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 17, 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 Hy-Vee, Inc., DBA Hy-Vee Restaurant 3, 5020 N. 27th Street, requesting that Robert Reif be approved as the manager of the class IK-110710 liquor license.

Mr. Reif has not yet completed the alcohol management training. He is scheduled to attend on April 14, 2016.

No areas of concern were found.

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

BRIAN JACKSON, Interim 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

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: Hy-Vee, Inc.

Premise information

Liquor License Number: 110710 Class Type IK (if new application leave blank)

Premise Trade Name/DBA: HY-VEE RESTAURANT

Premise Street Address: 5020 N. 27th

City: LINCOLN County: Lancaster Zip Code: 68521

Premise Phone Number: (402) 477-4764

Email address: 1387Director@hy-vee.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)

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

Last Name: Reif First Name: Rob MI: A

Home Address (include PO Box if applicable): 930 Twin Ridge Rd.

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: 402-483-4099 Business Phone Number: 402-483-7707

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Burlington, IA

Email address: 1385director@hy-vee.com

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

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Reif First Name: Jennifer MI: L

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Sedalia, MO

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
930 Twin Ridge Rd.	2014	present	Lincoln, NE		
7515 Glyndon Dr.	2011	2014	Lincoln, NE		
7739 Phares Dr.	2009	2011	Lincoln, NE		
3505 Balkan Ct.	2006	2009	Columbia, MO		

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1992	Present	Hy-Vee, Inc.		

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

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

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

*NLCC Training Certificate Issued: 2-29-16 Name on Certificate: Robert Alexander Reif

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Robert Alexander Reif	02/2016	Responsible Beverage Service Training
Robert Alexander Reif	02/2016	Lincoln server/seller permit

*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:

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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.

Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this

3/1/2016 by Robert Reif and Jennifer Reif
date name of person acknowledged

Karissa Mettler
Notary Public signature

Affix Seal

State of Nebraska - General Notary
KARISSA METTLER
My Commission Expires
December 19, 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.

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SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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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.

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

Jennifer L. Reif
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

3/1/2016
date

by Jennifer L. Reif
name of person acknowledged

Karissa Mettler
Notary Public signature

Affix Seal

State of Nebraska - General Notary
KARISSA METTLER
My Commission Expires
December 19, 2018

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

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

Robert A Reif
Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

3/1/2016
date

by Robert A. Reif
name of person acknowledged

Karissa Mettler
Notary Public signature

Affix Seal

State of Nebraska - General Notary
KARISSA METTLER
My Commission Expires
December 19, 2018

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.

SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

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Office Use Only	
Class:	License #:

Applicant Name: Robert Reif
(Corporation, LLC, Partnership or Individual)

Trade Name: Hy-Vee, Inc.
(Doing Business As)

(402) 483-4099
Phone Number

1385director@hy-vee.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.