



**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

Corporation/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. If a marital status affidavit has been submitted, do not complete this section.

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Lundin First Name: Deanna MI: Lynn

Social Security Number: _____

Driver's License Number & State: _____

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

APPLICANT AND SPOUSE MUST LIST RESIDENCE FOR THE PRECEDING TWO YEARS

| 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 |
| | | | | |
| | | | | |
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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 |
| | | |
| | | |
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| | | |
| | | |

*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

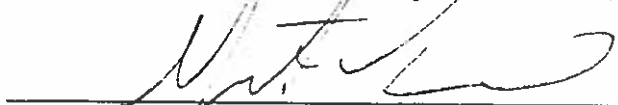
☐ NO

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

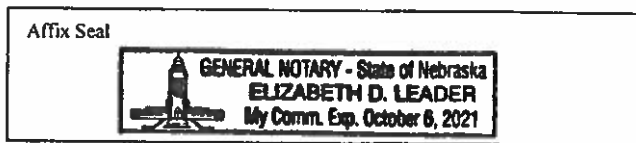
The foregoing instrument was acknowledged before me this

3-5-2018
date

by Grant D. Lundin

NAME OF PERSON BEING ACKNOWLEDGED


Notary Public signature



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: \$



Responsible Beverage Service Training
N E B R A S K A

