

November 10, 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 Nebraska Entertainment, Inc., DBA South Pointe Cinemas, 2920 Pine Lake Road, requesting a class I-115858 liquor license.

Lisa Fryda is requesting that she be approved as the manager of the liquor license. Ms. Fryda completed the required management training on April 9, 2015. Ms. Fryda is currently the approved liquor license manager for Lincoln Grand Cinema, East Park Cinema, and Marriott Cornhusker in Lincoln, and four addition liquor licenses in Nebraska.

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



**APPLICATION FOR LIQUOR LICENSE  
CHECKLIST - RETAIL**

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.nebraska.gov

**RECEIVED**

NOV 9 2015

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Hot List: YES / <u>NO</u>	<u>New</u> Replacing #
Class Type <u>I</u>	<b>115858</b> Initial <u>RS</u>

Applicant name Nebraska Entertainment, Inc.

Trade name South Pointe Cinemas

Previous trade name Douglas Theatre South Pointe (prior to April 3, 2008)

Contact email address carriemaya@marcuscorp.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the Nebraska Liquor Control Commission.

**RECEIPT**

DATE 11-9-2015 No. 168624

FROM Marcus Theatres Corp

FOR New App

CASH  
 CHECK # 161893  
 MONEY# ORDER

Amount: \$400<sup>00</sup>

Received by Andy Seibert



Office use only

PAYMENT TYPE CK 161893

AMOUNT: \$400

Ret 168624 Received: mm



**RECEIVED**

1.  Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application.
2.  Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at [www.ne.gov/go/NLCCpayport](http://www.ne.gov/go/NLCCpayport).
3.  Enclose the appropriate application forms;
  - Individual License (requires insert form 1)
  - Partnership License (requires insert form 2)
  - Corporate License (requires insert form 3a & 3c)
  - Limited Liability Company (LLC) (requires form 3b & 3c)
4.  If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.
5.  N/A If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6.  N/A If buying the business of a current liquor license holder:
  - a. Provide a copy of the purchase agreement from the seller (must read applicants name)
  - b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
  - c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)
7.  N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).
8.  N/A Enclose a list of any inventory or property owned by other parties that are on the premises.
9.  For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
  - a. For residency enclose proof of registered voter in Nebraska
  - b. See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>
10.  Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.
11.  Submit a copy of your business plan.

**RECEIVED**

NOV 9 2015

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature

Date

*[Handwritten Signature]*  
10/27/15

RECEIVED

NOV 9 2015

NEBRASKA LIQUOR CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE  
RETAIL

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.nebraska.gov/

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS

- RETAIL LICENSE(S) Application Fee \$400 (nonrefundable)
- A BEER, ON SALE ONLY
  - B BEER, OFF SALE ONLY
  - C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
  - D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
  - I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
  - AB BEER, ON AND OFF SALE
  - AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
  - IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31  
All other licenses run from May 1 – April 30  
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (LLC) (requires form 3b & 3c)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)  
Commission will call this person with any questions we may have on this application

Name Tim O'Neill Phone number: (402) 434-3000

Firm Name O'Neill, Heinrich, Damkroger, Bergmeyer & Schultz, P.C., L.L.O.

RECEIVED

NOV 9 2015

NEBRASKA LIQUOR CONTROL COMMISSION

**PREMISES INFORMATION**

Trade Name (doing business as) South Pointe Cinemas

Street Address #1 2920 Pine Lake Road

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68516

Premises Telephone number (402) 323-6741

Business e-mail address southpointe@marcuscorp.com

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

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

Name The Marcus Corporation Attn: Legal Department

Street Address #1 100 East Wisconsin Avenue

Street Address #2 Suite 1900

City Milwaukee

State Wisconsin

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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 213' x width 130' in feet (approx.)

