



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

September 18, 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 Qdoba Mexican Grill, 211 N 12th Street, requesting that Mitchell H Martin be approved as the manager of their class A liquor license.

No areas of concern were found.

The applicant has not yet completed the required manager training.

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

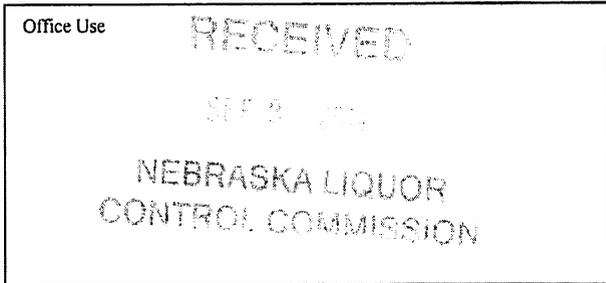


A nationally accredited law enforcement agency



**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



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**

AR

Corporation/LLC information

Name of Corporation/LLC: ZRC Operations Company

Premise information

Liquor License Number: 96405 Class Type A
(if new application leave blank)

Premise Trade Name/DBA: Qoloba Mexican Grill

Premise Street Address: 211 N 12 St.

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: 402-477-0090

Email address: qmg647@qoloba.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


Michael J. Snider
SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Martin First Name: Mitchell MI: H

Home Address (include PO Box if applicable): 5805 Saltillo Rd.

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402-499-9150 Business Phone Number: 402-477-0090

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

Date Of Birth: _____ Place Of Birth: Lincoln, NE

Email address: mmartin1990@gmail.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	CITY & STATE
YEAR FROM	YEAR FROM
YEAR TO	YEAR TO

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>Lincoln, NE</u>	<u>1990'</u>	<u>2014'</u>			

RECEIVED
SEP 2 2013
NEBRASKA LIQUOR
CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
90'	14'	Qddm	Stephanie Christian	402 466 3060

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(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

RECEIVED

SEP 2 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

07/29/2014

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

Name changed in the District Ct. of Lancaster County, NE Febr. 23, 1995 Amended Sept. 19, 1995		STATE OF NEBRASKA — DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS		126	90
CHILD'S NAME FIRST: Mitchell MIDDLE: Howell LAST: Ross-Lee Martin		DATE OF BIRTH (Month, Day, Year)		HOUR OF BIRTH 2:59 P M	
SEX Male	PLACE OF BIRTH: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		CITY, TOWN, OR LOCATION OF BIRTH Lincoln		INSIDE CITY LIMITS (Specify Yes or No) Yes
FACILITY NAME (if not institution, give street and number) St. Elizabeth Comm. Health Cntr		DATE SIGNED (Month, Day, Year) 5/29/50		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
CERTIFIER - NAME AND TITLE (Type or phone) G.M. Heidrick M.D.		MAILING ADDRESS (STREET and NUMBER or R.F.D. NO., CITY or TOWN, STATE, ZIP) 301 South 70th Lincoln, Nebraska 68510		DATE RECEIVED BY REGISTRAR (MONTH, DAY, YEAR) JUN 4 1990	
MOTHER'S NAME FIRST: Liza MIDDLE: Ann MAIDEN: Howell		DATE OF BIRTH (Mo., Day, Yr.)		BIRTHPLACE (City & State or Foreign Country) Denver, Colorado	
RESIDENCE-STATE Nebraska	COUNTY Lancaster	CITY, TOWN, OR LOCATION, (include zip code) Lincoln 68508	STREET AND NUMBER OF RESIDENCE 1741 K St. Apt. B-4		INSIDE CITY LIMITS (Specify Yes or No) Yes
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
FATHER'S NAME FIRST: Brian MIDDLE: Lynn LAST: Martin		DATE OF BIRTH (Mo., Day, Yr.)		BIRTHPLACE (City & State or Foreign Country) Lincoln, Nebraska	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant) Liza A. Howell				RELATION TO CHILD Mother	

RECEIVED

SEP 2 2014

NEBRASKA LIQUOR
 CONTROL COMMISSION