CITY OF LINCOLN NEBRASKA

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

May 2, 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 Chase ELPL I, LLC, dba Chase Suite Hotel, 200 S. 68th St Pl, requesting a class I- 117339 liquor license.

Joshua Erikson is requesting that he be approved as the manager of the liquor license.

This liquor license is replacing the existing class I-032345 liquor license. Due to a major corporate restructure, resulting in a change to the controlling corporation that now owns this Chase Suite Hotel, the Nebraska Liquor Control Commission deemed that a new application was in order.

Samuel Hardage was the previous President of the former owning entity and remains as the President of ELPL I, LLC. Joshua Erikson has been the approved liquor license manager since April of 2010. Mr. Erikson most recently completed the required alcohol management training on March 10, 2016.

Joshua Erikson does not have any misdemeanor or felony convictions. His driver history is as follows:

| | | |
|---|---|---|
| 01-10-2014 | No valid registration | Infraction |
| 04-08-2010 | Violate speed limit 6-10 MPH over | Infraction |
| 08-12-2005 | Speeding 6-10 MPH over | Infraction |
| 01-29-2003 | Speeding 6-10 MPH over | Infraction |

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.

JEFFREY J. BLIEMEISTER, 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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| | |
|---|---|
| Hot List: YES NO | New/Replacing # 32345 |
| Class Type I | 117339 Initial jm |

Applicant name Chase ELPL I, LLC

Trade name Chase Suite Hotel

Previous trade name

Contact email address beth@thehardagegroup.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.

no crim hist reported on the application | 147 submitted | entered into database 4-27-16
Ag report sent 4-27-16
Fm report sent 4-27-16
NSP report sent 4-27-16

Office use only
PAYMENT TYPE Payport
AMOUNT: $400
Received: jm

1600007997

1. X 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. X 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.

3. X 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. N/A 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. X If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. X 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. X If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).

8. N/A Enclose a list of any inventory or property owned by other parties that are on the premises.

9. X 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. X 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. X 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**

Feb Mar 16
**Date**

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CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE**
**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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CONTROL COMMISSION

## 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

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)
X 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 N/A _____ Phone number: _____

Firm Name _____

## PREMISES INFORMATION

Trade Name (doing business as) Chase Suite Hotel - Lincoln

Street Address #1 200 S 68th Place

Street Address #2

City Lincoln County Lancaster #2 Zip Code 68510

Premises Telephone number 402-483-4900

Business e-mail address jerikson@chasesuitehotels.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 Beth A. Chaney

Street Address #1 12555 High Bluff Drive, Suite 330

Street Address #2

City San Diego State CA Zip Code 92130

## 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 74 x width 80 ~~in feet~~

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

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

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

(SEE ATTACHED)

## 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.

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

X_____YES _____NO

**If yes,** give name of business and liquor license number Hardage Hotels I, LLC dba Chase Suite Hotel #32345

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?

X_____YES _____NO

If yes, give name and license number Hardage Hotels I, LLC dba Chase Suite Hotel #32345

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

X_____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.

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.

Wells Fargo Bank, San Francisco, CA - Samuel A. Hardage

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.

See Attached

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:

| Applicant Name | Date (mm/yyyy) | Name of program (attach copy of course completion certificate) |
|---|---|---|
| Samuel A. Hardage | N/A | NONE |
| | | |
| | | |

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 |
|---|---|---|
| Samuel A. Hardage | N/A | NONE |
| | | |
| | | |

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 _____

X Deed

_____ Purchase Agreement

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

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

16. What are the anticipated hours of operation? 5:00 pm – 6:30 pm

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 | TO | SPOUSE: CITY & STATE | YEAR FROM | TO |
| Samuel A. Hardage, Rancho Santa Fe, CA 92067 | 1991 | Present | Vivian L. Hardage, Rancho Santa Fe, CA 92067 | 1991 | Present |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| | |
|---|---|
| **Signature of Applicant** | **Signature of Spouse** |
| Samuel A. Hardage<br>**Print Name** | Vivian L. Hardage<br>**Print Name** |
| **Signature of Applicant** | **Signature of Spouse** |
| **Print Name** | **Print Name** |

ACKNOWLEDGEMENT

State of ~~Nebraska~~ California
County of San Diego

The foregoing instrument was acknowledged before me this

April 26th, 2016
date

by Samuel A. Hardage and Vivian L. Hardage
name of person(s) acknowledged (individual(s) signing)

Notary Public signature

T. T. LAM
Commission # 2100853
Notary Public - California
San Diego County
My Comm. Expires Feb 21, 2019

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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DATE RECEIVED
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NEBRASKA LIQUOR CONTROL COMMISSION
Office Use Only
Class: I License #: 117339

Applicant Name: Chase ELPL I, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: Chase Suite Hotel
(Doing Business As)

(402) 483 - 4900 jerikson@chasesuitehotels.com
Phone Number Contact E-mail Address

## DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Guidelines / Brochures". **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- 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).
- **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.***
- Fee payment of **$28.75 per person** must be made directly to the NSP;
  It is recommended to make 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**
- 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.
- 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.***

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

**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

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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 card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- ✓ 21 years of age or older

**Corporation/LLC information**

Name of Corporation/LLC: Chase ELPL I, LLC

**Premise Information**

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

Premise Trade Name/DBA: Chase Suite Hotel

Premise Street Address: 200 S 68th Place

City: Lincoln County: Lancaster Zip Code: 68510

Premise Phone Number: 402-483-4900

Premise Email address: jerikson@chasesuitehotels.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. To see authorized officers or members search your license information here.**

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

BC, voterreg, 147, signed

**Manager's information must be completed below - PLEASE PRINT CLEARLY**

Last Name: Erikson First Name: Joshua MI: D

Home Address: 1201 Washington St.

