

April 26, 2017

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 applications of Andrea Holmstedt requesting to be approved as the manager of the following liquor licenses:

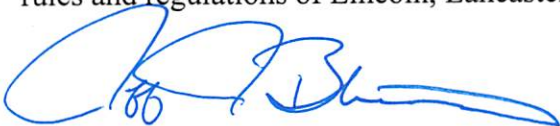
- 1) LNK Lodging, LLC, dba Holiday Inn Express & Suites Lincoln Airport (I-082019), 1101 W Commerce Way
- 2) Husker Management, Inc., dba Holiday Inn Express & Suites Lincoln Southeast (I- 082019), 8801 Amber Hill Court
- 3) Tamarin Lodging, LLC, dba Holiday Inn Lincoln Southwest (I-087982), 2500 Tamarin Ridge Road
- 4) LNK2 Lodging, LLC, dba Fairfield Inn & Suites (C-121343), 1000 W Bond Street

Ms. Holmstedt has not yet completed the required alcohol management training. She is scheduled to attend the training on May 11, 2017.

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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**NEBRASKA LIQUOR
CONTROL COMMISSION**

FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE PROCESSED

MANAGER MUST:

- Complete all sections of the application. Be sure it is signed by a member or corporate officer, corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card or print document from Secretary of State website with application

Spouse who will not participate in the business, spouse must:

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. Be sure to complete both halves of this form.
- Need not answer question #1 of the application

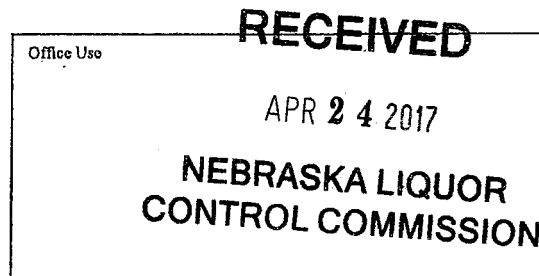
Spouse who will participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert not required

BARCODE

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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: LNK2 Lodging, LLC

Liquor License Information:

Liquor License Number: 121343 Class Type C (if new application leave blank)

Premises Trade Name/DBA: Fairfield Inn & Suites Lincoln Airport

Premises Street Address: 1000 W Bond St.

City: Lincoln County: Lancaster Zip Code: 68521

Premises Phone Number: 402-413-9003

Premises Email address: andrea.holmstedt@trivedi-inc.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)

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- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: LNK Lodging, LLC

Premise information

Liquor License Number: #082018 Class Type I (if new application leave blank)

Premise Trade Name/DBA: Holiday Inn Express & Suites Lincoln Airport

Premise Street Address: 1101 W Commerce Way

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: 402-464-0588

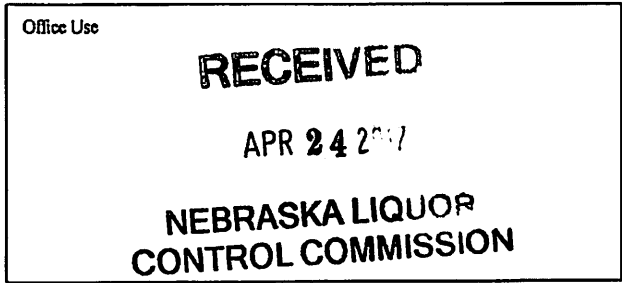
Email address: andrea.holmstedt@trivedi-inc.com

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Corporation/LLC information

Name of Corporation/LLC: Husker Management, Inc.

Premise information

Liquor License Number: #082019 Class Type I (if new application leave blank)

Premise Trade Name/DBA: Holiday Inn Express Suites Lincoln Southeast

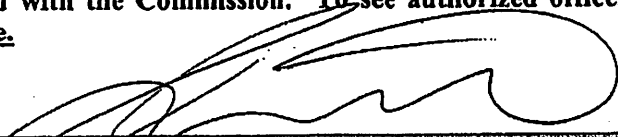
Premise Street Address: 8801 Amber Hill Ct.

City: Lincoln County: Lancaster Zip Code: 68526

Premise Phone Number: 402-423-1176

Email address: andrea.holmstedt@trivedi-inc.com

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

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- ✓ **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: Tamarin Lodging, LLC

Premise information

Liquor License Number: # 087982 Class Type I (if new application leave blank)

Premise Trade Name/DBA: Holiday Inn Lincoln Southwest

Premise Street Address: 2500 Tamarin Rdg. Rd.

City: Lincoln County: Lancaster Zip Code: 68512

Premise Phone Number: 402-421-1893

Email address: andrea.holmstedt@trivedi-inc.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: Holmstedt First Name: Andrea MI: R.

