

February 19, 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 SDL, LLC, DBA Hampton Inn & Suites, 1055 W Bond Street, requesting a class I-116266 liquor license.

John Klimpel is requesting that he be approved as the manager of the liquor license. Mr. Klimpel completed the required alcohol management training on August 8, 2013. Mr. Klimpel is currently a corporate member and approved liquor license manager for four hotels in Lincoln, Comfort Suites, Staybridge Suites, Hilton Garden Inn Hotel and Fairfield Inn & Suites.

SDL, LLC Corporate Officers/Stockholders/Members:

Member 1: George Lemke – President (80%)  
Member 2: Michael Works – Member (16%)  
Member 3: John Klimpel – Member (4%)

John Klimpel's driver history is as follows:

06-25-2014	Violate speed limit 16-20 MPH over	Infraction
12-04-2007	Improper registration	Infraction
09-23-2004	No valid registration	Misdemeanor
06-16-2001	Violate speed limit 11-15 MPH over	Infraction

George Lemke self-reported the following:

1982/1983	Battery (Chicago, IL)	Misdemeanor
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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



**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		
JAN 20 2016		
NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	New Replacing #	
Class Type <u>I</u>	<b>116266</b>	Initial <u>MP</u>

Applicant name SDL LLC

Trade name Hampton Inn & Suites

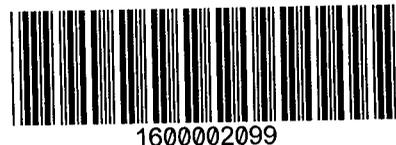
Previous trade name \_\_\_\_\_

Contact email address jklimpel@lincolnhotelgroup.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 <u>1-20-16</u> No. <b>168648</b>
	FROM <u>SDL LLC</u>
	FOR <u>New App - Hampton Inn</u>
	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>200141</u> <span style="border: 1px solid black; padding: 2px;">\$ <u>400.00</u></span> <input type="checkbox"/> MONEY# _____ <input type="checkbox"/> ORDER
 Received by <u>Michelle Stewart</u>	

PAYMENT TYPE <u>CX#200141</u> AMOUNT <u>\$400.00</u> Rec # <u>200141</u>	Received: <u>MP</u>
--------------------------------------------------------------------------------	---------------------



RECEIVED  
MP

George Lemke - Prints  
Sharon Lemke - Affidavit

\* John Klimpel - prints  
Tami Klimpel - affidavit

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. ~~Need receipt~~
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.  If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6.  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.  If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).
8.  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.

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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.

George Lemke  
Signature

1/14/2016  
Date

- ~~Need training~~
- ~~Need receipt proof~~ → John
- ~~Pg 8 resigned~~
- ~~Lease to corp~~

**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

DATE RECEIVED <b>RECEIVED</b> JAN 20 2016 Office Use Only <b>NEBRASKA LIQUOR CONTROL COMMISSION</b>	
Class: _____	License #: _____

Applicant Name: SDL LLC  
(Corporation, LLC, Partnership or Individual)

Trade Name: Hampton Inn & Suites  
(Doing Business As)

(402) - 416-1657  
Phone Number

lenkeg@cfcaa.org  
Contact Email 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.**

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

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
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PHONE: (402) 471-2571  
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<b>RECEIVED</b>	
DATE RECEIVED JAN 20 2016	
<b>NEBRASKA LIQUOR CONTROL COMMISSION</b>	
Office Use Only	
Class: _____	License #: _____

Applicant Name: **SDL LLC**

(Corporation, LLC, Partnership or Individual)

Trade Name: **Hampton Inn & Suites**

(Doing Business As)