Is there a basement? Yes \_\_\_\_\_ No X If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

Is there an outdoor area? Yes \_\_\_\_\_ No X If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

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

(SEE ATTACHED)

**APPLICANT INFORMATION**

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

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. Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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	Traffic Citation Issued
Thomas F. Kissinger			May have other minor traffic violations	Unable to recall details
Nancy A. Kissinger			May have other minor traffic violations	Unable to recall details

**RECEIVED**

NOV 9 2015

**NEBRASKA LIQUOR CONTROL COMMISSION**

**2. Are you buying the business of a current retail liquor license?**

YES  NO

If yes, give name of business and liquor license number N/A

- 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 N/A

**4. Are you filing a temporary operating permit (TOP) to operate during the application process?**

YES  NO

If yes:

- a) Attach temporary operating permit (TOP) (form 125)
- b) TOP 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) N/A

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES  NO

If yes, explain. (all involved persons must be disclosed on application)

Marcus Nebraska, LLC, pursuant to attached Theatre Agreement

**No silent partners**

**RECEIVED**

NOV 9 2015

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES  NO

If yes, list such item(s) and the owner. N/A

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES  NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

N/A

9. Is anyone listed on this application a law enforcement officer?

YES  NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

N/A

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

(see attached)

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

(see attached)

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Lisa M. Fryda	02/2014	Responsible Beverage Service Training
Lisa M. Fryda	02/2014	FBST
Lisa M. Fryda	04/2015	RHC

**RECEIVED**

NOV 9 2015

For list of NLCC certified training programs see: [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Lisa Fryda/General Manager	2008 - present	Lincoln Grand Theatre - Lincoln, Nebraska
Lisa Fryda/General Manager	1989-2008	Douglas Theatres - Lincoln, Nebraska

**NEBRASKA LIQUOR CONTROL COMMISSION**

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

Lease: expiration date May 31, 2054  
 Deed  
 Purchase Agreement

14. When do you intend to open for business? Upon completion of improvements

15. What will be the main nature of business? Motion picture theatre and concession lounge

16. What are the anticipated hours of operation? (see attached)

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Thomas F. Kissinger/Hartland, WI	2001	present	Nancy A. Kissinger/Hartland, WI	2001	present
Lisa M. Fryda/Davey, Nebraska	1999	present	Dean G. Fryda/Davey, Nebraska	1999	present

If necessary attach a separate sheet.

NOV 9 2015

NEBRASKA LIQUOR CONTROL COMMISSION

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records... description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

[Handwritten signature of Thomas F. Kissinger]

Signature of Applicant

Thomas F. Kissinger

Print Name

[Handwritten signature of Nancy A. Kissinger]

Signature of Spouse

Nancy A. Kissinger

Print Name

Signature of Applicant

Print Name

Signature of Spouse

Print Name

ACKNOWLEDGEMENT

Wisconsin State of ~~Nebraska~~ County of Milwaukee

The foregoing instrument was acknowledged before me this

October 27, 2015 date

by Thomas F. Kissinger and Nancy A. Kissinger name of person(s) acknowledged (individual(s) signing)

[Handwritten signature of Notary Public]

Notary Public signature



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.

**APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a**

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.nebraska.gov

Office Use  
**RECEIVED**  
NOV 9 2015

**NEBRASKA LIQUOR CONTROL COMMISSION**

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. See Form 147 for further information, this form MUST be included with your application.
- 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 (must show electronic stamp or 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) 905-1447 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 N. Ponderosa Drive City: Hartland

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

*[Handwritten Signature]*  
Signature of President/CEO

**ACKNOWLEDGEMENT**

Wisconsin  
State of ~~Nebraska~~  
County of Milwaukee

The foregoing instrument was acknowledged before me this

October 27, 2015

by Thomas F. Kissinger  
name of person acknowledge

Date  
*[Handwritten Signature]*

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 & 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: NA MI: NA

FEIN  
Social Security Number: \_\_\_\_\_ Incorporation Date: 01/23/1970  
Date of Birth: \_\_\_\_\_

Title: Sole Shareholder Number of Shares 1,000

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

Spouse Social Security Number: N/A Date of Birth: N/A

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: \_\_\_\_\_

**RECEIVED**  
NOV 9 2015

**NEBRASKA LIQUOR CONTROL COMMISSION**

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: \_\_\_\_\_

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

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: \_\_\_\_\_

**RECEIVED**

NOV 9 2015

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

---

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: \_\_\_\_\_

---

Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation (see attached)
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

---

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: Day after Last Thursday in May Ending Date: Last Thursday in May

---

Is this a Non-Profit Corporation?

