



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

January 22, 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 Lincoln Grand Cinema, 1101 'P' Street requesting a class I liquor license.

Brian Shander has requested that he be approved as the manager of the liquor license.

Brian Shander was approved by Council on August 20th 2012 as an approved liquor license manager.

The required training was completed on August 29th 2012.

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.

A handwritten signature in black ink, appearing to read "Jim Peschong".

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Lincoln Grand Cinema

Street Address #1 1101 P Street

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number (402) 323-6720 E-mail lincolngrand@marcustheatres.com

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

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

Name The Marcus Corporation - Legal Department

Street Address #1 100 E. Wisconsin Avenue, Suite 1900

Street Address #2 _____

City Milwaukee State WI Zip Code 53202

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 approximately 299.7 feet
Width approximately 298.3 feet
Is there a basement? Yes No

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

Please see attached.

RECEIVED

Marcus Lincoln Grand

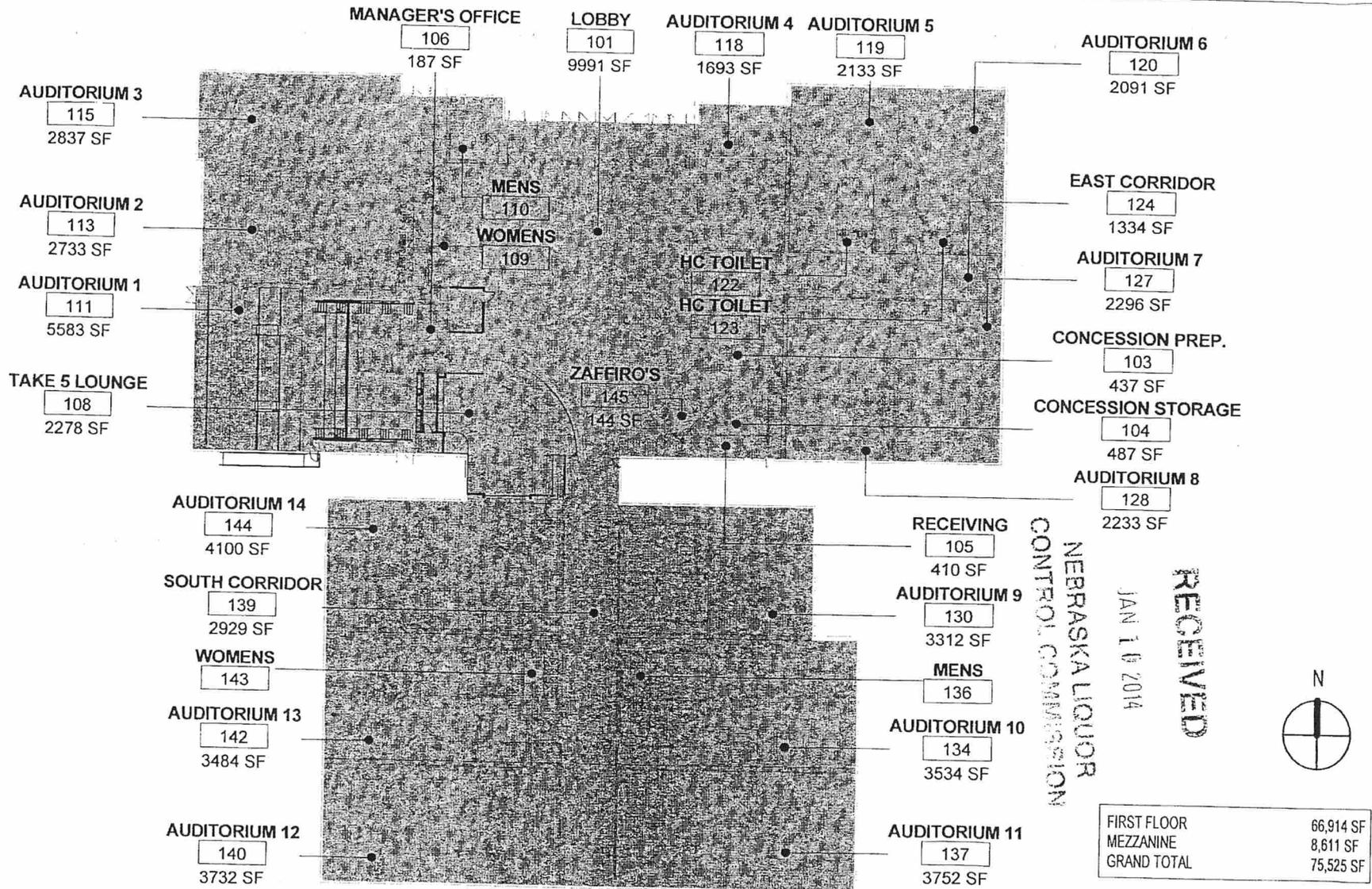
JAN 10 2014

1101 P Street, Lincoln, Nebraska

NEBRASKA LIQUOR
CONTROL COMMISSION

Description of the Premises

The building is a two-story building being approximately 299.7 feet by 298.3 feet. The first floor is depicted on the attached floor plan labeled "Exhibit 1." The second floor is a mezzanine level for the digital projectors with no public access and is depicted on the attached floor plan labeled "Exhibit 2."

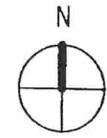
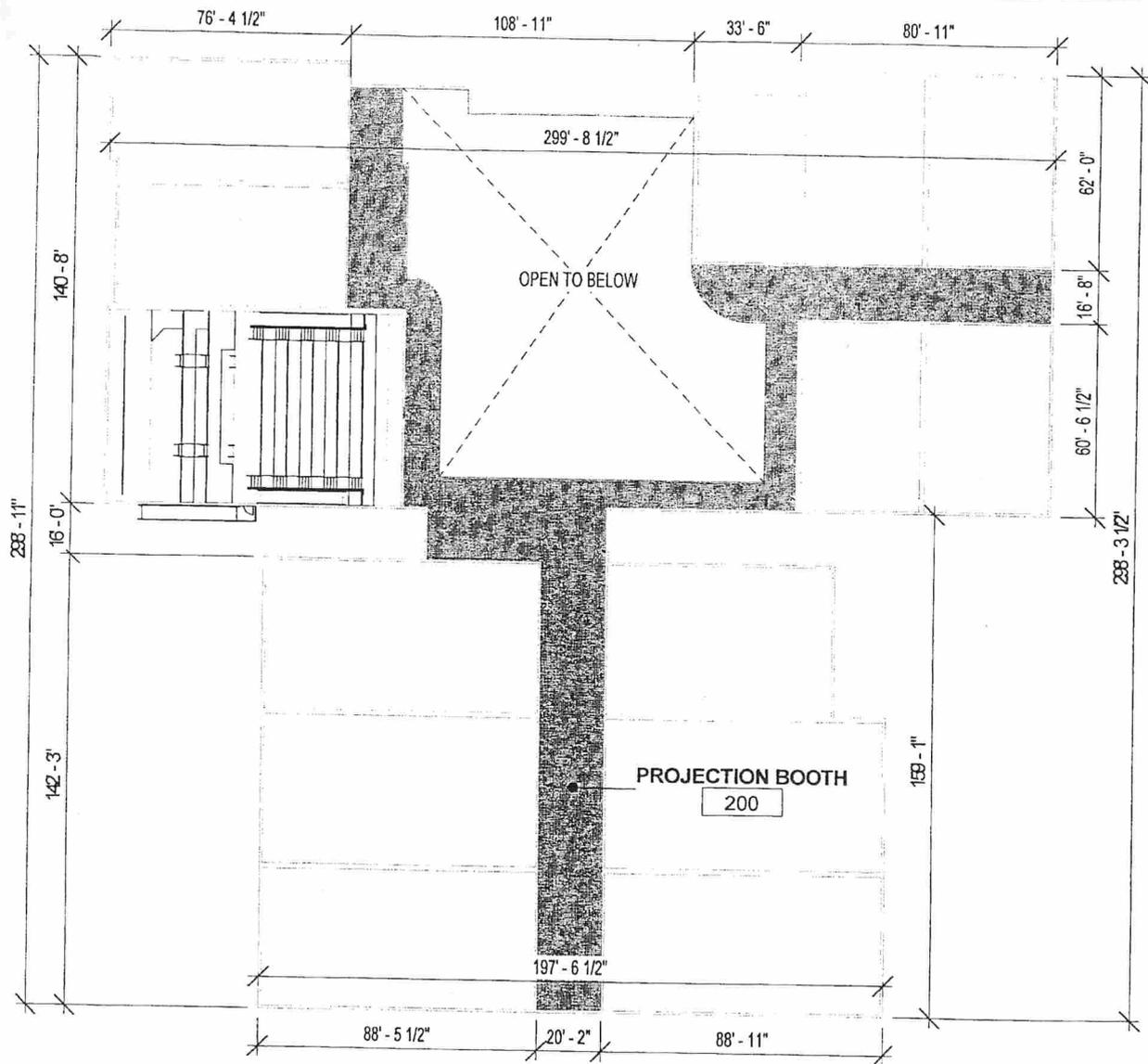