**(402) 730 - 1022**

Phone Number

**jklimpel@lincolnhotelgroup.com**

Contact E-mail Address

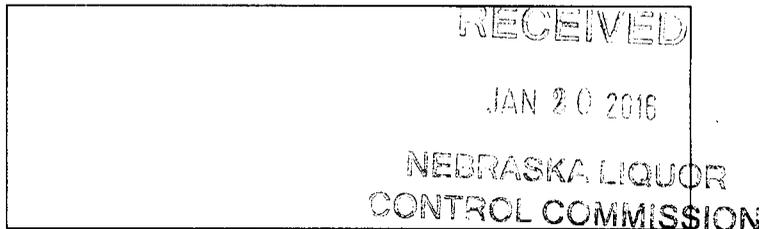
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or checks made payable to NSP should be mailed directly to the following address:  
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**3800 NW 12<sup>th</sup> Street**  
**Lincoln, NE 68521**
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RETAIL**

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 the person with any questions we may have on this application**

Name Steve Young Phone number: 402-499-3862

Firm Name Lincoln Hotel Group

**PREMISES INFORMATION**

Trade Name (doing business as) Hampton Inn Airport

RECEIVED

Street Address #1 1055 W Bond St

JAN 20 2016

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

City Lincoln

County Lancaster

NEBRASKA LIQUOR CONTROL COMMISSION

Premises Telephone number 402-474-6465

Business e-mail address jklimpel@lincolnhotelgroup.com

Is this location inside the city/village corporate limits:

YES

NO

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

Name LINCOLN HOTEL GROUP

Street Address #1 9240 ANDERMATT DR

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

City LINCOLN

State NE

Zip Code 68526

**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 \_\_\_\_\_ x width \_\_\_\_\_ in feet

Is there a basement? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

Is there an outdoor area? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

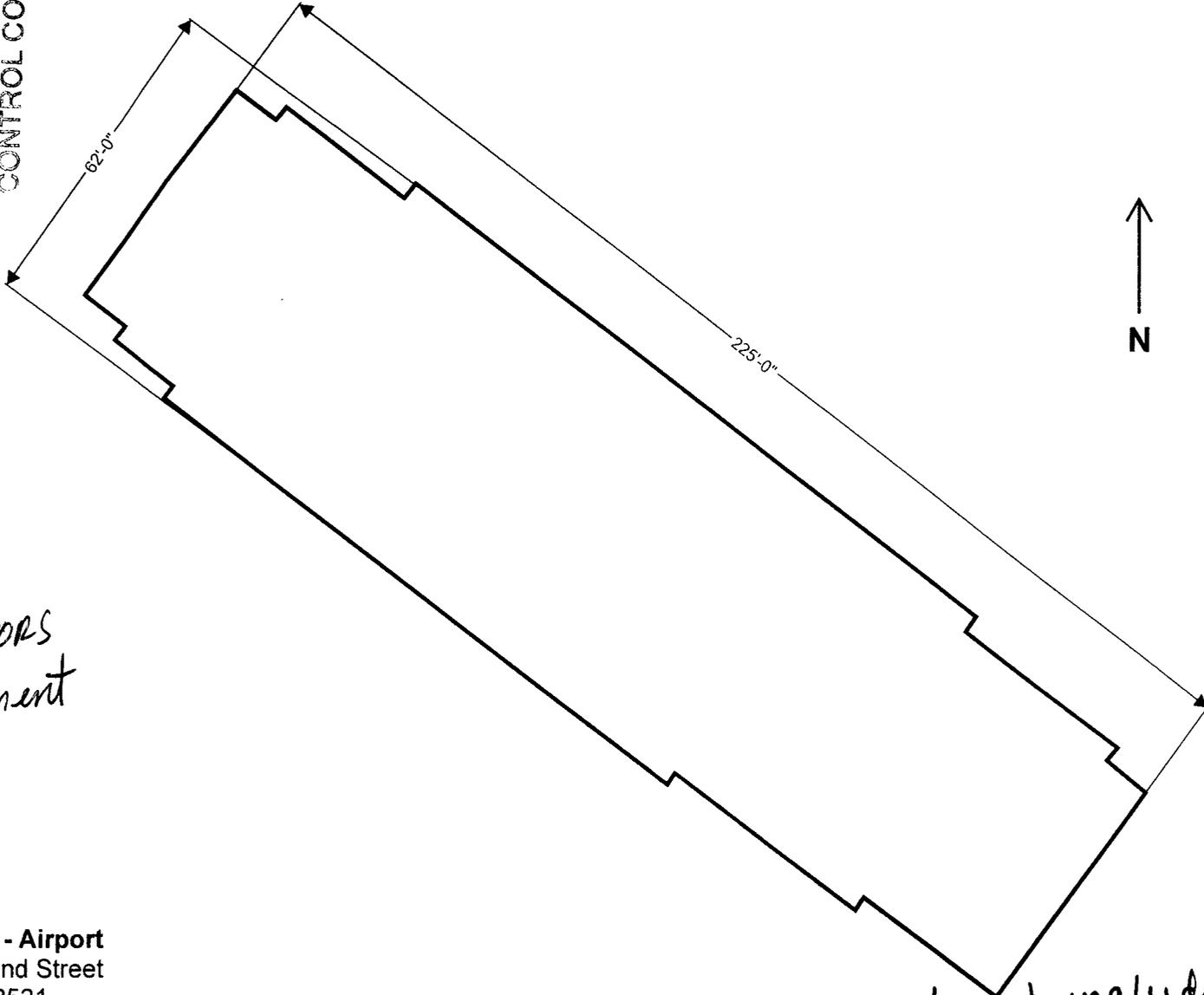
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

