



**LA VISTA POLICE DEPARTMENT
INTER-DEPARTMENT MEMO**

TO: Pam Buethe, City Clerk

FROM: Chief Robert S. Lausten

DATE: March 20, 2018

RE: LOCAL BACKGROUND- MANAGER
SSL OPERATING GROUP SWIZZLE STIX LOUNGE

CC:

The police department reviewed the Nebraska Liquor Control Commission documents completed by the applicants and conducted a check of local records relating to the Manager Application for Grant Lundin. Information in the application is thorough regarding all applicant's reported law enforcement/court contacts.

**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

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

Corporate/LLC Information

Name of Corporation/LLC: SSL Operating Group LLC

Premise Information

Liquor License Number: 117333 Class Type I (if new application leave blank)

Premise Trade Name/DBA: Swizzle Stix Lounge

Premise Street Address: 7101 S. 84th Street

City: La Vista County: Sarpy Zip Code: 68128

Premise Phone Number: (402) 339-1606

Premise Email address: corporatefilings@ehpv.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)

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

Last Name: Lundin First Name: Grant MI: D

Home Address: 711 S. 159th Ave

City: Omaha County: Douglas Zip Code: 68116

Home Phone Number: _____

Driver's License Number & State: _____

Social Security Number: _____

Date Of Birth: _____ Place Of Birth: Omaha, NE

Email address: glundin@lavistakeno.com

Are you married? (If yes, complete spouse's information) (Leave this spouse blank if you have no spouse to submit.)

YES

NO

Spouse Information

Spouse's Last Name: Lundin First Name: Deanna MI: Lynn

Social Security Number: _____

Driver's License Number & State: _____

Date Of Birth: _____ Place Of Birth: Omaha, NE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha NE	2007	2018	Omaha NE	2007	2018

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2017	2018	Marcus Hotels	Steve Hilton	402-807-8000
2016	2017	Barmettler Consulting	Rich Barmettler	402-657-7444

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
Grant Lundin	10/2000	Omaha	DUI	6 points/6 mos probation

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):

Silver Plate Hospitality Inc. Silver Chalice Hospitality

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: 2/23/2018 Name on Certificate: Grant Dillon Lundin

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Grant Lundin	2/23/2018	Responsible Beverage Service Training

*For list of NLCC Certified Training Programs see [training](#)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Grant Lundin / General Manager	07/15/17	Marcus Hotels and Resorts/Marriott Capitol District
Grant Lundin / General Manager	08/15/16	Lombardo's Bistro & Bar
Grant Lundin / General Manager	08/14/14	Plank Seafood Provisions
Grant Lundin / Asst. General Manager	08/12/12	Hal Smith Restaurant Group / Mahogany Prime Steakhouse
Grant Lundin/ Owner	2010-2012	Silver Plate Hospitality Inc.,Silver Chalice Hospitality

5. Have you enclosed form 147 regarding fingerprints?

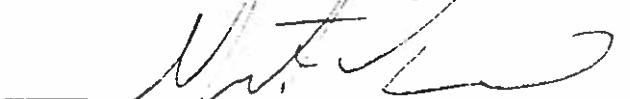
YES NO

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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.



Signature of Manager Applicant



Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

3-5-2018

date

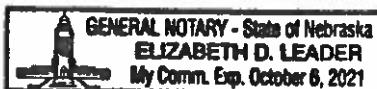
by Grant D. Lundin

NAME OF PERSON BEING ACKNOWLEDGED

Elizabeth D. Leader

Notary Public signature

Affix Seal



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.

GRANT DILLON LUNDIN

has earned a

Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

RB-0091982

Expires: 02-23-2021 Amount Paid: \$

