

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 24, 2012

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 Marriott Cornhusker, 333 South 13th Street requesting a class C/K liquor license.

This request is due to ownership changes.

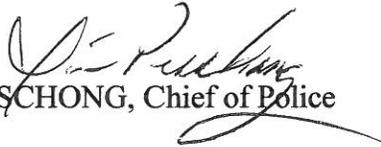
Brian Shander has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved liquor license manger.

The required training will be completed.

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.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Marriott Cornhusker

Street Address #1 333 S. 13th Street

Street Address #2 _____

City Lincoln

County Lancaster (02)

Zip Code 68508

Premise Telephone number (402) 474-7474

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

Mailing address (where you want to receive mail from the Commission)

Name Linda Treland, The Marcus Corporation

Street Address #1 100 East Wisconsin Avenue, Suite 1900

Street Address #2 _____

City Milwaukee

State WI

Zip Code 53202

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

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, 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. 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**

Length _____ feet
Width _____ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

196' x 336' building, consisting of lower level conference center, first floor conference center, 10-story hotel with restaurant and lounge areas, 3-story atrium and 7-story office building.

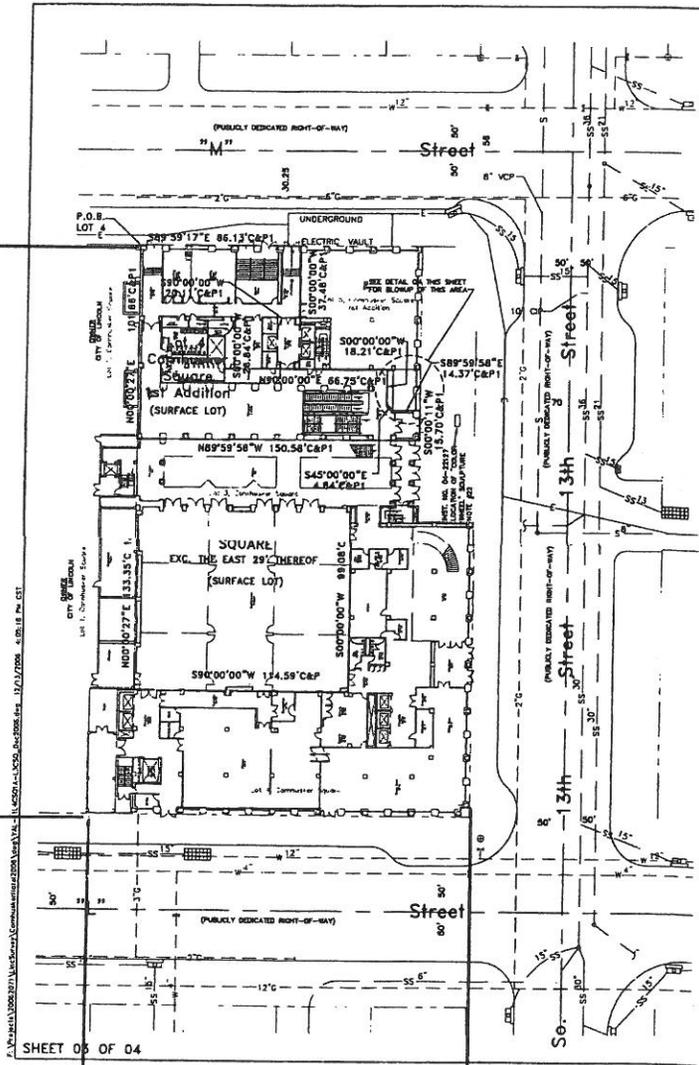
See attached diagram.

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CONTROL COMMISSION**

336'



SHEET 03 OF 04

196'



SCALE: 1"=30'

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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 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
Thomas F. Kissinger	09/2005	Hartland, WI	Reckless Driving-Reckless Safety	Ticket
Thomas F. Kissinger			May have other traffic violations;	cannot remember details of possible traffic violations
Nancy A. Kissinger			May have other traffic violations;	cannot remember details of possible traffic violations
Brian G. Shander			May have other traffic violations;	cannot remember details of possible traffic violations

2. Are you buying the business of a current retail liquor license?

YES NO

If yes, give name of business and liquor license number Marriott Cornhusker - 75458

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

3. Was this premise licensed as liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number Marriott Cornhusker - 75458

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4. Are you filing a temporary operating permit to operate during the application process?