See Attached

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NEBRASKA LIQUOR  
CONTROL COMMISSION



4 FLOORS  
+ BASEMENT

Hampton Inn - Airport  
1055 West Bond Street  
Lincoln, NE 68521

Four-story bldg approx 225' x 62' not including  
basement

OK per applicant

JAN 20 2016

**APPLICANT INFORMATION**

**NEBRASKA LIQUOR CONTROL COMMISSION**

**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
George Lemke	1982/1983	Chicago IL	Misdemeanor Battery	1 Year Probation

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

YES  NO

**If yes,** give name of business and liquor license number \_\_\_\_\_

- 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 \_\_\_\_\_

**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.

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NEBRASKA LIQUOR CONTROL COMMISSION

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) EXCHANGE BANK

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)

SEE CORPORATE ORGANIZATIONAL FORMS

No silent partners

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.

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)

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.

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.

EXCHANGE BANK - MIKE WORKS, GEORGE LEMKE, JOHN KLIMPPEL, RICH CORNELL

CFU  
managed  
Group

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.

~~SECRET~~ HOLIDAY INN EXPRESS, BEATRICE LIC # 66607

JAN 20 2016

NEBRASKA LIQUOR CONTROL COMMISSION

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: None

*Attached to mgr app*

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

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

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business

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 \_\_\_\_\_  
 Deed  
 Purchase Agreement

14. When do you intend to open for business? Open Now

15. What will be the main nature of business? Hotel/Motel

16. What are the anticipated hours of operation? 4:30pm to 9:30pm 7 days A WEEK

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
George Lemke-Lincoln, NE	2007	Current	Same		
George Lemke-Green Oaks IL	1999	2007	Same		

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and 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. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. 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.

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. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

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>

George W. Lemke  
Signature of Applicant

Sharon D. Lemke  
Signature of Spouse

GEORGE W LEMKE  
Print Name

SHARON D LEMKE  
Print Name

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Arizona  
State of ~~Nebraska~~  
County of ~~Lincoln~~ Pinal

ACKNOWLEDGEMENT

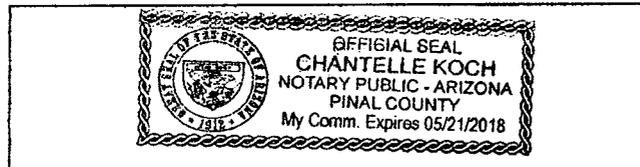


The foregoing instrument was acknowledged before me this

01/21/2016  
date

by George Lemke and Sharon Lemke  
name of person(s) acknowledged (individual(s) signing)

