter be amended. In addition to the indemnification conferred in this Article, the Indemnitee shall also be entitled to have paid directly by the Corporation the expenses reasonably incurred in defending any such proceeding against such Indemnitee in advance of its final disposition, to the fullest extent authorized by applicable law, as the same exists or may hereafter be amended. The right to indemnification conferred in this Article shall be a contract right.

C. The Corporation may, by action of the board of directors, provide indemnification to such of the officers, employees and agents of the Corporation to such extent and to such effect as the board of directors shall determine to be appropriate and authorized by applicable law.

D. The rights and authority conferred in this Article shall not be exclusive of any other right which any person may have or hereafter acquire under any statute, provision of the articles of incorporation or bylaws of the Corporation, agreement, vote of shareholders or disinterested directors, or otherwise.

E. Any repeal or amendment of this Article by the shareholders of the Corporation shall not adversely affect any right or protection of a director or officer existing at the time of such repeal or amendment.

ARTICLE 5

PREEMPTIVE RIGHTS

No holder of any shares of the stock of the Corporation of any class shall have any preemptive right to purchase, subscribe for, or otherwise acquire any shares of stock of the Corporation of any class now or hereafter authorized, or any securities exchangeable for or convertible into such shares, or any

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NEBRASKA LIQUOR CONTROL COMMISSION

NEBRASKA LIQUOR CONTROL COMMISSION

warrants or other instruments evidencing rights or options to subscribe for, purchase or otherwise acquire such shares.

ARTICLE 6

CERTIFICATE OF ADOPTION

A. The duly adopted Restated Articles of Incorporation set forth above supersede the original Articles of Incorporation of the Corporation and all amendments thereto.

B. The board of directors adopted these Restated Articles of Incorporation to amend the Articles of Incorporation which required shareholder approval. These Restated Articles of Incorporation were approved by the shareholders pursuant to consents signed by all of the shareholders dated as of December 11, 1997.

C. The designation, number of outstanding shares, number of votes entitled to be cast by each voting group entitled to vote separately on the Restated Articles of Incorporation and the number of votes of each voting group so represented are as follows:

DESIGNATION OF GROUP	SHARES OUTSTANDING	VOTES ENTITLED TO BE CAST ON RESTATED ARTICLES	VOTES REPRESENTED
Common Stock	6,000	6,000	6,000

The total number of votes cast for and against these Restated Articles of Incorporation by each voting group entitled to vote separately on the Restated Articles of Incorporation is as follows:

VOTING GROUP	VOTES FOR	VOTES AGAINST
Common Stock	6,000	-0-

D. The number of votes cast for the Restated Articles of Incorporation by each voting group was sufficient for approval by that voting group.

Dated this 11th day of December, 1997.

KINSETH HOTEL CORPORATION

By Bruce Kinseth
Bruce Kinseth, Senior Vice President

FILED IOWA SECRETARY OF STATE

12-11-97

9:04 AM

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