CITY OF LINCOLN NEBRASKA

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

March 1, 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 Home Grocery Express, Inc., DBA Gala Events, 2602 Park Boulevard, requesting a class I-116884 liquor license.

Home Grocery Express, Inc, has been operating an event/reception hall at this location since September of 2015. GNS Corporation, DBA Cappy's, has been obtaining SDL's during this time to provide alcohol service, but was limited to 12 calendar dates in a calendar year at any one location, per Nebraska Liquor Control Commission Rules and Regulations.

Jeffrey Rothgeb, President of Home Grocery Express, Inc. is requesting that he be approved as the manager of the liquor license. Mr. Rothgeb has not completed the required alcohol management training. He is scheduled to attend the training on April14, 2016.

Home grocery Express, Inc. Corporate Officers/Stockholders/Members:

Member 1: Jeffery Rothgeb – President (50%)
Member 2: Lisa Rothgeb – Sec/Tres (50%)

A background investigation was conducted on Lisa Rothgeb with no areas of concern found.

Jeffrey Rothgeb's driver and criminal history is as follows:

04-02-2015	DUI/.08, 1st offense	Misdemeanor
11-17-2014	Charged with: Assault, strike or cause bodily injury	
	Amended to: Disturbing the peace	Misdemeanor
03-03-2007	No valid registration	Misdemeanor
08-24-2004	Violate speed limit 11-15 MPH over	Infraction
05-24-2002	Speeding 6-10 MPH over	Infraction
11-26-1998	Fail to disperse	Misdemeanor

Additionally, Jeffrey Rothgeb self-reported the following convictions:

06-2000	Speeding 16-20 MPH over (NE)
09-1999	Consumption/intoxication (IA)
11-1997	Failure to have valid Oper. Lic. while operating veh. (IA)
10-1997	Speed restrictions (IA)
07-1996	Signal light requirement (IA)
05-1996	OWI – 1st offense (IA)
05-1995	Disorderly conduct (IA)
09-1994	Vehicle in restricted area (NE)
07-1994	DUI – 1st offense (NE)
11-1991	Disturbing the peace (CA)
08-1990	DUI – 2nd offense/fail to appear on citation (NE)
10-1989	Parks closed/entry after hours/fail to appear on citation (NE)
09-1988	DUI – 1st offense
	Disturbing the peace
11-1987	No operators license/fail to appear on citation (NE)
07-1986	Bad check
05-1984	Refuse to comply with lawful order to disperse (NE)

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.

BRIAN JACKSON, Interim 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

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NO TOP

Hot List: YES / NO	New/Replacing #
Class Type ?	116884 Initial MP

Applicant name Home Grocery Express, inc.

Trade name DBA ~~Primetime Music and Entertainment~~

Previous trade name Gala Events *see email

Contact email address JeffRothgeb@yahoo.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.

Office use only
PAYMENT TYPE CK 3132
AMOUNT: $400.00
Received: BA

1600003021

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.

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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.

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]

Signature

_____

Date

Business Plan ✓
Crim. History ✓

APPLICATION FOR LIQUOR LICENSE
RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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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 SPIRTS, 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_____ Phone number:_____

Firm Name_____

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PREMISES INFORMATION GalaEvents

Trade Name (doing business as) ~~Primetime~~ Music and Entertainment

Street Address #1 2602 Park Blvd

Street Address #2

City Lincoln County Lancaster Zip Code 68502

Premises Telephone number 402-817-4159

Business e-mail address LisaRothgeb@Yahoo.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 Lisa Rothgeb - Primetime Music and Entertainment