YES

NO

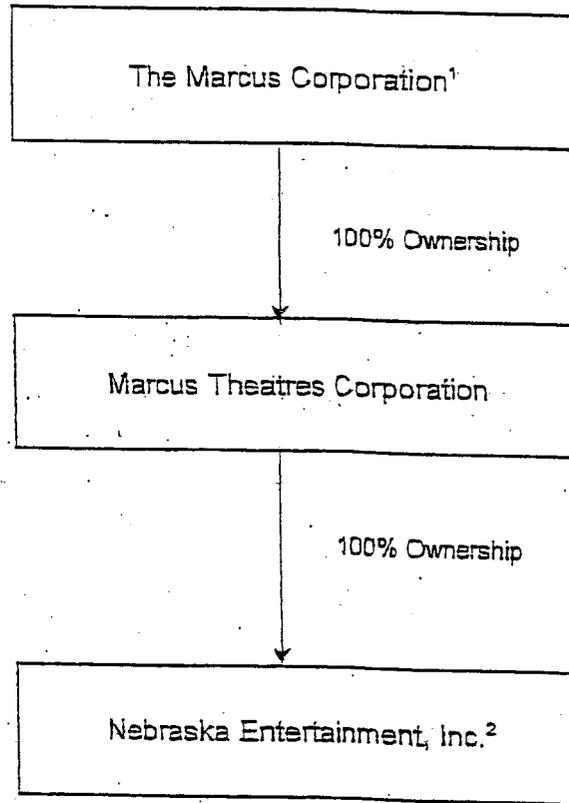
If yes, provide the Federal ID # N/A

**RECEIVED**

NOV 9 2015

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.



**RECEIVED**

NOV 9 2015

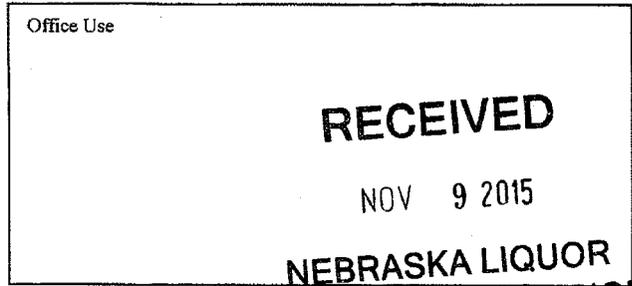
**NEBRASKA LIQUOR  
CONTROL COMMISSION**

<sup>1</sup>The Marcus Corporation is a publicly traded corporation. No single stockholder owns in the aggregate more than twenty-five percent (25%) of the stock of The Marcus Corporation.

<sup>2</sup>Nebraska Entertainment, Inc. is the Applicant and a wholly-owned subsidiary of Marcus Theatres Corporation. Marcus Theatres Corporation is a wholly-owned subsidiary of The Marcus Corporation.

**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.nebraska.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: Nebraska Entertainment, Inc.

**Premise information**

Liquor License Number: N/A Class Type I (if new application leave blank)

Premise Trade Name/DBA: South Pointe Cinemas

Premise Street Address: 2920 Pine Lake Road

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: (402) 323-6741

Email address: southpointe@marcuscorp.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](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: Fryda First Name: Lisa MI: M.

Home Address (include PO Box if applicable): 18101 North 1ST Street

City: Davey County: Lancaster Zip Code: 68336

Home Phone Number: (402) 785-2505 Business Phone Number: (402) 323-6741

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, Nebraska

Email address: lisafryda@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: Fryda First Name: Dean MI: G.

