

December 16, 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 Hyatt Place Lincoln Haymarket, 600 Q Street requesting a class C liquor license.

David Wheaton has requested that he be approved as the manager of the liquor license.

Mr. Wheaton is a currently approved liquor license manager in the City of Lincoln.

The required training was completed on February 14th 2013.

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) Hyatt Place Lincoln Haymarket

Street Address #1 600 "Q" St.

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68508

Premise Telephone number 402-742-6007 E-mail david.wheaton@hyatt.com

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

city

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

Name TDP Phase Two, LLC

Street Address #1 440 N. 8th St., Suite 140

Street Address #2 _____

City Lincoln State NE Zip Code 68508

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

Is there a basement? Yes No

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

*floors 1-4 of 7 story building
approx 140 x 215
excluding ^{concrete} floors 5 7*

RECEIVED
JAN 10 2013
COMM. DIVISION

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

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) First National Bank - Construction Loan

Manager's information must be completed below PLEASE PRINT CLEARLY

Signed, voter reg, prints, ~~TX~~ passport

Gender: MALE FEMALE

Last Name: Wheaton First Name: David MI: M

Home Address (include PO Box if applicable): 5420 South 80th St.

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402-489-2818 Business Phone Number: 402-742-6007

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

Date Of Birth: _____ Place Of Birth: Rock Island, IL

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

YES

NO

Not Married

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
Lincoln, NE	09	13			
St. Louis, MO	07	09			
Cedar Rapids, IA	03	07			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
03	13	Kinseth Hospitality	Linda Skinner	319-626-5600
13	13	Hegg Hospitality	Jennifer Seifert-Brenna	605-731-5005

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

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.

Residence Inn Lincoln

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

Prints enclosed w/ fees

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

Servesafe, Hyatt Safe alcohol training.

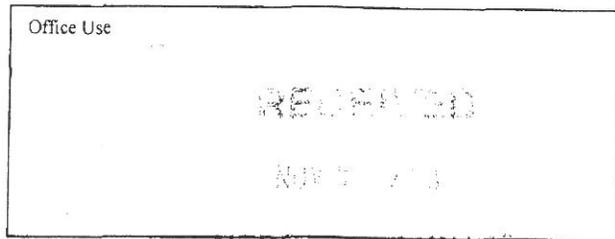
RHC 2012 & 2013

per e-mail

see #12 attachment

**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: Andrew R. Willis

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
TDP Phase Two, LLC

LLC Address: 440 N. 8th St., Suite 140

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 402-477-6767 LLC Fax Number: 402-477-6781

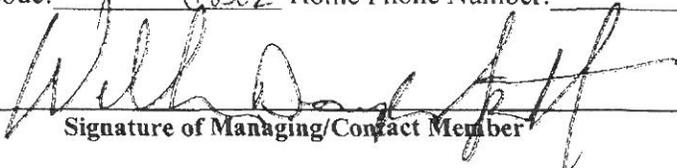
Name of Managing/Contact Member

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

Last Name: William D. Scott on behalf of WRK Management, LLC First Name: William MI: D

Home Address: 440 N. 8th St., Suite 140 City: Lincoln
2900 Sheridan Blvd

State: NE Zip Code: 68508 Home Phone Number: 402-477-6767
68502


Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

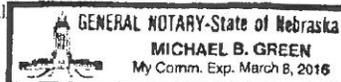
10/11/13

by William D. Scott

Date

name of person acknowledge

Affix Seal



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

*Registered
w/ SOS
ME*

Last Name: From Lincoln For Lincoln II, LLC 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 30%

*Registered
w/ SOS
ME*

Last Name: Prataria Ventures - West Haymarket Phase One, LLC 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 30%

*Registered
w/ SOS
ME*

Last Name: Pair - a dice Properties X, LLC 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 30%

Last Name: HOS-LNK, LLC 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 10%

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

Last Name: Scott First Name: William MI: D

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Tracy S Scott

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0

prints signed

spousal

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 _____

Entire first, second, third and fourth floors approx 140' x 215'
including outdoor area 43' x 91'

57

First Floor Hotel Commons/ Retail
Second/Third/Fourth Floor Hotel Rooms
Fifth/Sixth/Seventh Floor Condos

No Basement