Home Address: 8015 N. 28th St.

City: Omaha County: Douglas Zip Code: 68112

Home Phone Number: (402) 991-0644

Driver's License Number & State: _____

Social Security Number: _____

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

Email address: andrea.holmstedt@trivedi-inc.com

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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: Holmstedt First Name: Noel MI: J.

Social Security Number: _____

Driver's License Number & State: _____

Date Of Birth: _____ Place Of Birth: Omaha, 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
Omaha, NE	1976	Present	Omaha, NE	1975	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2001	2012	Holiday Inn	Lisa Schnackel	402-393-3950
2012	Present	Anant Operations, Inc.	Kirti Trivedi	402-933-6959

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.

See attached Court Case Summaries

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Andrea R. Holmstedt <small>Please Note: The 2004 and 2005 charges were in the name of Andrea R. Kress, applicant's maiden name</small>	7/26/2012	Omaha, NE	Speeding	Guilty Plea by Waiver
	7/7/2004	Omaha, NE	Speeding	Guilty Plea by Waiver
	1/12/2005	Omaha, NE	Speeding	Guilty Plea by Waiver

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: 4/20/17 Name on Certificate: Andrea R. Holmstedt

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Andrea R. Holmstedt	4/20/17	Responsible Beverage Service Training

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CONTROL COMMISSION

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Andrea R. Holmstedt	2001-2012	Holiday Inn Omaha, NE; Banquets & Bartender
	2001-2012	Holiday Inn Omaha, NE; Accounting

5. Have you enclosed form 147 regarding fingerprints?

YES NO

PERSONAL OATH AND CONSENT 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.

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.

Andrea Holmstedt
Signature of Manager Applicant

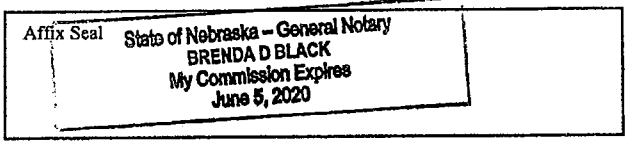
[Signature]
Signature of Spouse

ACKNOWLEDGEMENT

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

April 21, 2017 date by Andrea Holmstedt
NAME OF PERSON BEING ACKNOWLEDGED

[Signature]
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.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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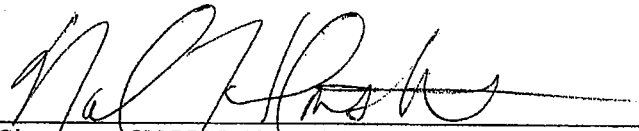
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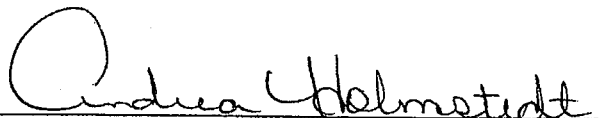
I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent myself as the owner or **in any way participate in the day to day operations of this business in any capacity.** The penalty guideline for violation of this affidavit is cancellation of the liquor license.

I acknowledge that I am the applicant of the non-participating spouse of the individual signing below. I understand that my spouse and I are responsible for compliance with the conditions set out above. If, it is determined that my spouse has violated (§53-125(13)) the commission may cancel or revoke the liquor license.



Signature of **NON-PARTICIPATING SPOUSE**

Noel Holmstedt
Print Name



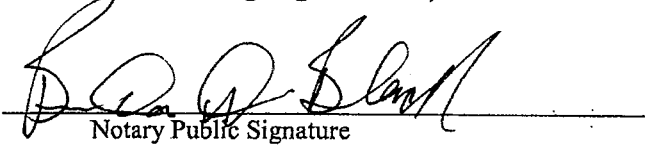
Signature of **APPLICANT**

Andrea Holmstedt
Print Name

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me
this 21st day of April, 2017 (date)

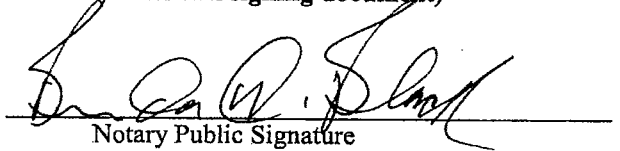
by Noel Holmstedt
Name of person acknowledged
(Individual signing document)


Notary Public Signature

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me
this 21st day of April, 2017 (date)

by Andrea Holmstedt
Name of person acknowledged
(Individual signing document)


Notary Public Signature

State of Nebraska -- General Notary
BRENDA D BLACK
My Commission Expires
June 5, 2020

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BRENDA D BLACK
My Commission Expires
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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.