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Grand Rapids, Michigan

**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
Davey, Nebraska	1999	current	Davey, Nebraska	1999	present

**RECEIVED**  
 NOV 9 2015  
 NEBRASKA LIQUOR  
 CONTROL COMMISSION  
 Form 103  
 REV JUNE 2015  
 Page 3 of 6

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2008	present	Marcus Theatres Corporation	Tim Ward	(608) 443-7458
1989	2008	Douglas Theatres	Debby Brehm	(402) 323-6700

**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
			<b>RECEIVED</b>	
			NOV 9 2015	
			<b>NEBRASKA LIQUOR CONTROL COMMISSION</b>	

**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.

\*NLCC Training Certificate Issued: 02/25/2014 Name on Certificate: Lisa M. Fryda

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Lisa M. Fryda	02/2014	Responsible Beverage Service Training (attached)
Lisa M. Fryda	02/2014	Lincoln Server/Seller Permit (attached)
Lisa M. Fryda	04/2015	RHC Seminar (attached)

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Lisa M. Fryda/General Manager	2008-current	Lincoln Grand Theatre - Lincoln, Nebraska
Lisa M. Fryda/General Manager	1989-2008	Douglas Theatres - Lincoln, Nebraska

**RECEIVED**

NOV 9 2015

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

5. Have you enclosed Form 147 regarding fingerprints?

YES       NO

**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.

*Lisa M. Frvda*  
Signature of Manager Applicant

*Robert H. Fryda*  
Signature of Spouse

**RECEIVED**

NOV 9 2015

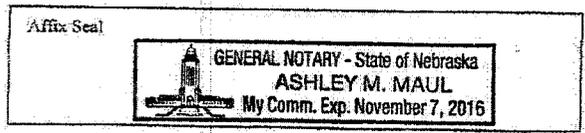
ACKNOWLEDGEMENT

State of Nebraska  
County of Franklin  
October 23, 2015  
date

The foregoing instrument was acknowledged before me this  
by Lisa M. Frvda  
name of person acknowledged

**NEBRASKA LIQUOR CONTROL COMMISSION**

*Ashley M. Maul*  
Notary Public signature



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.

**South Pointe Cinemas**  
**2920 Pine Lake Road**  
**Lincoln, NE 68516**

**ATTACHMENT TO FORM 103**  
**Question 2 (page 4)**

**NEBRASKA ENTERTAINMENT, INC.**

Lisa M. Fryda is the designated Liquor License Manager for the following locations:

Lincoln Grand Cinemas, 1101 P Street, Lincoln, Nebraska 68508  
East Park Cinema, 220 North 66<sup>TH</sup> Street, Lincoln, Nebraska 68505  
Twin Creek Cinemas, 3909 Raynor Parkway, Bellevue, Nebraska 68123  
Majestic Cinema of Omaha, 14304 West Maple Road, Omaha, Nebraska 68164  
Midtown Crossing, 3201 Farnam Street, Suite 6111, Omaha, Nebraska 68131  
Village Pointe Cinemas, 304 North 174<sup>TH</sup> Street, Omaha, Nebraska 68118

**MARCUS LINCOLN HOTEL, LLC**

Lisa M. Fryda is the designated Liquor License Manager for the following location:

Marriott Cornhusker, 333 S. 13<sup>TH</sup> Street, Lincoln, Nebraska 68508

**RECEIVED**  
NOV 9 2015  
**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**SUBMISSION 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  
FAX: (402) 471-2814  
Website: www.lcc.nebraska.gov

<b>RECEIVED</b> NOV 9 2015 NEBRASKA LIQUOR CONTROL COMMISSION Office 402-471-2571	
Class: _____	License #: _____

Applicant Name: Nebraska Entertainment, Inc.  
(Corporation, LLC, Partnership or Individual)

Trade Name: South Pointe Cinemas  
(Doing Business As)

(402) 323 - 6741  
Phone Number

carriemaya@marcuscorp.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](http://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 12<sup>th</sup> 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: Thomas F. Kissinger Title: President, Vice President  
Secretary, Treasurer

How was payment made to NSP?  NSP PAYPORT  CHECK SENT TO NSP  
Fingerprints on file

2. Name: Lisa M. Fryda Title: Manager

How was payment made to NSP?  NSP PAYPORT  CHECK SENT TO NSP  
Fingerprints on File

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.

