



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

August 1, 2011

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 Towers Event Center, 6891 'A' Street requesting a class I liquor license.

Janice Kreifels, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Janice Kreifels was born in Lincoln, Nebraska. She attended the College of Hair Design graduating in 1981.

Ms. Kreifels has been the owner of Classic Cut since 1985.

The required training information has been given to Ms. Kreifels.

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

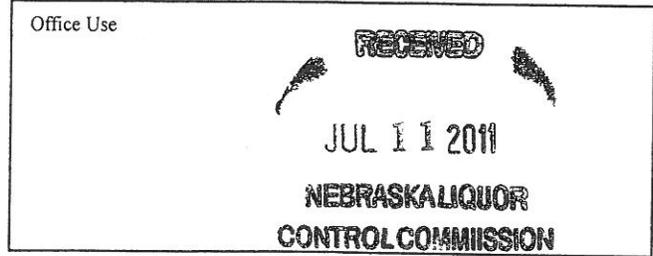


A nationally accredited law enforcement agency



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% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (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: _____

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

Towers Event Center Inc.

Corporation Address: 6891 A St. Suite 111

City: Lincoln State: NE Zip Code: 68510

Corporation Phone Number: 402-470-2140 Fax Number _____

Total Number of Corporation Shares Issued: 10,000 Shares

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

Last Name: Kreifels First Name: JANICE MI: A

Home Address: 1315 So. 50th City: Lincoln

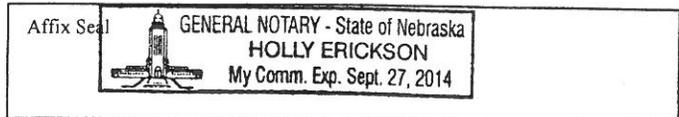
State: NE Zip Code: 68510 Home Phone Number: 402-488-5567

Janice A. Kreifels
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER
11th day of July, 2011
Date
Holly Erickson

The foregoing instrument was acknowledged before me this
by JANICE A. KREIFELS
name of person acknowledge



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

Last Name: Kreifels First Name: JANICE MI: A

Social Security Number: _____ Date of Birth: _____

Title: owner President Number of Shares 10,000

Spouse Full Name (indicate N/A if single): X

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: JUL 11 2011

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

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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JUL 11 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: The Towers Event Center, Inc

Premise information

Premise License Number: _____

Premise Trade Name/DBA: The Towers Event Center
(if new application leave blank)

Premise Street Address: 6891 A Street Suite 111

City: Lincoln State: NE Zip Code: 68510

Premise Phone Number: 402-770-2140

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below

Jaime C. Kiefels
CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Is the applying corporation controlled by another corporation/company?

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YES

NO

JUL 1 1 2011

If yes, provide the following:

NEBRASKA LIQUOR
CONTROL COMMISSION

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: _____ Ending Date: _____

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #

45-2642403

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.

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

JUL 11 2011

Gender: MALE FEMALE

NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: Kreifels First Name: JANIS

Home Address (include PO Box if applicable): 1315 So. 50th

City: Lincoln County: LANCASTER Zip Code: 68510

Home Phone Number: 402-488-5567 Business Phone Number: 402-770-2140

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

Date Of Birth: _____ Place Of Birth: Lincoln, NE NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES NO

Spouse 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
<u>Lincoln, NE</u>	<u>1980</u>	<u>2011</u>			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1985	Present	JANICE Kreifels	JANICE Kreifels	402-488-5567
2002	Present	JANICE Kreifels	JANICE Kreifels	402-483-0380

MANAGER AND SPOUSE MUST REVIEW AND ANSWER THE QUESTIONS BELOW
Please print clearly

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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
JANICE A. Kreifels	MARCH 1997	Lincoln, NE	DWI	probation

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.

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. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
 YES NO

