



**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

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**Manager must:**

- Complete all sections of the application. Be sure it is signed by a **corporate officer**, corporate officer must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card with application

Spouse who **will not** participate in the business, **spouse must:**

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the **spouse must:**

- Sign the application
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

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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: Kinseth Hotel Corporation

**Premise information**

Liquor License Number: 85747 Class Type I (if new application leave blank)

Premise Trade Name/DBA: Residence Inn - Inside

Premise Street Address: 5865 Boboli Lane

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: 402-423-1555

Email address: MCobb@Kinseth.com OR MSchultz@Kinseth.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)

Bruce Kinseth v1

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)



1600001297

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Cobb First Name: Michelle MI: \_\_\_\_\_  
Home Address (include PO Box if applicable): 7311 Old Post Road Unit 30  
City: Lincoln County: Lancaster Zip Code: 68506  
Home Phone Number: 402-326-3766 Business Phone Number: 402-423-1555  
Social Security Number \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: Mormonmouth, Illinois  
Email address: mcobb@kinseth.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	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>Lincoln, Ne</u>	<u>97</u>	<u>present</u>			

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**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
12	15	Staybridge Suites	Codie Meehan	402-
11	12	Nelnet	Zach	402-

**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):**

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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

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

\*NLCC Training Certificate Issued: \_\_\_\_\_ Name on Certificate: none

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

\*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:

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.

X Michelle Cobb  
Signature of Manager Applicant

\_\_\_\_\_  
Signature of Spouse

**ACKNOWLEDGEMENT**

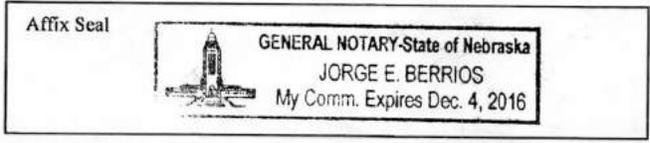
State of Nebraska  
County of Concaster

1/8/16  
date

The foregoing instrument was acknowledged before me this

by Michelle L Cobb  
name of person acknowledged

JEP  
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.

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**SUBMISSION OF FINGERPRINTS /  
PAYMENT OF FEES TO NSP-CID**

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PHONE: (402) 471-2571  
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NEBRASKA LIQUOR CONTROL COMMISSION	
Class: _____	License #: _____

Applicant Name: Michelle Cobb  
(Corporation, LLC, Partnership or Individual)

Trade Name: Residence Inn  
(Doing Business As)

(402) 423-1555  
Phone Number

mcobb@kinseth.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/](http://www.ne.gov/) 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 Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partner 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.

*Michelle,  
take pic  
ck with you.  
use this as  
invoice for batch  
once you have  
everything, let  
me know. I  
would like  
copies of all  
completed  
paperwork +  
fingerprint  
card.*

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

1. Name: Michelle CW Title: General Manager

How was payment made to NSP?  NSP PAYPORT  CHECK SENT TO NSP #1996

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): Michelle L. Cobbs Title: GM

Signature: Michelle CW RECEIVED Date: 1/12/16

JAN 12 2016  
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CONTROL COMMISSION