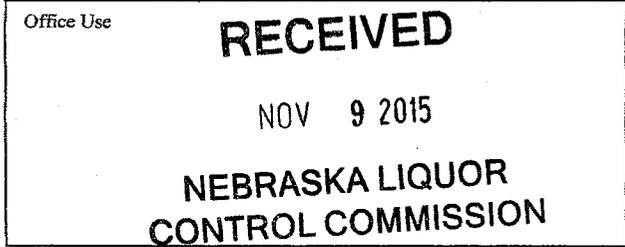
Name (Print): Thomas F. Kissinger Title: President, Vice President  
Secretary, Treasurer

Signature: 

Date: 10/27/15

**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](http://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.

*Nancy A. Kissinger*

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

Nancy A. Kissinger

Printed name of spouse asking for waiver

State of Wisconsin

County of Milwaukee

October 27, 2015

*[Signature]*  
Notary Public signature

The foregoing instrument was acknowledged before me this  
by Nancy A. Kissinger  
name of person acknowledged



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.

*[Signature]*

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

Thomas F. Kissinger

Printed name of applying individual

State of Wisconsin

County of Milwaukee

October 27, 2015

*[Signature]*  
Notary Public signature

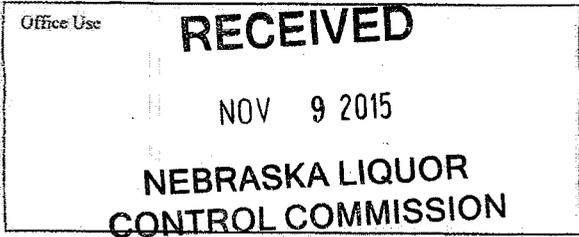
The foregoing instrument was acknowledged before me this  
by Thomas F. Kissinger  
name of person acknowledged



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.

**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](http://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.

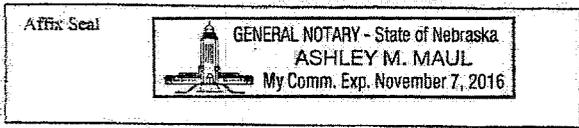
Dean G. Fryda  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Dean G. Fryda  
Printed name of spouse asking for waiver

State of Nebraska  
County of Lancaster  
10-23-15  
date

The foregoing instrument was acknowledged before me this  
by Dean G. Fryda  
name of person acknowledged

Ashley M. Maul  
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.

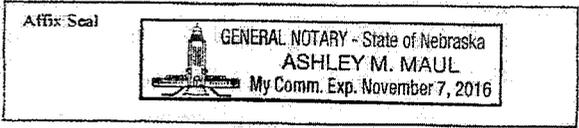
Lise M. Fryda  
Signature of individual involved with application  
(Spouse of individual listed above)

