



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

May 27, 2015

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 GMRI, Inc., DBA Olive Garden Italian Restaurant #1432, 6100 O Street, Suite 900, requesting that Travis Ehlers be approved as the manager of their class I-32483 liquor license.

Mr. Ehlers has not yet 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.

A handwritten signature in black ink that reads "Jim Peschong".

JIM PESCHONG, Chief of Police

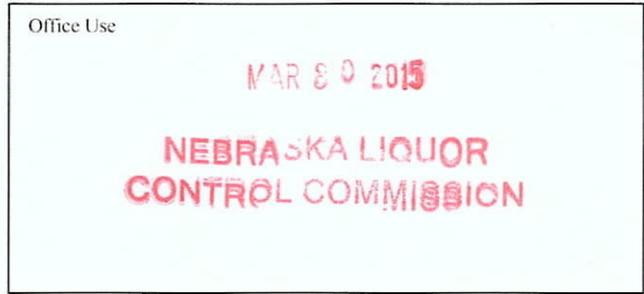


A nationally accredited law enforcement agency



**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. See Form 147 for further information, this form **MUST** be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: GMRI, Inc.

Premise information

Liquor License Number: 32483 Class Type _____ (if new application leave blank)

Premise Trade Name/DBA: The Olive Garden Italian Restaurant #1432

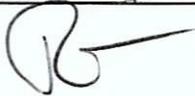
Premise Street Address: 90 Gateway

City: Lincoln County: Lancaster Zip Code: 68505

Premise Phone Number: (402)464-1910

Email address: elahens@darden.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

Last Name: Ehlers First Name: Travis MI: A

Home Address (include PO Box if applicable): 9220 Colby St.

City: Lincoln County: Lincoln Zip Code: 68505

Home Phone Number: (816)205-6697 Business Phone Number: (402)464-1910

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

Date Of Birth: _____ Place Of Birth: Sioux Falls, SD

Email address: tehlers@dnegarden.com

MAR 30 2015

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

YES NO

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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
<u>Lincoln, NE</u>	<u>06/14</u>	<u>Present</u>			
<u>St. Joseph, MO</u>	<u>01/08</u>	<u>05/14</u>			
<u>Sioux Falls, SD</u>	<u>08/75</u>	<u>01/08</u>			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
05/95	Current	Olive Garden	Bruce Robeson	(402) 677-9363
05/94	02/94	Menards	?	?

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
Travis Ehlers	? / 2006	Sioux Falls, SD	Reckless Driving	Time suspended w/ fine
	07 / 1995	Sioux Falls, SD	Poss. of Marijuana	30 days suspended w/ fine
	08 / 1995	Sioux Falls, SD	Unlawful Consumption	30 days suspended w/ fine

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):

Olive Garden - Saint Joseph, MO

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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: LNK-0032812 Name on Certificate: Travis Ehlers

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Travis Alan Ehlers	6/13/14	Lincoln Server/Seller Permit
Travis Alan Ehlers	6/13/14	Responsible Beverage Service Training
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*For list of NLCC Certified Training Programs see www.lcc.ne.gov/training.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Travis Ehlers - Server/Bartender	05/95 - 11/01	Olive Garden - Sioux Falls, SD
Travis Ehlers - Service Manager	11/01 - 01/08	Olive Garden - Sioux Falls, SD
Travis Ehlers - General Manager	02/08 - 05/14	Olive Garden - St. Joseph, MO
Travis Ehlers - General Manager	06/14 - Present	Olive Garden - Lincoln, NE

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

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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.

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Signature of Manager Applicant

Signature of Spouse

NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this

MARCH 23, 2015

date

by TRAVIS A EHLERS

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.