City: Beatrice County: Gage Zip Code: 68310

Home Phone Number: 402-217-0707

Driver's License Number & State: Nebraska

Social Security Number:

Date Of Birth: Place Of Birth: Beatrice, NE

Email address: Jerikson@ChaseSuitehotels.com

**Are you married? If yes, complete spouse's information (Except a spousal [illegible] has been submitted)**

☒ YES ☐ NO * spouse

**Spouse's information**

Spouses Last Name: Erikson First Name: Jennifer MI: M

Social Security Number:

Driver's License Number & State:

Date Of Birth: Place Of Birth: Hastings, 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 |
|---|---|---|---|---|---|
| Wahoo, NE | 2005 | 2012 | | | |
| Beatrice, NE | 2012 | 2016 | | | |
| | | | | | |
| | | | | | |

## MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM | TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|---|---|---|---|---|
| 2005 | Present | Chase Suite Hotel | Todd Scartezzi | 402-483-4900 |
| | | | | |

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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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): CHASE Suite Hotel - Lincoln, NE - 200 S. 68 PLACE, Lincoln, NE 68510

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: 3/10/16 Name on Certificate: Josh Erikson

| Applicant Name | Date (mm/yyyy) | Name of program (attach copy of course completion certificate) |
|---|---|---|
| Joshua Erikson | 3/2016 | Responsible Hospitality Council Management training |
| | | |
| | | |
| | | |
| | | |
| | | |

*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

147 enclosed

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NEBRASKA LIQUOR CONTROL COMMISSION

## PERSONAL OATH AND DEPARTMENT 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] — **Signature of Manager Applicant**

* Spouse — **Signature of Spouse**

ACKNOWLEDGEMENT

State of Nebraska
County of Gage

The foregoing instrument was acknowledged before me this March 29, 2016 (date) by Joshua Erikson (NAME OF PERSON BEING ACKNOWLEDGED)

Laurie Wollenburg
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
LAURIE WOLLENBURG
My Comm. Exp. Nov. 26, 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.

# 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
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NEBRASKA LIQUOR CONTROL COMMISSION

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.

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

Jennifer Erikson
Printed name of spouse asking for waiver

State of Nebraska

County of Gage

3/30/16
date

The foregoing instrument was acknowledged before me this

by Jennifer Erikson
name of person acknowledged

Amanda S. Weinman
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
AMANDA S. WEINMAN
My Comm. Exp. January 29, 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)

Joshua Erikson
Printed name of applying individual

State of NE

County of Gage

March 29, 2016
date

The foregoing instrument was acknowledged before me this

by Joshua Erikson
name of person acknowledged

Laurie Wollenburg
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
LAURIE WOLLENBURG
My Comm. Exp. Nov. 26, 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.

FORM 35-4178
Revised 1/2008

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

Office Use

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

**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 (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Joshua Erikson

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

Chase ELPL I, LLC

LLC Address: 12555 High Bluff Drive, Suite 330

City: San Diego State: CA Zip Code: 92130

LLC Phone Number: 858-314-7910 LLC Fax Number 858-314-7920

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Hardage First Name: Samuel MI: A

Home Address: 6295 Calle Del Alcazar City: Rancho Santa Fe

State: CA Zip Code: 92067 Home Phone Number: 858-756-0617

OK

**Signature of Managing/Contact Member**

**ACKNOWLEDGEMENT**

**State of ~~Nebraska~~** California
**County of** San Diego

April 26th, 2016
**Date**

**The foregoing instrument was acknowledged before me this**

**by** Samuel A. Hardage
**name of person acknowledge**

Affix Seal

T. T. LAM
Commission # 2100853
Notary Public - California
San Diego County
My Comm. Expires Feb 21, 2019

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

Last Name: Hardage First Name: Samuel MI: A

147 signed passport

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): Vivian Lena Hardage * spouse

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 0%

---

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, provide the following:
1) Name of corporation Hardage Hotels I, LLC
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 company'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 #._____

RECEIVED

APR 18 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

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.lcc.ne.gov

Office Use

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.