Lise M. Fryda  
Printed name of applying individual

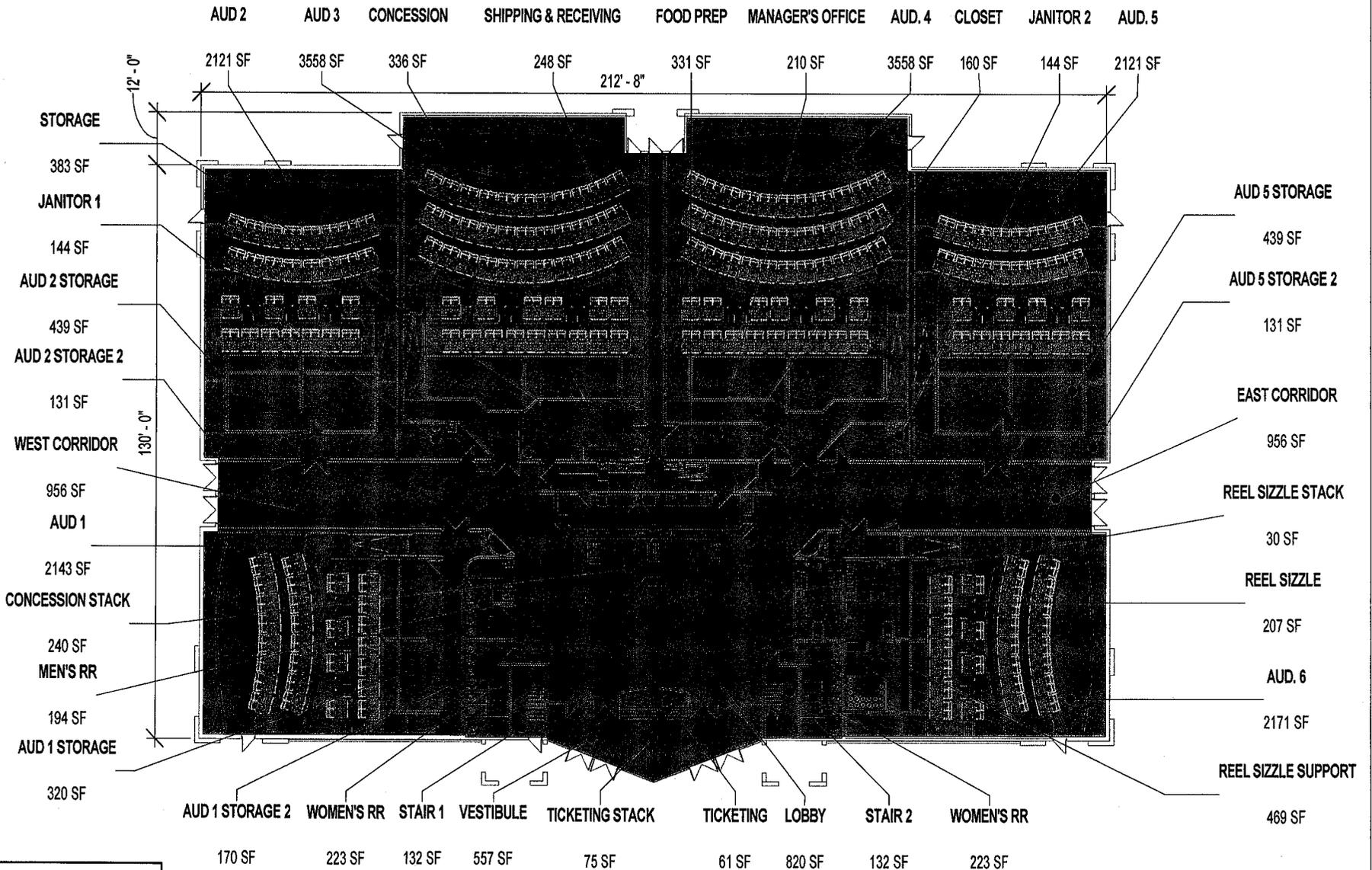
State of Nebraska  
County of Lancaster  
10-23-15  
date

The foregoing instrument was acknowledged before me this  
by Lise M. Fryda  
name of person acknowledged

Ashley M. Maul  
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.



