

February 16, 2016

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 Levy Premium Foodservice, LP, DBA Levy restaurants at Haymarket Park, 402 Line Drive Circle, requesting that Kelly Gimm be approved as the manager of the class IK-050877 liquor license.

Kelly Gimm has not yet completed the required alcohol management training. He is scheduled to attend the training on March 10, 2016.

Kelly Gimm's driver and criminal history is as follows:

09-09-2007 Possession of alcohol underage – 1st offense (Iowa)
05-17-2007 Speeding >55 (over 20 MPH over) (Iowa)
08-08-2005 Improper lane usage (Iowa)

The application is included for your review.

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.

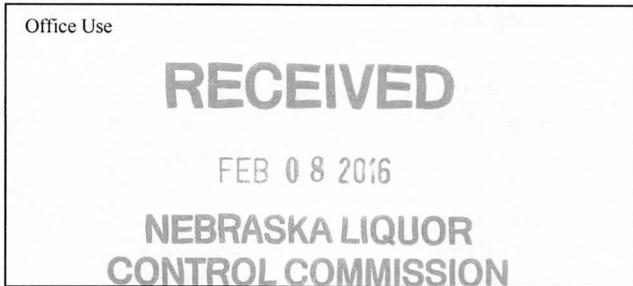


JIM PESCHONG, Chief of Police



**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.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: Levy Premium Foodservice LP

Premise information

Liquor License Number: 050877 Class Type IK (if new application leave blank)

Premise Trade Name/DBA: Levy Restaurants at Haymarket Park

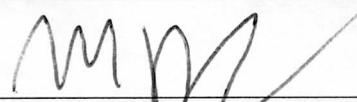
Premise Street Address: 403 Line Drive Cir

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: 402-434-6802

Email address: Mperlberg@levyrestaurants.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 Perlberg, Secretary of its GP

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

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

Last Name: Gimm First Name: Kelly MI: M

Home Address (include PO Box if applicable): 1619 E St

City: Lincoln County: Lancaster Zip Code: 68508

Home Phone Number: 563-549-3343 Business Phone Number: 402-434-6801

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

Date Of Birth: _____ Place Of Birth: Moline, IL

Email address: kegimm@prosportscatering.com

RECEIVED

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

YES NO

FEB 08 2015

NEBRASKA LIQUOR CONTROL COMMISSION

Spouse's information

Spouses Last Name: n/a 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
Davenport, IA	2013	2015			
Anchorage, AK	2011	2013			
Alamogordo, NM	2009	2011			
San Antonio, TX	2008	2009			
Davenport, IA	1988	2008			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	2015	Professional Sports Catering	Pat Delaney	563-333-2723
2008	2013	United States Air Force	Jon Carr	907-753-4422

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.

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FEB 08 2016

NEBRASKA LIQUOR CONTROL COMMISSION

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):

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: 12/12/2015 Name on Certificate: Kelly M Gimm

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Kelly M Gimm	12/2015	ServSafe

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NEBRASKA LIQUOR
CONTROL COMMISSION

*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:
Kelly Gimm / Director of Food & Beverage	2013-2015	Professional Sports Catering, Evanston, IL
Kelly Gimm / Manager	2014	Outback Steakhouse, Davenport, IA
Kelly Gimm / Manager	2013-2014	Isle of Capri Casinos, Bettendorf, IA
Kelly Gimm / Ass. Director of Food & Beverage	2003-2008	Quad Cities River Bandits / Davenport, IA

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

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PERSONAL OATH AND CONSENT OF INVESTIGATION

FEB 08 2016

NEBRASKA LIQUOR CONTROL COMMISSION

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.

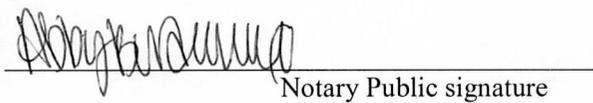
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this
2/8/2016 date by Kelly Michael Gimm name of person acknowledged


Notary Public signature

Affix Seal
State of Nebraska - General Notary
ABBY BORDEAUX
My Commission Expires
August 1, 2018

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.

**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
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RECEIVED DATE RECEIVED FEB 08 2015 NEBRASKA LIQUOR CONTROL COMMISSION Office Use Only	
Class: _____	License #: _____

Applicant Name: **Kelly Michael Gimm**

(Corporation, LLC, Partnership or Individual)

Trade Name: **Levy Restaurants, LLC**

(Doing Business As)

(563) 549 - 3343

Phone Number

KeGimm@prosportscatering.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.