106 West 11th St
Suite 1900
KC, MO 64105
Ph (816) 842-7552
Fax (816) 842-1302

MARCUS LINCOLN GRAND
1101 P STREET, LINCOLN, NE 68508
EXHIBIT 1

PRINTED
1/2/2014 1:17:05 PM

PROJECT 13084	1
------------------	---



FIRST FLOOR	66,914 SF
MEZZANINE	8,611 SF
GRAND TOTAL	75,525 SF



106 West 11th St
 Suite 1900
 KC, MO 64105
 Ph (816) 842-7552
 Fax (816) 842-1302

MARCUS LINCOLN GRAND
 1101 P STREET, LINCOLN, NE 68508
 EXHIBIT 2

PRINTED 1/2/2014 1:17:13 PM	
PROJECT 13084	2

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
Thomas F. Kissinger	9/2005	Hartland, WI	Reckless Driving - Reckless Safety	Ticket
Thomas F. Kissinger			May have other traffic violations	cannot remember details of possible traffic violations
Nancy A. Kissinger			May have traffic violations	cannot remember details of possible traffic violations
Brian G. Shander			May have traffic violations	cannot remember details of possible traffic violations

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) _____

**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 barcode receipt by Secretary of States Office)

Name of Registered Agent: Tim O'Neill

Name of Corporation that will hold license as listed on the Articles
Nebraska Entertainment, Inc.

Corporation Address: 100 East Wisconsin Avenue, Suite 1900

City: Milwaukee State: WI Zip Code: 53202

Corporation Phone Number: (414) 905-1216 Fax Number: (414) 905-2669

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: Kissinger First Name: Thomas MI: F.

Home Address: 601 Ponderosa Drive City: Hartland

State: WI Zip Code: 53029 Home Phone Number: (262) 369-9951

Signature of President/CEO

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Wisconsin
County of Milwaukee
8th day of January, 2014
Date
Audree Stueder

The foregoing instrument was acknowledged before me this
by Thomas F. Kissinger
name of person acknowledge

Affix Seal

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

Last Name: Kissinger First Name: Thomas MI: F.

Social Security Number: _____ Date of Birth: _____

Title: President, Vice President, Secretary and Treasurer Number of Shares None

Spouse Full Name (indicate N/A if single): Nancy A. Kissinger

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Marcus Theatres Corporation First Name: _____ MI: _____

Social Security Number: FEIN: Date of Birth: Incorporation Date 1/23/1970

Title: Sole Shareholder Number of Shares 1,000

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

Spouse Social Security Number: _____ Date of Birth: _____

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: _____

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: _____

**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

RECEIVED
JAN 10 2014
NEBRASKA LIQUOR
CONTROL COMMISSION

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. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.
- ✓ 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: Nebraska Entertainment, Inc.

Premise information

Liquor License Number: _____ Class Type 1
(if new application leave blank)

Premise Trade Name/DBA: Lincoln Grand Cinema

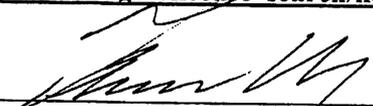
Premise Street Address: 1101 P Street

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: (402) 323-6720

Email address: lincolngrand@marcustheatres.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)

Manager's information must be completed below PLEASE PRINT CLEARLY **RECEIVED**

Last Name: Shander First Name: Brian MI: G.
Home Address (include PO Box if applicable): 4310 North 163rd Street
City: Omaha County: Douglas Zip Code: 68116
Home Phone Number: (708) 259-3485 Business Phone Number: (402) 827-8946
Social Security Number: _____ Drivers License Number & State: _____ NE
Date Of Birth: _____ Place Of Birth: Cook County, Illinois
Email address: twin creek@marcustheatres.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: N/A 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
Omaha, NE	2008	Present	No Spouse		
Fargo, ND	2007	2008			
Mosinee, WI	2006	2007			
Homewood, IL	2003	2006			
Chicago Heights, IL	1977	2003			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1996	Present	Marcus Theatres Corporation	Tim Ward	(608) 827-5829
1997	1999	University of Wisconsin-Stevens Point	John Ocstrich	Unknown