YES NO - *Not at this time*

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

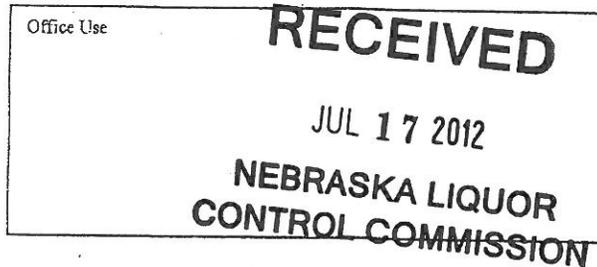
YES NO

If yes, list the lender(s) _____

U.S. Bank Nat'l Assoc., as Trustee for the registered holders of Credit Suisse First Boston Mortgage Securities Corp., Commercial Mortgage Pass-Through Certificates, Series 2007-C3

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

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



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members 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 Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: CSC -- Lawyers Inc. Services Company

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Marcus Lincoln Hotel, LLC

LLC Address: 100 East Wisconsin Avenue, Suite 1900

City: Milwaukee State: WI Zip Code: 53202

LLC Phone Number: (414) 905-1390 LLC Fax Number: (414) 905-2669

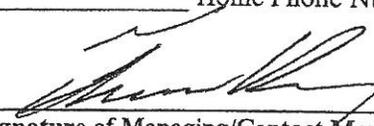
Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Kissinger First Name: Thomas MI: F.

Home Address: 601 Ponderosa Drive City: Hartland

State: WI Zip Code: 53029 Home Phone Number: (262) 369-9951


Signature of Managing/Contact Member

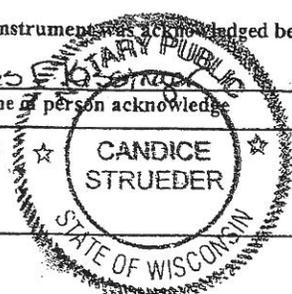
ACKNOWLEDGEMENT

Wisconsin
State of Nebraska
County of Milwaukee

The foregoing instrument was acknowledged before me this

by Thomas Kissinger
name of person acknowledged

Affix Seal


CANDICE
STRUEDER

STATE OF WISCONSIN

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Kissinger First Name: Thomas MI: F
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Nancy A. Kissinger
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership N/A

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

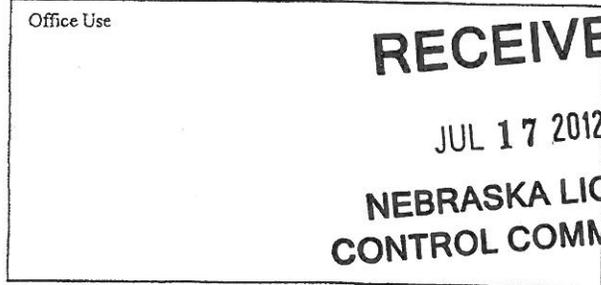
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Last Name: Marcus Cornhusker Investors Holdings, LLC First Name: _____ MI: _____
Social Security Number: FEIN: _____ Date of Birth: Incorp. Date: 5-24-12
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 100%

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

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



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 fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Marcus Lincoln Hotel, LLC

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Marriott Cornhusker

Premise Street Address: 333 South 13th Street

City: Lincoln

State: NE

Zip Code: 68508

Premise Phone Number: (402) 474-7474

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.asp


CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE
 Last Name: Shander First Name: Brian MI: G
 Home Address (include PO Box if applicable): 4310 North 163rd Street
 City: Omaha County: Douglas Zip Code: 68116
 Home Phone Number: (708) 259-3485 Business Phone Number: (402) 827-8946
 Social Security Number: _____ Drivers License Number & State: _____ NE
 Date Of Birth: _____ Place Of Birth: Cook County, IL

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: N/A 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
Omaha, NE	2008	Present	No spouse		
Fargo, ND	2007	2008	Homewood, IL (Applicant)	2003	2006
Mosinee, WI	2006	2007	Chicago Heights, IL (Applicant)	1977	2003

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Form 103
Rev 11/2012
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**NEBRASKA LIQUOR
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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1996	Present	Marcus Theatres Corp.	Tim Ward	(608) 827-5829
1997	1999	University of Wisconsin-Steven's Point	John Ocstrich	Unknown

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

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
See attached				RECEIVED
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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.

