



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

TO: Pam Buethe, City Clerk
FROM: Chief Robert S. Lausten
DATE: October 4, 2019
RE: LOCAL BACKGROUND- MANAGER
CHILI'S
CC:

The police department reviewed the Nebraska Liquor Control Commission documents completed by the applicant and conducted a check of local records relating to the Manager Application for Stephanie Hinman. Hinman has no criminal record in Sarpy County.

As with all Nebraska Retail Liquor Licenses, I am asking that the applicant strictly conform to Nebraska Liquor Control Commission rules and regulations under (Sec 53-131.01) Nebraska Liquor Control Act.

**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

RECEIVED

SEP 17 2019

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 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

Name of Corporation/LLC: _____
M&G Nebraska F & B Inc

Liquor License Number: 086128 Class Type _____ (if new application leave blank)

Premise Trade Name/DBA: Chili's Grill & Bar

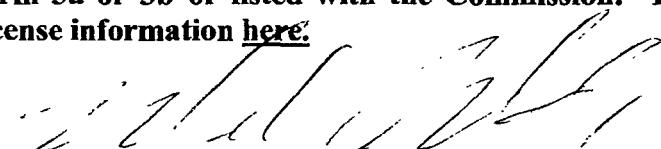
Premise Street Address: 7865 S. 84th Street

City: LaVista County: Sarpy Zip Code: 68128

Premise Phone Number: 402-592-4900

Premise Email address: lavista@eatchilis.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)

Last Name: Hinman First Name: Stephanie MI: A

Home Address: 10807 S. 215th Street

City: Gretna County: Sarpy Zip Code: 68028

Home Phone Number: _____

Driver's License Number & State: _____

Social Security Number: _____

Date Of Birth: _____ Place Of Birth: _____

Email address: Stephaniehinman@gmail.com

YES

NO

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____

Driver's License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Gretna Ne	2018	Present			
LaVista Ne	2009	2018			
Omaha Ne	2005	2009			

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
03	Present	Chilis Grill & Bar	Justin Diers	402-592-4900
01	05	College of St Mary	Claire Oswald	402-399-2400

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):

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: 7/23/19 Name on Certificate: Stephoni Human

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Stephoni Human	07/2019	Sensafe Alcohol Certificate

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Stephoni Human Server	6/2003-12/06	Chili's Grill & Bar 7400 Dodge Street Omaha NE
Stephoni Human Bartender	6/2003-5/12/06	Chili's Grill & Bar 7400 Dodge Street Omaha NE
Stephoni Human Manager	12/06-9/11	Chili's Grill & Bar 7805 S. 84th Street Lincoln NE
Stephoni Human AM	9/11-8/12	Chili's Grill & Bar 6730 S. 27th Street Lincoln NE
Stephoni Human AM	8/12-Present	Chili's Grill & Bar 7805 S. 84th Street Lincoln NE

5. Have you enclosed form 147 regarding fingerprints?

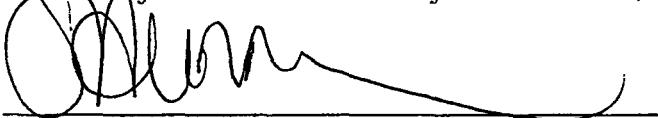
YES NO

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 _____

Sarpy

The foregoing instrument was acknowledged before me this

8/29/2019

date

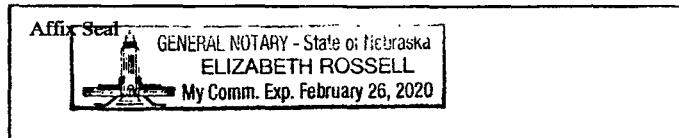
by

Stephanie A Hinman

NAME OF PERSON BEING ACKNOWLEDGED

Elizabeth Rossell

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.

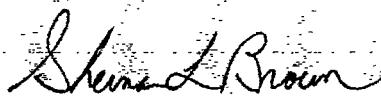
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Executive Vice President, National Restaurant Association Solutions

ID # 16215

CARD # 4456



ServSafe Alcohol® CERTIFICATE

STEPHANIE HINMAN

NAME

7/1/2019

DATE OF EXAMINATION

Or earlier if test taken on or before the date of issuance of this card



President & CEO, National Restaurant Association Solutions

Sherman Brown

responsible alcohol service program.

This certificate confirms completion of the **ServSafe Alcohol**

In Alaska you must laminate your card for it to be valid

NOTE: You can access your score and certification information anytime at

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at

or