

October 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 Star City Hockey LLC, DBA Lincoln Stars Hockey, 1800 State Fair Park Drive, requesting that Spencer Peery be approved as the manager of their class I-107228 liquor license.

Mr. Peery has completed the required management training.

No areas of concern were found.

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



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: Star City Hockey, LLC

Premise information

Liquor License Number: 107228 Class Type I
(if new application leave blank)

Premise Trade Name/DBA: Lincoln Stars Hockey

Premise Street Address: 1800 State Fair Park Drive

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: 402-474-7827

Email address: spencer@lincolnstars.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)

Ryan Schiff



1400024226

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: PEERY First Name: SPENCER MI: D
 Home Address (include PO Box if applicable): 2901 SW 78th Street
 City: Lincoln County: NE Zip Code: 68532
 Home Phone Number: 402-405-3395 Business Phone Number: 402-474-7827 x20
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Lincoln, NE
 Email address: spencer@lincolnstars.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: Roberts First Name: Amanda MI: K
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: St Paul, 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
<u>Lincoln, NE</u>	<u>01/2011</u>		<u>Lincoln, NE</u>	<u>01/2011</u>	
<u>Inver Grove Hts, MN</u>	<u>11/2003</u>	<u>12/2010</u>	<u>Inver Grove Hts, MN</u>	<u>11/2003</u>	<u>12/2010</u>
<u>St Paul, MN</u>	<u>5/99</u>	<u>11/2003</u>	<u>St. Paul, MN</u>	<u>11/99</u>	<u>11/2003</u>

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CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
01/2011	05/2014	Bailey Lauermand Assoc.	Ron Plageman, CFO	402-423-5231
4/2000	12/2010	MRM Partners	Jay Ziv. tovsky, CFO	609-203-1855

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

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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(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

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

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

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Spencer Peery	7/10/2014	Resp. Hosp. Council Mgmt. Training

*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:
Spencer Peery / Pres-CFO	5/2014	Star City Hockey, Lincoln, NE

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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

NSP - Pd. directly & sending cards

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.

Spencer D Perry
Spencer D Perry

Signature of Manager Applicant

X

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of LAUGASTER

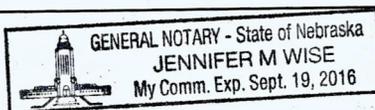
The foregoing instrument was acknowledged before me this

OCTOBER 3, 2014
date

by SPENCER D PERRY
name of person acknowledged

Jennifer M. Wise
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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NEBRASKA LIQUOR
CONTROL COMMISSION

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Amanda K Roberts

Amanda K Roberts

Signature of spouse asking for waiver
(Spouse of individual listed below)

Printed name of spouse asking for waiver

State of NEBRASKA

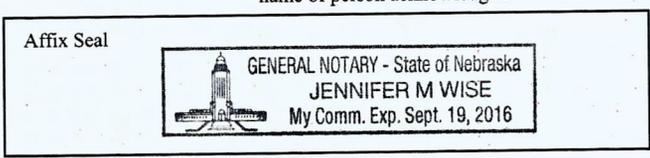
County of LANCASTER

The foregoing instrument was acknowledged before me this

OCTOBER 3, 2014
date

by AMANDA K ROBERTS
name of person acknowledged

Jennifer M. Wise
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Spencer D Peery

Spencer D. Peery

Signature of individual involved with application
(Spouse of individual listed above)

Printed name of applying individual

State of NEBRASKA

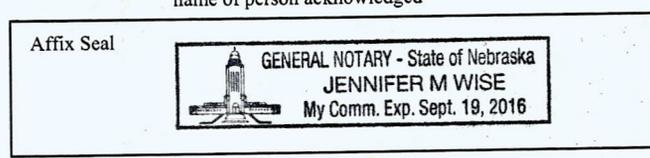
County of LANCASTER

The foregoing instrument was acknowledged before me this

OCTOBER 3, 2014
date

by SPENCER D PEERY AND AMANDA K ROBERTS
name of person acknowledged

Jennifer M. Wise
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.