FIRST FLOOR	28,570 SF
MEZZANINE	4,110 SF
GRAND TOTAL	32,680 SF

■ LIQUOR AREA



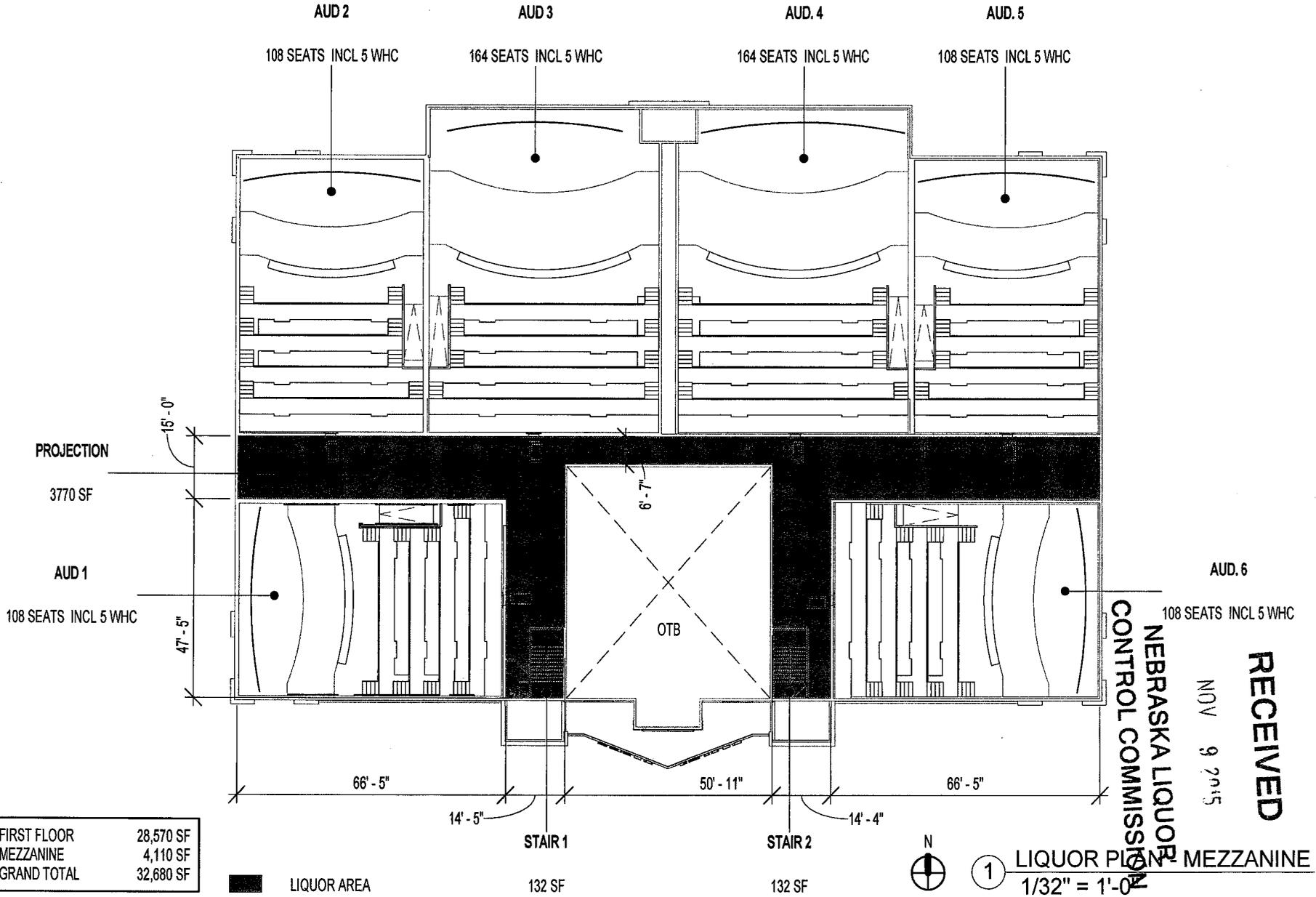
① LIQUOR PLAN - FIRST FLOOR  
1/32" = 1'-0"



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

**MARCUS SOUTH POINTE REMODEL**  
LINCOLN, NEBRASKA  
LIQUOR PLAN - FIRST FLOOR

**RECEIVED**  
ORIG DWG # ASD 1.1  
PROJECT NOV 9, 2015 16083.00  
DATE 09/16/15  
**NEBRASKA LIQUOR**  
CONTROL COMMISSION



FIRST FLOOR	28,570 SF
MEZZANINE	4,110 SF
GRAND TOTAL	32,680 SF

RECEIVED  
NOV 9 2015  
NEBRASKA LIQUOR CONTROL COMMISSION



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

**MARCUS SOUTH POINTE REMODEL**  
LINCOLN, NEBRASKA  
LIQUOR PLAN - MEZZANINE

ORIG DWG #	
ASD	1.2
PROJECT	15083.00
DATE	09/16/15