Street Address #1 7607 Brummond Dr 1

Street Address #2

City Lincoln State Ne Zip Code 68516

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 100 x width 79 in feet

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

Is there an outdoor area? Yes X No ____ If yes, length 56 x width 21 in feet

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

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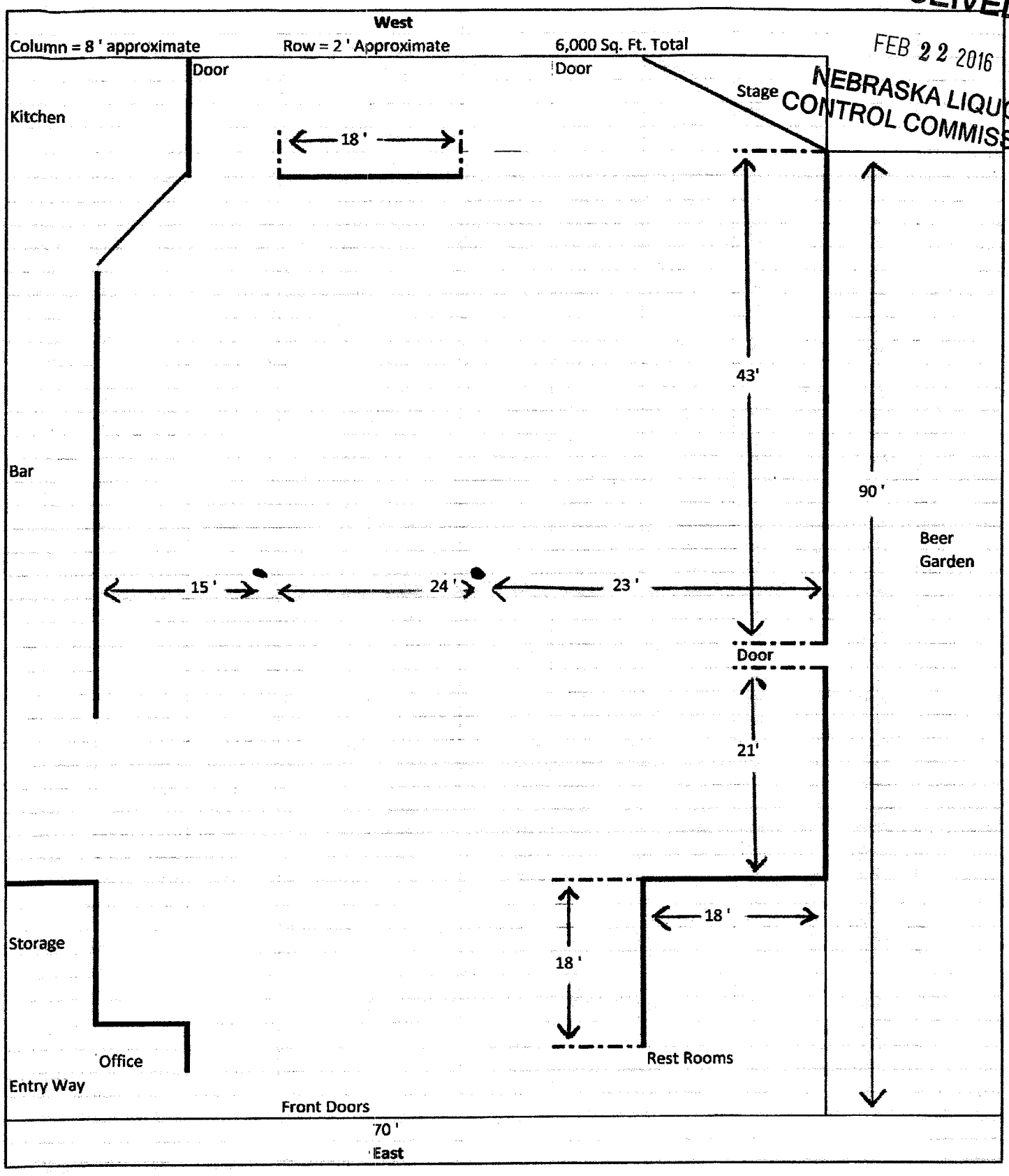

The Gala - Rough Floor Plan

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APPLICATION FOR LIQUOR LICENSE
RETAIL

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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 SPIRTS, ON AND OFF SALE
_____ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
X 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

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CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

_____ Individual License (requires insert form 1)
_____ Partnership License (requires insert form 2)
X 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_____ Phone number:_____

Firm Name_____

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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.

__X__ YES _____ NO

If yes, please explain below or attach a separate page See Attached

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

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

_____ YES __X__ 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 __X__ NO

If yes, give name and license number_____

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

_____ YES __X__ 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.

Record for Jeffrey B. Rothgeb

May 1984	Nebraska	Refuse to comply with lawful order to disperse - fine
July 1986		Bad check for goods/services $75-300 - fine
Nov 1987	Nebraska	No operator license/Fail to appear – citation – traffic - fine
Sept 1988	Nebraska	Dui 1st offence/ Disturbing the peace – fine, jail,lic suspension
Oct 1989	Nebraska	Parks:Closed enter after hours/ Failure to appear - fine
Aug 1990	Nebraska	Dui- 2nd offence/Failure to appear on citation –
Nov 1991	California	Disturbing the Peace - fine
July 1994	Nebraska	Dui- 1st offence – fine, jail, lic suspension
Sept 1994	Nebraska	Vehical in restricted area- fine
May 1995	Iowa	Disorderly conduct - fine
May 1996	Iowa	OWI – 1st offense –probation and donation
July 1996	Iowa	Signal light requirement - fine
Oct 1997	Iowa	Speed restrictions -fine
Nov 1997	Iowa	Failure to have valid operators permit while operating vehical-fine
Feb 1999	Nebraska	Failure to disperse - fine
Sept 1999	Iowa	Consumption/intoxication-fine
June 2000	Nebraska	Speeding 16-20mph Interstate - fine
Sept 2004	Nebraska	Violate speed limit 11-15 over - fine
April 2007		No valid registration - fine
Feb 2015	Nebraska	Disturbing the peace - fine
Sept 2015	Nebraska	Dui- 1st offence – fine, house arrest, interlock drivers lic 6mo.

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5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

_____YES __X__NO

If yes, list the lender(s)_____

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

_____YES __X__NO

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

No silent partners

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

_____YES __X__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 __X__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 __X__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.

