

November 30, 2015

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation was made regarding the application of NHC, LLC, DBA Crawford's, requesting that Randy Wilson be approved as the manager of the class CK-110080 liquor license. Mr. Wilson completed the required management training on 10-23-14.

NHC, LLC Corporate Officers/Stockholders/Members:

Member 1: Heath Macomber – President (16%)
Member 2: Colin Daro – Member (16%)
Member 3: Andrew Ross – Member (16%)
Member 4: Andrew Meier – Member (16%)
Member 5: Kevin Blazek – Member (16%)
Member 6: Englebert Quechenberger – Member (15%)
Member 7: Randy Wilson – Member (5%)

Randy Wilson's driver and criminal history is as follows:

03-09-2015	Improper registration	Infraction
11-08-2014	Improper registration	Infraction
06-13-2014	Procure/sell alcohol to minor	Misdemeanor
02-09-2013	Speeding 11-15 MPH over	Infraction
02-26-2008	Violate speed limit 6-10 MPH over	Infraction
	Occupant protection system	Infraction
04-06-2007	Licensee drinking while on duty	Misdemeanor
02-12-2006	Violate speed limit	Infraction
03-10-2003	Violate speed limit	Infraction
02-02-2001	Improper registration	Infraction

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 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.nebraska.gov

Office Use

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CONTROL COMMISSION**

Manager must:

- Complete all sections of the application. Be sure it is signed by a **corporate officer**, corporate officer must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See Form 147 for further information, this form MUST be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card with application

Spouse who **will not** participate in the business, spouse must:

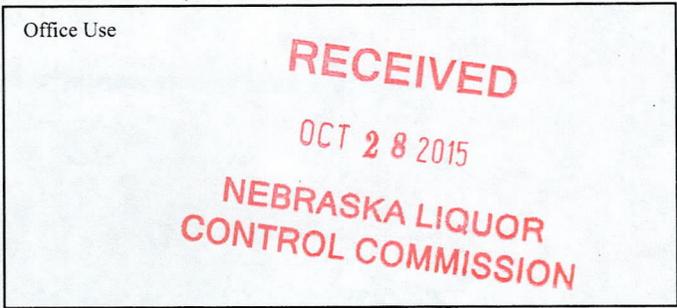
- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See Form 147 for further information, this form MUST be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

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INSERT - FORM 3c**

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PO BOX 95046
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MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. See Form 147 for further information, this form **MUST** be included with your application.**
- ✓ **21 years of age or older**

mm

Corporation/LLC information

Name of Corporation/LLC: NHC, LLC

Premise information

Liquor License Number: 110080 Class Type CK (if new application leave blank)

Premise Trade Name/DBA: Crawfords

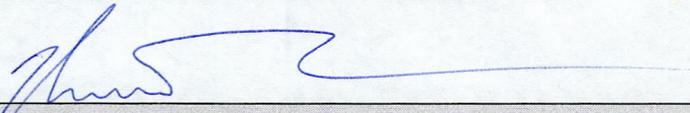
Premise Street Address: 130 N 10th Street

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: 402-260-5860

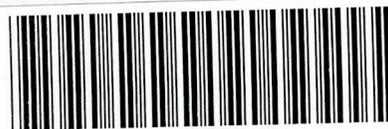
Email address: heathmack@gmail.com

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



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)



1500025219

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Wilson Jr First Name: Randy MI: A
Home Address (include PO Box if applicable): 5717 Harding Dr.
City: Lincoln County: Lancaster Zip Code: 68521
Home Phone Number: 402-432-9949 Business Phone Number: _____
Social Security Number: _____ Drivers License Number & State: _____
Date Of Birth: _____ Place Of Birth: Lincoln, NE
Email address: rawsgandc@aol.com

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: _____ 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
5717 Harding Dr. Lincoln, NE 68521	2001	2015R			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2015	Randy's Grill & Chill	Self Employed	402-432-9949
1990	2000	Gateway Bowl	I was general Manager	Business Closed

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
Randy A. Wilson	4-06-2007	Lincoln, NE	Drinking on duty	5-11-2007
Randy A. Wilson	6-13-2014	Lincoln, NE	Sell to Minor	7-18-2014

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(s):

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

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4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: 10-23-14 Name on Certificate: Randy A. Wilson Jr.

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Randy A. Wilson/ General manager	1990 - 2000	Gateway Bowl 333 N. Cotner blvd. Lincoln, NE 68505
Randy A. Wilson / General manager/ owner	2000-2015	Randy's Grill & Chill 4947 Holdrege St. Lincoln, NE 68504
Randy A. Wilson / General manager/ owner	2009-2015	Spigot Lounge 1624 O St. Lincoln, NE 68508
Randy A. Wilson / owner	2014-2015	Lincoln Meadows 3532 N. 35th St. Lincoln, NE 68505

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5. Have you enclosed Form 147 regarding fingerprints?

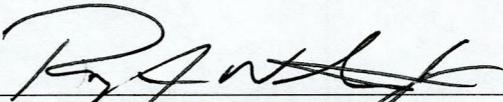
YES NO

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

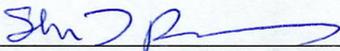
10-28-15

date

by

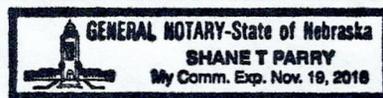
RANDY A. WILSON JR.

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.

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**SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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Website: www.lcc.nebraska.gov

RECEIVED DATE RECEIVED OCT 28 2015 NEBRASKA LIQUOR CONTROL COMMISSION Office Use Only	
Class: _____	License #: _____

Applicant Name: NHC, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: CRAWFORDS
(Doing Business As)

(402) 730 - 5157
Phone Number

HEATHMACK@GMAIL.COM
Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
Fingerprint cards should be submitted with the application.
- Fee payment of **\$28.75 per person** must be made directly to the NSP;
You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp or checks made payable to NSP should be mailed directly to the following address:
The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
Include a list of names covered by your payment to insure proper application of payment.
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

Please complete information on the following pages for EACH person fingerprinted.

1. Name: RANDY WILSON

(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck# _____

CASH RECP. NOT AVAILABLE (P)

2. Name: _____

(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck# _____

3. Name: _____

(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck# _____

4. Name: _____

(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck# _____

5. Name: _____

(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck# _____

6. Name: _____

(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

How was payment made to NSP? NSP PAYPORT Or CHECK SENT TO NSP Ck# _____

I hereby certify that fees of \$28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): HEATH MALCOMBER Title: MANAGER
MEMBER

Signature: [Handwritten Signature] Date: 10/27/15