CITY OF LINCOLN NEBRASKA

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

June 23, 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 Lincoln-P St Catering Co., Inc., dba Embassy Suites, 1040 P St, requesting that Jason R. Johnson be approved as the manager of its Class IK-047438 liquor license (beer, wine, distilled spirits on-sale only and catering).

Mr. Johnson completed the required alcohol management training on June 11, 2015.

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.

JEFFREY J. BLIEMEISTER, 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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JUN 14 2016
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: Lincoln - P St Catering Co Inc

Premise information

Liquor License Number: 47438 Class Type 1 (if new application leave blank)

Premise Trade Name/DBA: Embassy Suites

Premise Street Address: 1040 P St

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: 402 474 1111

Email address: jason.johnson@jgh.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

Jacqueline A Cowdy

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

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

Last Name: Johnson First Name: Jason MI: R

Home Address (include PO Box if applicable): 1340 N 35th

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City: Lincoln County: Lancaster Zip Code: 68508

JUN 14 2016

Home Phone Number: 402 474 7295 Business Phone Number:

NEBRASKA LIQUOR CONTROL COMMISSION

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Central City, NE

Email address: jason.johnson@jgh.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: Johnson First Name: Lucy MI: A

Social Security Number: Drivers 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	2000	current	Lincoln, NE	2000	current

PERSONAL OATH AND CONSENT OF INVESTIGATION

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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

Lucy Johnson
Signature of Spouse

ACKNOWLEDGEMENT

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

24th DAY MAY 2016 by LUCY JOHNSON & JASON JOHNSON
date name of person acknowledged

Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
SHANE T PARRY
My Comm. Exp. Nov. 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.

Print Form

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.

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

Lucy Johnson
Printed name of spouse asking for waiver

State of NEBRASKA

County of LANCASTER

The foregoing instrument was acknowledged before me this

24th DAY of MAY 2016 by LUCY JOHNSON
date name of person acknowledged

Shane T Parry
Notary Public signature

Affix Seal
GENERAL NOTARY-State of Nebraska
SHANE T PARRY
My Comm. Exp. Nov. 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)

Jason Johnson
Printed name of applying individual

State of NEBRASKA

County of LANCASTER

The foregoing instrument was acknowledged before me this

24th DAY of MAY 2016 by JASON JOHNSON
date name of person acknowledged

Shane T Parry
Notary Public signature

Affix Seal
GENERAL NOTARY-State of Nebraska
SHANE T PARRY
My Comm. Exp. Nov. 19, 2018

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A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2008	2012	Embassy Suites LaVista, NE	Stephanie Grande	402 331 7400
2012	current	Embassy Suites Lincoln, NE	Geoff Gaumer	402 [illegible]

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1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**
   Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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