Cornhusker Bank Jeff & Lisa Rothgeb

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.

none

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12. List the alcohol related training and/or experience (when and where) of the person(s) making application. The requirements 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: Training

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

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.**

X Lease: expiration date nov 2020

_____ Deed

_____ Purchase Agreement

14. When do you intend to open for business? September 2015

15. What will be the main nature of business? Event Center

16. What are the anticipated hours of operation? 12 pm - 2 am

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 FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Lisa Rothgeb Lincoln ne	2000	2015			
Jeffrey Rothgeb Lincoln ne	2000	2015			

If necessary attach a separate sheet.

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

Lisa Rothgeb
Signature of Applicant

Signature of Spouse

Lisa Rothgeb
Print Name

Print Name

Signature of Applicant

Lisa Rothgeb
Signature of Spouse

Jeffrey Rothgeb
Print Name

Lisa Rothgeb
Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this 22nd day of February 2016 (date) by Jeffrey Rothgeb and Lisa Rothgeb (name of person(s) acknowledged (individual(s) signing)

Jessica Chrisp
Notary Public signature

GENERAL NOTARY - State of Nebraska
JESSICA CHRISP
My Comm. Exp. March 25, 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.

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

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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: Jeffrey Rothgeb

Name of Corporation that will hold license as listed on the Articles

Home Grocery Express, INC. DBA ~~Primetime Music and Entertainment~~ Gala Events

Corporation Address: 7607 Brummond Dr

City: Lincoln State: NE Zip Code: 68516

Corporation Phone Number: 402-817-4199 Fax Number

Total Number of Corporation Shares Issued: 10,000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Rothgeb First Name: Jeffrey MI: B

Home Address: 7607 Brummond Dr City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-601-2564

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster **The foregoing instrument was acknowledged before me this**
22nd day of February 2016 **by** Jeffrey Rothgeb
Date **name of person acknowledge**

Jessica Chrisp

Affix Seal

GENERAL NOTARY - State of Nebraska
JESSICA CHRISP
My Comm. Exp. March 25, 2018

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NEBRASKA LIQUOR CONTROL COMMISSION

List names of all officers, directors and stockholders including spouses (even if a spouse has not been submitted)

Last Name: Rothgeb First Name: Lisa MI: C

Social Security Number: Date of Birth:

Title: Secretary/treasure Number of Shares 5,000

Spouse Full Name (indicate N/A if single): Jeffrey B. Rothgeb

Spouse Social Security Number: Date of Birth:

Last Name: Rothgeb First Name: Jeffrey MI: B

Social Security Number: Date of Birth:

Title: President Number of Shares 5,000

Spouse Full Name (indicate N/A if single): Lisa C. Rothgeb

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:

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:

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NEBRASKA LIQUOR
CONTROL COMMISSION

Is the applying corporation controlled by another corporation/company?

☐YES ☒NO

If yes, provide the following:

1) Name of corporation _____
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: January Ending Date: December

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.

MANAGER APPLICATION
INSERT - FORM 3c

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

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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

MANAGER APPLICATION
INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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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: Home Grocery Express inc. DBA Primetime music and Entertainment

Premise Information

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

Premise Trade Name/DBA: Gala Events ~~Primetime Music and Entertainment~~

Premise Street Address: 2602 Park Blvd

City: Lincoln County: Lancaster Zip Code: 68502

Premise Phone Number: 402-817-4159

Email address: Lisa Rongeb ~~JeffRongeb~~ yahoo.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

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

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NEBRASKA LIQUOR CONTROL COMMISSION

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Rotngeb First Name: Jeffrey

Home Address (include PO Box if applicable): 7607 Brummond Dr

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402-601-2564 Business Phone Number: 402-817-4199

Social Security Number: Drivers License Number & Sta

Date Of Birth: Place Of Birth: Springfield, IA

Email address: JeffRotngeb@Yahoo.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: Rotngeb First Name: Lisa MI: C

Social Security Number rivers License Number & State:

Date Of Birth: Place Of Birth: Lincoln Ne

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln Ne	~~1998~~ 2000	present	Lincoln Ne	2000	present

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2001	current	self employed		402-817-4159
1993 ?	2001	Home Pride Food	Bryce Johnson	

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 * see attached

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):

   _____

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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CONTROL COMMISSION

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

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Manager	1986	Lucky Lady / Celebration

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.

Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this 22nd day of February 2016 by Jeffrey Rothgeb and Lisa Rothgeb
date name of person acknowledged

Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
JESSICA CHRISP
My Comm. Exp. March 25, 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.

SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

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Office Use Only

Class:_____ License #:_____

Applicant Name: Home Grocery Express, inc.
(Corporation, LLC, Partnership or Individual)

Trade Name: Primetime Music and Entertainment
(Doing Business As)

(402) 817-4159
Phone Number

LisaRothgeb@yahoo.com
JeffRothgeb@yahoo.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.