

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

January 23, 2013

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 Applebee's Neighborhood Bar & Grill, 3730 Village Drive requesting a class I liquor license.

This location has been purchased by a new corporation.

John Gabel 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 owner/manager.

The required training was completed on December 13, 2012.

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



Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Gabel First Name: John MI: C

Home Address (include PO Box if applicable): 9500 South 64th Street

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: (402) 420-7690 Business Phone Number: (402) 421-2551

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

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

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

YES NO

Spouse

Spouse's information

Spouses Last Name: Gabel First Name: Mary MI: A

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

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

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
Lincoln, NE	2002	Present	Lincoln, NE	2002	Present

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
See attached				

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

YES NO

If yes, give name of business and liquor license number Applebee's Neighborhood Grill & Bar, Lic. #25344

- 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 casual

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

YES NO

If yes, give name and license number Concord Neighborhood Corporation d/b/a Applebee's Neighborhood Grill & Bar, Lic. #25344

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

YES NO

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) Bank of America, N.A.

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1998	2012	Concord Enterprises, Inc.	Larry Bird	(402) 421-2551
1989	1998	Metromail	Ken Glowacki	(402) 475-4591

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
John Gabel	March or April 1991 or 1992	Saunders Co., NE	Pickup for DWI. However, blood test < legal limit.	Charge reduced to willful reckless driving
John Gabel	10/31/81	Cannot recall	Illegal fireworks	Ticketed
John Gabel	12/12/08	Lincoln, NE	Failure to stop at stop sign/light	Ticketed
John Gabel	9/27/09	Lincoln, NE	Speeding	Ticketed
John Gabel	12/13/11	Plattsmouth, NE	Speeding	Ticketed
John Gabel	May have been cited	for other minor traffic	violations, but cannot remember	the details of any such violations

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.
 See attached.

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

John Gabel prints enclosed

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

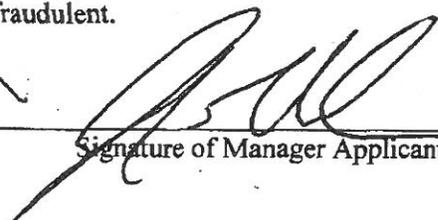
John Gabel is scheduled to attend Manager Training through Responsible Hospitality Council on December 13 2012

PERSONAL OATH AND CONSENT OF INVESTIGATION

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. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

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.


Signature of Manager Applicant


Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

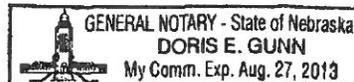
 10-24-12

date

by John & Mary Ann Gabel
name of person acknowledged


Notary Public signature

Affix Seal



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

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
JAN 15 1986
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

ok

STATE OF NEBRASKA
 DEPARTMENT OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126

62

PHS-704 (VS)
 REV. 12-54
 FEDERAL SECURITY AGENCY
 PUBLIC HEALTH SERVICE

1. PLACE OF BIRTH a. COUNTY POLK		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE NEBRASKA b. COUNTY POLK	
b. CITY (If outside corporate limits, write RURAL) OR TOWN OSCEOLA		c. CITY (If outside corporate limits, write RURAL) OR TOWN SHELBY RURAL	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) ANNIE WISPEREN MEMORIAL COUNTY HOSPITAL		d. STREET ADDRESS Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) JOHN CLARK b. (Middle) GABEL c. (Last)			
4. SEX M	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year)
7. FULL NAME a. (First) MAX LEON b. (Middle) GABEL c. (Last)			8. COLOR OR RACE W
9. AGE (At time of this birth) 29 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) SHELBY, NEBRASKA	11a. USUAL OCCUPATION FARMER	11b. KIND OF BUSINESS OR INDUSTRY FARMING
12. FULL MAIDEN NAME a. (First) ROSALIE VALERIA b. (Middle) KRESHA c. (Last)			13. COLOR OR RACE W
14. AGE (At time of this birth) 24 Yrs.	15. BIRTHPLACE (City, town, or county) (State or foreign country) OSCEOLA, NEBRASKA	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? ONE b. How many OTHER children were born alive but are now dead? NONE c. How many children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT'S SIGNATURE OR NAME—Relationship MRS. MAX GABEL — MOTHER		18. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18a. SIGNATURE <i>Robert H. Beilman</i>		19. MOTHER'S MAILING ADDRESS SHELBY, NEBRASKA ROUTE 1	
18b. ADDRESS SHELBY, NEBRASKA		20. DATE RECD BY 2:48 P.M.	
21. REGISTRAR'S SIGNATURE <i>M. E. Roberts</i>		22. LOCAL REG. NO. 62	

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

Office Use

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 bar code receipt by Secretary of States Office)~~

Name of Registered Agent: CT Corporation System

~~Name of Corporation that will hold license as stated on the Articles:~~

RMH Franchise Corporation

Corporation Address: 1701 Windhoek Drive

City: Lincoln

State: NE

Zip Code: 68512

Corporation Phone Number: (402) 421-2551

Fax Number (402) 421-1984

Total Number of Corporation Shares Issued: 1,000

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

Last Name: Neumann

First Name: Jeffrey

MI: D

Home Address: 971 Huron Road

City: Franklin Lakes

State: NJ

Zip Code: 07417

Home Phone Number: (201) 560-1373

[Signature]
Signature of President/CEO

ACKNOWLEDGEMENT

~~State of Nebraska~~ District of Columbia: SS
County of: _____

The foregoing instrument was acknowledged before me this

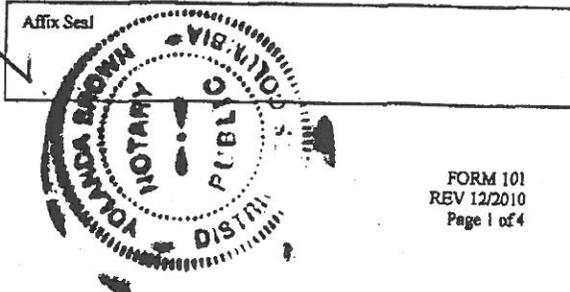
by Jeffrey Neumann
name of person acknowledge

Date

12/11/12

[Signature]

Affix Seal



Yolanda Brown
Notary Public, District of Columbia
My Commission Expires 6/30/2013

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

Prints enclosed signed

Last Name: Neumann First Name: Jeffrey MI: D
Social Security Number: _____ Date of Birth: _____
Title: President Number of Shares 0
Spouse Full Name (indicate N/A if single): Julie Levinson Neumann
Spouse Social Security Number: _____ Date of Birth: _____

signed spousal

Last Name: Jinich First Name: Daniel MI: _____
Social Security Number: _____ Date of Birth: _____
Title: Director and Secretary Number of Shares 0
Spouse Full Name (indicate N/A if single): Patricia Drijanski De Jinich
Spouse Social Security Number: _____ Date of Birth: _____

signed

signed spousal

Last Name: Leone First Name: Joseph MI: M
Social Security Number: _____ Date of Birth: _____
Title: CFO and Treasurer Number of Shares 0
Spouse Full Name (indicate N/A if single): Eileen Linda Leone
Spouse Social Security Number: _____ Date of Birth: _____

signed

signed spousal

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: _____