Vivian L. Hardage

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

Vivian L. Hardage

Printed name of spouse asking for waiver

State of California

County of San Diego

The foregoing instrument was acknowledged before me this

April 26th, 2016 by Vivian L Hardage
date name of person acknowledged

Notary Public signature

Affix Seal

T. T. LAM
Commission # 2100853
Notary Public - California
San Diego County
My Comm. Expires Feb 21, 2019

---

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)

Samuel A. Hardage

Printed name of applying individual

State of California

County of San Diego

The foregoing instrument was acknowledged before me this

April 26th, 2016 by Samuel A. Hardage
date name of person acknowledged

Notary Public signature

Affix Seal

T. T. LAM
Commission # 2100853
Notary Public - California
San Diego County
My Comm. Expires Feb 21, 2019

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.

FORM 35-4178
Revised 1/2008

Controlling Corp

**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

**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: Hardage Hotels I, LLC

Controlling Corporation Address: 12555 High Bluff Drive, Suite 330

City: San Diego State: CA Zip Code: 92130

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

1. Full Name: Samuel A. Hardage
   Job Title: Chairman
2. Full Name: Keith Hindenlang
   Job Title: Treasurer
3. Full Name: Beth Chaney
   Job Title: Corporate Secretary
4. Full Name:
   Job Title:

**Attachment to Form 100 – Diagram of Structure to be Licensed**

Two story irregular shaped Gatehouse approximately 74 ft x 80 ft

including pool & picnic areas, maintenance building & all studio/suites

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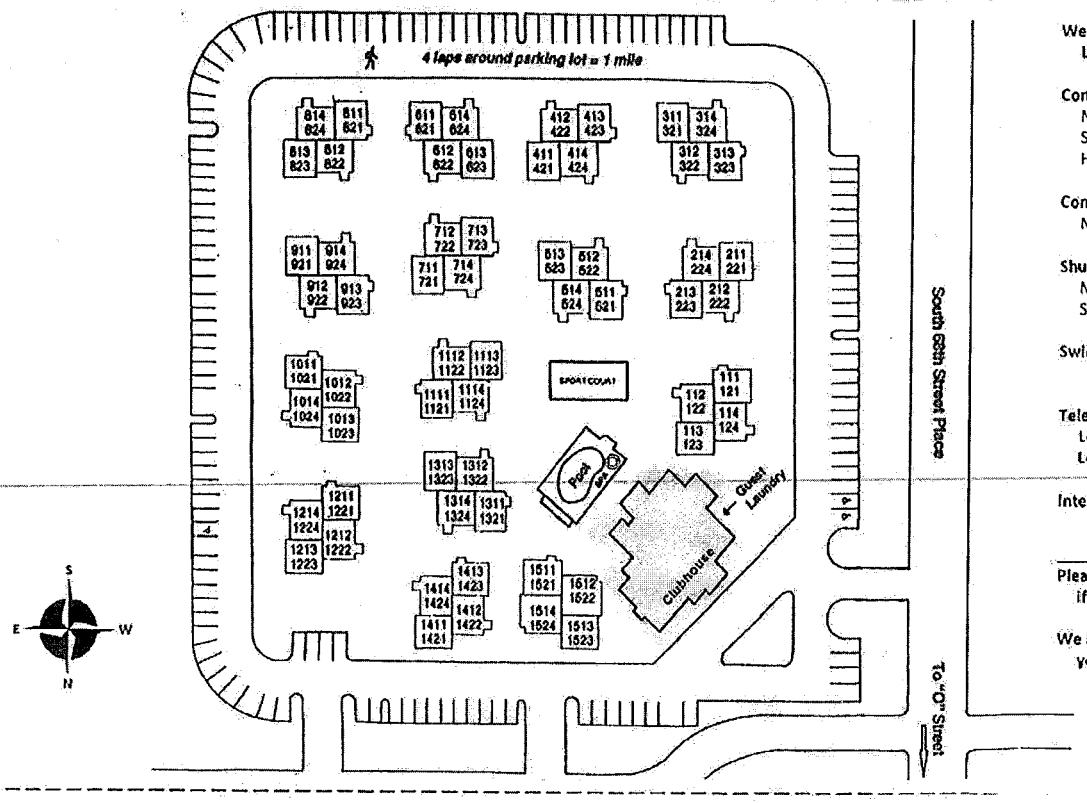
**Chase Suite Hotels**

***Guest Suite Number*** _____

200 South 68th St Pl
Lincoln, Nebraska 68510
(402) 483.4900
www.chasehotellincoln.com




**Welcome to the Chase Suites Hotel in Lincoln, Nebraska!**

**Complimentary Breakfast**
Monday through Friday 6:30a - 9:00a
Saturday and Sunday 7:30a - 10:00a
Holidays 7:30a - 10:00a

**Complimentary Manager's Social**
Monday through Thursday 5:00p - 6:30p

**Shuttle Van Service**
Monday through Friday 7:00a - 7:00p
Saturday and Sunday 9:00a - 7:00p

**Swimming Pool, Hot Tub and Sport Court Hours**
10:00a - 10:00p (Seasonal)

**Telephone Service**
Local calls are complimentary
Long distance calls - additional fees

**Internet Passcode**

_____

**Please feel free to contact the Front Desk if you have any questions.**

**We hope you enjoy your home away from home!**