

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

June 18, 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 Hilton Garden Inn Hotel, 801 'R' Street requesting a class I liquor license.

John Kimpel 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 holder.

Mr. Kimpel will need to complete the required training as his current training is expired.

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



RECEIVED

PREMISE INFORMATION

Trade Name (doing business as) Hilton Garden Inn Hotel

Street Address #1 801 R Street

Street Address #2 _____

City Lincoln

County Lancaster #2

Zip Code 68508

Premise Telephone number (402) 475-9000

E-mail _____

Is this location inside the city/village corporate limits:

YES

NO

city

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

Name John Klimpel

Street Address #1 5930 South 114th Street

Street Address #2 _____

City Lincoln

State NE

Zip Code 68526

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 See attached feet

Width See attached feet

Is there a basement? Yes No

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

Entire 5 story building — X 207

balconies & outdoor areas — X —

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.

AP-14-10-15

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
See attached paperwork		Corp manager		MISSOURI STATE BOARD OF PROFESSIONAL COMMISSIONS

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

YES NO

If yes, give name of business and liquor license number _____

- 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 _____

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.

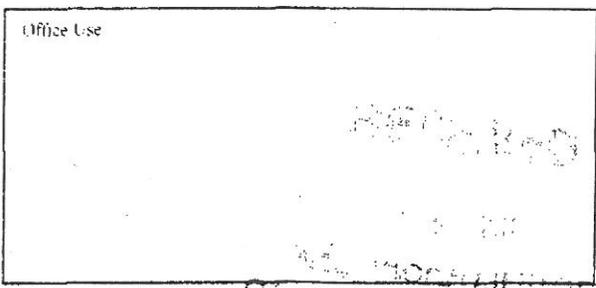
5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) Pinnacle Bank, Lincoln, NE

**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



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 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: Big Red Hotel II, LLC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Hilton Garden Inn Hotel

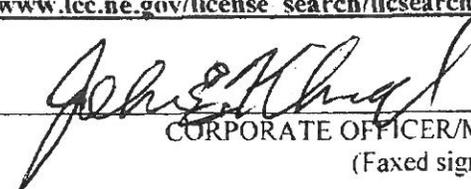
Premise Street Address: 801 R Street

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: (402) 475-9000

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.cgi


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

Manager's information must be completed below PLEASE PRINT CLEARLY

RECEIVED

Gender: MALE FEMALE

Last Name: Klimpel First Name: John

Home Address (include PO Box if applicable): 5930 South 114th Street

City: Lincoln County: Lancaster Zip Code: 68526

Home Phone Number: (402) 420-2543 Business Phone Number: (402) 475-9000

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

Date Of Birth: _____ Place Of Birth: St. Louis, MO

*Signed
Printson
1 file
11-1-12*

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

YES NO

spousal

Spouse's information

Spouses Last Name: Klimpel First Name: Tamarie MI: A

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

Date Of Birth: _____ Place Of Birth: Parma, OH

*Signed
no prints
required*

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

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2006	2009	Lincoln Hotel Group	Self	(402) 420-2543
2010	Present	MK Hospitality	Self	(402) 420-2543

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				

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's prints on file 11-1-12

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

4-8-2010 Responsible Hosp. Council - see attached Cert.

MISSOURI
BIRTH CERTIFICATION

DATE FILED MAY 3, 1966

STATE FILE NUMBER

CHILD'S NAME JOHN EDWARD KLIMPEL

DATE OF BIRTH COUNTY OF BIRTH ST LOUIS CITY SEX MALE

MOTHER'S MAIDEN NAME CELESTE KLIMPEL

MOTHER'S AGE: 35 MOTHER'S STATE OF BIRTH ILLINOIS

FATHER'S NAME HAROLD A KLIMPEL

FATHER'S AGE: 34 FATHER'S STATE OF BIRTH MISSOURI

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: JEFFERSON

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

SEPTEMBER 5, 2007

DATE ISSUED

Jerry J. Cross
Ivra J. Cross
State Registrar of Vital Statistics



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N
OK

#1
manager

8/13/13

QUESTION 1: Law Violations

JUN 2013

NEBRASKA
DEPARTMENT OF
CORRECTIONS

John E. Klimpel

- Mr. Klimpel received a speeding ticket on April 6, 2013 and is taking a STOP class for same.
- Mr. Klimpel has had other speeding violations in Nebraska and Iowa, but cannot remember more details of them
- Mr. Klimpel had an assault charge in 1995 that was expunged

Tamarie A. Klimpel

- Ms. Klimpel has had speeding violations in Lincoln, Nebraska, but cannot remember further details of them

OK

Applicant Corp Form

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

Office Use

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: Michael J. Tavlin

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

Big Red Hotel II, LLC

LLC Address: 340 Victory Lane

City: Lincoln State: NE Zip Code: 68528

LLC Phone Number: (402) 730-1022 LLC Fax Number _____

Name of Managing/Contact Member

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

Last Name: Klimpel First Name: John MI: E

Home Address: 5930 South 114th Street City: Lincoln

State: NE Zip Code: 68526 Home Phone Number: (402) 420-2543

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

Date 6/13/2013

by John E Klimpel
name of person acknowledge

Date Jill E. Traynowicz

Affix Seal

GENERAL NOTARY - State of Nebraska
JILL E TRAYNOWICZ
My Comm. Exp. March 28, 2015

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

Last Name: B&J Partnership, Ltd. First Name: _____ MI: _____

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

① Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 33 1/3%

Last Name: MAC Hotel Group II, LLC First Name: _____ MI: _____

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

② Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 33 1/3%

Last Name: TC Properties, LLC First Name: _____ MI: _____

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

③ Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 16 2/3%

Last Name: Moser Properties, LLC First Name: _____ MI: _____

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

④ Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 16 2/3%

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

Last Name: Klimpel First Name: John MI: E

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Klimpel, Tamarre A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0%

*Signed
prints
on file
BE
letter
Spouse 1*

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 _____

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 _____

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 _____