Currently Corporate Manager for Nebraska License No. 86122 (Marcus Midtown Cinema in Omaha, NE)

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

5. List any alcohol related training and/or experience (when and where).

AST -- Omaha, NE 10/2009

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QUESTION 1: Law Violations

Thomas F. Kissinger:

- Reckless Driving-Endanger Safety – Hartland, WI – 9/1/05
- Mr. Kissinger may have had speeding tickets or minor traffic violations, but cannot remember details regarding any possible violations

Nancy A. Kissinger:

- Ms. Kissinger may have had speeding tickets or minor traffic violations, but cannot remember details regarding any possible violations

Brian G. Shander:

- Mr. Shander may have had speeding tickets or minor traffic violations, but cannot remember details regarding any possible violations

MATCHING IDC

CHILD'S BIRTH NUMBER

STATE OF ILLINOIS

CERTIFICATE OF LIVE BIRTH 112

REGISTRATION DISTRICT NO. <u>16-32</u>		REGISTERED NUMBER <u>1243</u>		DATE OF BIRTH (MONTH, DAY, YEAR)		HOUR	
1. CHILD—NAME FIRST MIDDLE LAST		2a. DATE OF BIRTH (MONTH, DAY, YEAR)		2b. 10:05A M.			
1. Brian Gilbert Shander							
SEX		THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		PLACE OF BIRTH COUNTY	
3. Male		4a. Single		4b.		5a. Cook	
CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		HOSPITAL—NAME		III NOT IN HOSPITAL, GIVE STREET AND NUMBER	
5b. Chicago Heights		5c. Yes		5d. St. James Hospital			
MOTHER—MAIDEN NAME FIRST MIDDLE LAST		AGE (AT TIME OF THIS BIRTH)		BIRTHPLACE		STATE OR FOREIGN COUNTRY	
6a. Linda Ann Funkey		6b. 27		6c. Illinois			
RESIDENCE STATE COUNTY		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		STREET AND NUMBER	
7a. Illinois		7b. Cook		7c. Chicago Heights		7d. Yes	
MOTHER'S COMPLETE MAILING ADDRESS		STREET AND NUMBER OR R. F. D.		CITY OR TOWN		STATE ZIP	
7f. 54 Arquilla, Chicago Heights, Illinois 60411							
FATHER—NAME FIRST MIDDLE LAST		AGE (AT TIME OF THIS BIRTH)		BIRTHPLACE		STATE OR FOREIGN COUNTRY	
8a. Allen James Shander		8b. 27		8c. Illinois			
INFORMANT'S SIGNATURE		RELATION TO CHILD					
9a. <i>Linda A. Shander</i>		9b. Mother					
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.		DATE SIGNED (MONTH, DAY, YEAR)		ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY)			
SIGNATURE		10b. July 28, 1977		10c. M.D.			
10a. <i>W. Scaring</i>		ILLINOIS LICENSE NUMBER					
10d. 36-46587							
CERTIFIER'S COMPLETE MAILING ADDRESS		STREET AND NUMBER OR R. F. D.		CITY OR TOWN		STATE ZIP	
10e. Dr. W. Scaring, 333 Dixie Highway, Chicago Heights, Illinois 60411							
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
11a. <i>John M. Costabile (Jr)</i>		11b. July 30, 1977					

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I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE **BIRTH RECORD** FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: JUL 10 2007SIGNED: *John M. Costabile*AT: CHICAGO HEIGHTS, IL 60411TITLE: LOCAL REGISTRAR

Birthplate