CITY OF LINCOLN NEBRASKA

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

July 21, 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 The Old Pub, LLC, DBA The Old Pub, 420 S 11th St, requesting that Michael Schmidt be approved as the manager of their class C-106678 liquor license.

Mr. Schmidt completed the required management training on September 11, 2014.

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

Office Use

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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: THE OLD PUB LLC

Premise information

Liquor License Number: 106678 Class Type C (if new application leave blank)

Premise Trade Name/DBA: THE OLD PUB LLC

Premise Street Address: 420 SOUTH 11TH STREET

City: LINCOLN County: NE Zip Code: 68508

Premise Phone Number: 402-477-5671

Email address: INFO@DLEXTERIORS.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 Schutt Douglas Litz LLC manager

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

Signed, 147, BC, voter reg

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Manager's information must be completed below. PLEASE PRINT CLEARLY

Last Name: SCHMIDT First Name: MICHAEL MI: R

Home Address (include PO Box if applicable): 900 LAMPLIGHTER LANE

City: LINCOLN County: LANCASTER Zip Code: 68510

Home Phone Number: 402-440-8480 Business Phone Number: 402-477-5671

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

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

Email address: MSCHMIDT715@GMAIL.COM

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: N/A First Name: N/A MI: N/A

Social Security Number: N/A Drivers License Number & State: N/A

Date Of Birth: N/A Place Of Birth: N/A

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	1987	CURRENT			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2014	CURRENT	THE OLD PUB LLC	DOUG LITZ	402-477-5671
2008	2014	LINCOLN INDUSTRIES	SCOTT MILLER	402-475-3671

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.

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☒ 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
MICHAEL SCHMIDT	2/2005	LINCOLN,NE	DISTURBING THE PEACE	PAID FINE
SEE ATTACHMENT				

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: 9/11/2014 Name on Certificate: MICHAEL SCHMIDT

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
MICHAEL SCHMIDT	09/2014	RESPONSIBILITY HOSPITALITY COUNCIL-MANAGEMENT TRAINING
MICHAEL SCHMIDT		SERVE SAFE TRAINING

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*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:
MICHAEL SCHMIDT - BARTENDER	10/2002-11/2013	EJ'S LOUNGE/MADSEN'S BOWLING AND BILLIARDS
MICHAEL SCHMIDT - BARTENDER	1/2014-CURRENT	THE OLD PUB LLC

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES ☐ NO enclosed

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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.

Signature of Manager Applicant

N/A
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this 7-9-2015 (date) by Michael Schmidt (name of person acknowledged)

Cheryl K Waples
Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
CHERYL K. WAPLES
My Comm. Exp. April 4, 2017

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.

SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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Website: www.lcc.ne.gov

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Office Use Only

Class:_____	License #:_____

Applicant Name: MICHAEL RYAN SCHMIDT
(Corporation, LLC, Partnership or Individual)

Trade Name: THE OLD PUB
(Doing Business As)

(402) 477 - 5671 — Phone Number

INFO@DLEXTERIORS.COM — Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
  Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
  Fingerprint cards should be submitted with the application.
- Fee payment of **$28.75 per person** must be made directly to the NSP;
  You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
  or checks made payable to NSP should be mailed directly to the following address:
  The Nebraska State Patrol – CID Division
  3800 NW 12th Street
  Lincoln, NE 68521
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
  Include a list of names covered by your payment to insure proper application of payment.
- This completed form MUST be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

Please complete information on the following pages for EACH person fingerprinted.

1. Name: MICHAEL RYAN SCHMIDT Title: MANAGER

How was payment made to NSP? ☐NSP PAYPORT ☑CHECK SENT TO NSP

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2. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

3. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

4. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

5. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

6. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

7. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

8. Name: _____ Title: _____

How was payment made to NSP? ☐NSP PAYPORT ☐CHECK SENT TO NSP

I hereby certify that fees of $28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Michael Ryan Schmidt Title: Manager

Signature: Michael Schmidt Date: 7-1-15

#1 corp manager

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Addendum to Convictions

2/5/05- Trespassing charge that was dropped

6/8/00- Speeding ticket for another Michael Schmidt with the same birthday. The driver's license number is not mine and I have never lived at the address noted on the citation.

12/25/02- Speeding ticket for another Michael Schmidt with the same birthday. The driver's license number is not mine and I have never lived at the address noted on the citation.

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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.

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Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

7/1/15 (date) by Yvonne M Svec (name of person acknowledged)

Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
YVONNE M SVEC
My Comm. Exp. April 23, 2019

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.