

March 24, 2014

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 Granite City Restaurant & Brewery, 6150 'O' Street requesting that Michael Behrens be approved as the manager of the class C/L liquor license.

A background investigation was completed with no issues found.

The applicant has been informed on the required training.

His application is 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



**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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FEB 26 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

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

- 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: Granite City Restaurant Operations, Inc.

Premise information

Premise License Number: 062900 / 062901
(if new application leave blank)

Premise Trade Name/DBA: Granite City Food + Brewery

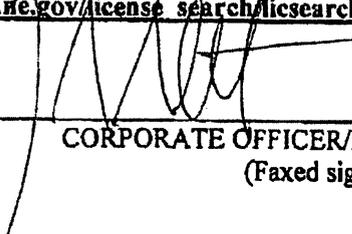
Premise Street Address: 6150 O St.

City: Lincoln State: NE Zip Code: 68505

Premise Phone Number: 402-466-1900

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

Gender: MALE FEMALE

Last Name: Behrens II First Name: Michael MI: S

Home Address (include PO Box if applicable): 3246 S Street

City: Lincoln County: Lancaster Zip Code: 68503

Home Phone Number: 402-321-3397 Business Phone Number: 402-466-1900

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

Date Of Birth: _____ Place Of Birth: Norfolk, Nebraska

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: Behrens First Name: Amber MI: E

Social Security Number _____ Drivers License Number & State _____ NE

Date Of Birth: _____ Place Of Birth: Columbus 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
Grain Valley, MO	2010	2012	Grain Valley, MO	2010	2012
Omaha, NE	2000	2010	Omaha, NE	2005	2010
Norfolk, NE	1978	2000	Platto Center, NE	1987	2005

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Form 103
Rev 11/2012
Page 3 of 5

NEBRASKA LIQUOR
CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
2012	2013	Macaroni Grill	Pete Koich	330-421-3308
2003	2012	Olive Garden	Ron Riveia	816-783-7237

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
Michael Benins II	1995	Norfolk NE	Theft	30 days jail time
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				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? YES NO

IF YES, list the name of the premise.

Romanos Macaroni Grill - Linda Ave

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 on file with the state.

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

ServSafe Alcohol, Certified Alcohol Server Nebraska Liquor Control Id # 130600747