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
Thomas F. Kissinger	09/2005	Hartland, WI	Reckless Driving-Reckless Safety	Ticket
Thomas F. Kissinger			May have other traffic violations	Cannot remember details of possible traffic violations
Nancy A. Kissinger			May have other traffic violations	Cannot remember details of possible traffic violations
Brian G. Shander			May have other traffic violations	Cannot remember details of possible traffic 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(s):

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

RECEIVED

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

JAN 10 2014

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Brian G. Shander	10/2009	AST - Omaha, Nebraska*
Brian G. Shander	8/29/2012	Insider Management Training*
Brian G. Shander	2/2013	Learn2Serve On-Premises Alcohol Seller/Server
Brian G. Shander	4/2013	Responsible Beverage Service Training
		* Training completed, but certificate not available.

NEBRASKA LIQUOR CONTROL COMMISSION

*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:
Brian G. Shander/Area Manager	1996 - present	Marcus Theatres Corporation:
		Marcus Midtown Cinema, Omaha, NE
		Marriott Cornhusker, Lincoln, NE
		Village Pointe Cinema, Omaha, NE
		Marcus Majestic Cinema, Omaha, NE
		Lincoln Grand Cinema, Lincoln, NE
		Twin Creek Cinema, Bellevue, NE

5. 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

MATCHING IDC

CHILD'S BIRTH NUMBER

REGISTRATION
DISTRICT NO.
REGISTERED
NUMBER

STATE OF ILLINOIS

CERTIFICATE OF LIVE BIRTH

CHILD—NAME			DATE OF BIRTH	MONTH	DAY	YEAR	HOUR	
1.	Brian	Gilbert	Shander	26.	10	05A	M.	
3a.	Male	4a.	Single	4b.	5a.	Cook		
CITY, TOWN, TWP. OR ROAD DISTRICT NO.			INSIDE CITY YES/NOI	HOSPITAL—NAME	III NOT IN HOSPITAL, GIVE STREET AND NUMBER			
5b. Chicago Heights			5c. Yes	5d. St. James Hospital				
MOTHER—MAIDEN NAME			FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	BIRTHPLACE	
6a.			Linda	Ann	Funkey	6b. 27	6c. Illinois	
RESIDENCE STATE			CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY YES/NOI	STREET AND NUMBER			
7a. Illinois			7b. Cook	7c. Chicago Heights	7d. Yes	7e. 54 Arquilla		
MOTHER'S COMPLETE MAILING ADDRESS			STREET AND NUMBER OR R.T. D.		CITY OR TOWN	STATE	ZIP	
7f.			54 Arquilla	Chicago Heights	Illinois	60411		
FATHER—NAME			FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	BIRTHPLACE	
8a.			Allen	James	Shander	8b. 27	8c. Illinois	
INFORMANT'S SIGNATURE							RELATION TO CHILD	
9a. <i>Linda A. Shander</i>							9b. Mother	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED			MONTH	DAY	YEAR
SIGNATURE			10b.			ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY)		
10a. <i>Marion M. ...</i>			ILLINOIS LICENSE NUMBER			10c. M.D.		
CERTIFIER'S COMPLETE MAILING ADDRESS			STREET AND NUMBER OR R.T. D.			CITY OR TOWN	STATE	ZIP
10a.			Dr. W. Scaring, 333 Dixie Highway, Chicago Heights, Illinois			60411		
LOCAL REGISTRAR'S SIGNATURE			DATE REC'D BY LOCAL REGISTRAR			MONTH	DAY	YEAR
11a. <i>John M. Costabile (if)</i>			11b. July 30, 1977					

RECEIVED

OCT 13 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY
OF THE BIRTH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT
THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN
ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES
RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: JUL 10 2007SIGNED: *John M. Costabile*AT: CHICAGO HEIGHTS, IL 60411TITLE: LOCAL REGISTRAR

Birthplate