Chantelle Koch  
Notary Public signature



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NEBRASKA LIQUOR CONTROL COMMISSION

FORM 100  
MAY 2015  
PAGE 8

**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

**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: SDL LLC

**Premise Information**

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

Premise Trade Name/DBA: Hampton Inn & Suites

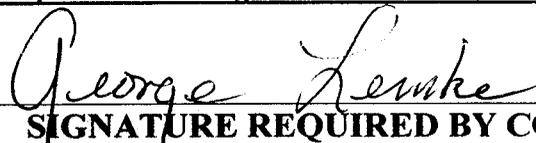
Premise Street Address: 1055 W Bond St

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: 402-474-6465

Email address: lemkeg@cfsaa.org

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

*Printed*

Last Name: Klimpel First Name: John MI: E

Home Address (include PO Box if applicable): 5390 South 114th St

City: Lincoln, NE County: Lancaster Zip Code: 68526

Home Phone Number: 402-730-1022 Business Phone Number: 402-730-1022

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: St Louis, Missouri

Email address: jklimpel@lincolnhotelgroup.com

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Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted) 2016

YES  NO

NEBRASKA LIQUOR CONTROL COMMISSION

Spouse's information

Spouses Last Name: Klimpel First Name: Tami MI: A

*affidavit*

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: ~~Lincoln, NE~~ Parma, OH

PLEASE LIST RESIDENCE(S) FOR THE PAST TEN YEARS ANY SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1986	Present	Same		

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NEBRASKA LIQUOR CONTROL COMMISSION

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
	<i>Present</i>	<i>Lincoln Hotel Group</i>	<i>I am supervisor</i>	<i>402-730-1022</i>

**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

NEBRASKA LIQUOR  
CONTROL COMMISSION

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):

*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: 8/8/2013 Name on Certificate: JOHN KLIMPEL

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
JOHN E KLIMPEL	08/2013	Responsible Hospitality Council Mgmt Training

\*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:

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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.

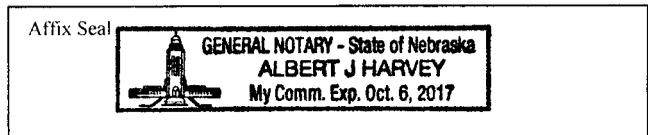
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

John E. Kimpel Signature of Manager Applicant      Tami A. Kimpel Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska  
County of Lancaster The foregoing instrument was acknowledged before me this  
20<sup>th</sup> day of January, 2016 by John E. & Tami A. Kimpel  
date name of person acknowledged

Albert J. Harvey  
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

**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.

Tami A. Klimpel  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Tami A Klimpel  
Printed name of spouse asking for waiver

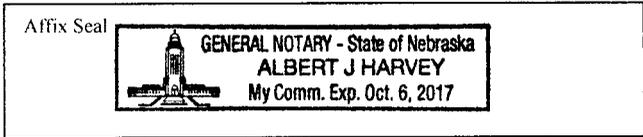
State of Nebraska

County of Lancaster

20th day of January, 2016  
date

The foregoing instrument was acknowledged before me this  
Tami A. Klimpel  
name of person acknowledged

\_\_\_\_\_  
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.

John E. Klimpel  
Signature of individual involved with application  
(Spouse of individual listed above)

John E Klimpel  
Printed name of applying individual

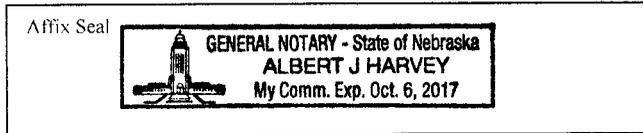
State of Nebraska

County of Lancaster

20th day of January, 2016  
date

The foregoing instrument was acknowledged before me this  
John E. Klimpel  
name of person acknowledged

Albert J. Harvey  
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.

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

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](http://www.lcc.nebraska.gov)

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All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members 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 Organization

Name of Registered Agent: Mike Works

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

SDL LLC #10214689

LLC Address: 6801 Forest Lake Blvd.

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402-416-1657 LLC Fax Number \_\_\_\_\_

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Lemke First Name: George MI: W

Home Address: 6801 Forest Lake Blvd City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-328-7629

George Lemke  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

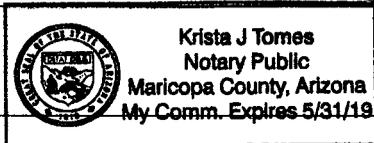
State of ~~Nebraska~~ Arizona  
County of Maricopa

The foregoing instrument was acknowledged before me this

by George Lemke  
name of person acknowledge

Date 1/5/2016  
[Signature]

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Lemke First Name: George MI: W

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Sharon D. Lemke

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 80%

*Prints  
Affidavit*

JAN 20 2016

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last NAME: WOLKS First Name: MICHAEL MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 16%

Last Name: KIMPEL First Name: JOHN MI: E

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 4%

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO

If yes, complete controlling corporation insert form 185

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CONTROL COMMISSION

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

Starting Date: JANUARY 1 Ending Date: DECEMBER 31

Is this a Non Profit Corporation?

YES

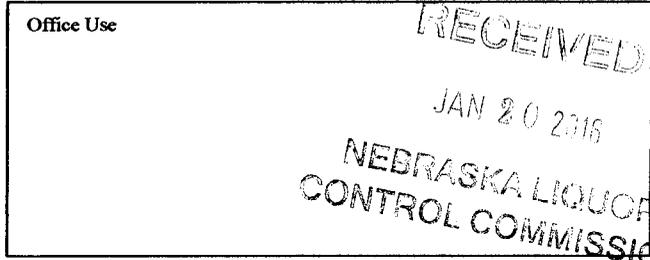
NO

If yes, provide the Federal ID #. \_\_\_\_\_

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.

**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.icc.ne.gov](http://www.icc.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.

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

Sharon Lemke  
Printed name of spouse asking for waiver

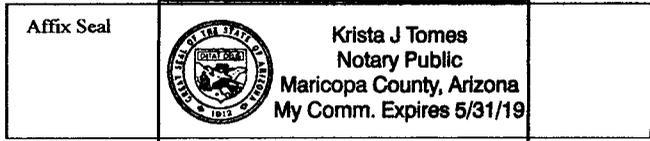
State of Arizona

County of Maricopa

1/5/2016  
date

[Signature]  
Notary Public signature

The foregoing instrument was acknowledged before me this  
by Sharon Lemke  
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.

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

George W. Lemke  
Printed name of applying individual

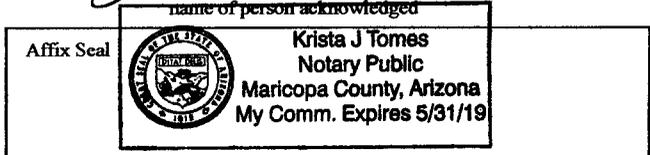
State of Arizona

County of Maricopa

1/5/2016  
date

[Signature]  
Notary Public signature

The foregoing instrument was acknowledged before me this  
by George W. Lemke  
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.

**CONTROLLING CORPORATION  
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.nebraska.gov

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**Attach copy of Articles as filed with the Nebraska Secretary of State - §53-126**

**Name and address of the controlling corporation of the applying corporation**

Controlling Corporation Name: CORNHUSKER HOSPITALITY II LLC # 10061941  
Controlling Corporation Address: 6801 Forest Lake Blvd  
City: Lincoln State: NE Zip Code: 68516

**Provide the names of the top four officer/members of the controlling corporation**

1. Full Name: George W. Lemke  
Job Title: MANAGING MEMBER
2. Full Name: Sharon D. Lemke  
Job Title: Principal
3. Full Name: Michael J. Lemke  
Job Title: - Minority Partner
4. Full Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_