

Pete Ricketts
Governor

STATE OF NEBRASKA
NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska, 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814 or (402) 471-2374
TSR USER 800-833-7252 (TTY)
Web Address <http://www.lcc.nebraska.gov/>

September 4, 2019

To: CITY CLERK OF LEXINGTON
Email: FRIEWE@WILKO.COM
Manager Name: JAMES RIEWE
Licensee Name: MID PLAINS FOOD & LODGING INC
Licensee Trade Name (DBA): HOLIDAY INN EXPRESS HOTEL & SUITES
License Number: I-047439
Date Due: 10-21-2019

I have attached a copy of a new corporate manager application that was submitted to the Nebraska Liquor Control Commission. Please complete the following information below to indicate your recommendation. Send back to Mary Beth Olson at mary.olson@nebraska.gov or fax to (402) 471-2814. If you have questions concerning this matter, please contact our office at (402) 471-4893.

- _____ APPROVED
- _____ NO LOCAL RECOMMENDATION
- _____ DENIED

COMMENTS: (YOU MAY ATTACH MINUTES AND/OR ADDITIONAL NOTES)

Clerk Signature: _____

Date: _____

MBO

Janice M. Wiebusch
Commissioner

Bruce Bailey
Chairman

Harry Hoch
Commissioner

**MANAGER APPLICATION
INSERT - FORM 3c**

Office Use

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

MUST BE:

- ✓ 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: Mid Plains Food & Lodging, Inc

Premise Information

Liquor License Number: 047439 Class Type I (if new application leave blank)

Premise Trade Name/DBA: Holiday Inn Express Hotel & Suites

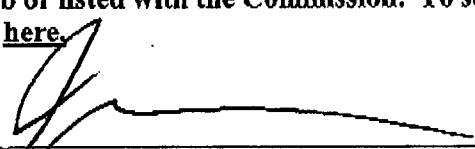
Premise Street Address: 2605 Plum Creek Pkwy

City: Lexington County: Dawson Zip Code: 68850

Premise Phone Number: 308-324-9900

Premise Email address: lexholiday@yahoo.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: Riewe First Name: James MI: K

Home Address: 107 North Elder Ave.

City: North Platte County: Lincoln Zip Code: 69101

Home Phone Number: 308-539-2843

Driver's License Number & State: [REDACTED]

Social Security Number: [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: Boise, Idaho

Email address: jriewe@wilko.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES NO

Spouse information

Spouses Last Name: Riewe First Name: Lori MI: A

Social Security Number: [REDACTED]

Driver's License Number & State: [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: Valentine, Nebraska

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
North Platte, Ne	2009	2019			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2015	2019	Wilkinson Development	Mark Wilkinson	308-530-0714
2005	2015	Shopyko Stores Inc	Tom Abbott	308-534-2441

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: 37073 Name on Certificate: Jim Riewe

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
James K. Riewe	08/2019	Nebraska Alcohol Server/Seller Certification
James K. Riewe	02/2017	Nebraska On-Premises Responsible Serving

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
James K. Riewe Director	2015-2019	Fat Dogs C-Stores - Nebraska
James K. Riewe Co-Mgr	2007-2008	Wal-Mart - Mitchell, S.D.
James K. Riewe Str. Mgr	2005-2007	Wal-Mart - Sioux City, IA
James K. Riewe Co-Mgr	2003-2005	Wal-Mart - Sioux Falls, S.D. (East)
James K. Riewe Asst. Mgr	2001-2003	Wal-Mart - Sioux Falls, S.D. (West)

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.

James K. Riene
Signature of Manager Applicant

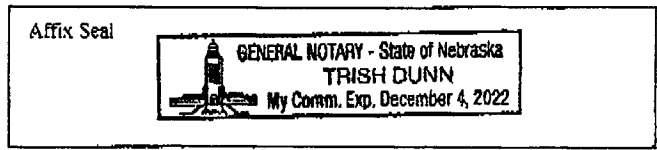
Lori A. Riene
Signature of Spouse

ACKNOWLEDGEMENT

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

8/14/19 date by James & Lori Riene
NAME OF PERSON BEING ACKNOWLEDGED

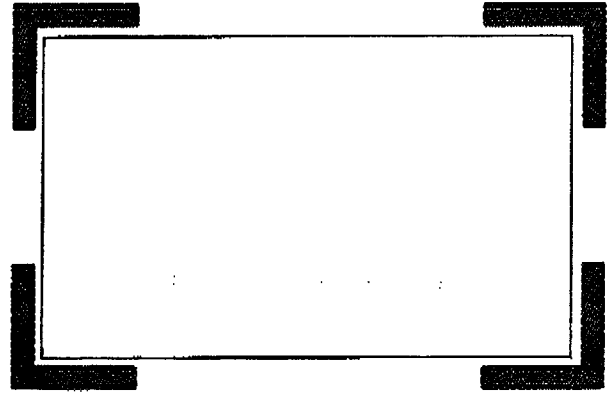
[Signature]
Notary Public signature



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.

**PRIVACY ACT STATEMENT/
SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED:

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE
- Fee payment of \$45.25 per person MUST be made DIRECTLY to the Nebraska State Patrol; It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/nsp Or a check made payable to NSP can be mailed directly to the following address:
Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License
The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521
- Fingerprints taken at NSP LIVESCAN locations will be forwarded to NSP -- CID
Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices may be released to the applicants;
Fingerprint cards should be submitted with the application.

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 a FBI identification record are set forth in Title 28, CFR, 16.34.

Trade Name: Fat Dogs

Name of Person Bring Fingerprinted: James Riewe

Date of Birth: [REDACTED] Last 4 SSN: [REDACTED] Date fingerprints were taken: 8-20-19

Location where fingerprints were taken: North Platte: Troop 0 Headquarters

How was payment made to NSP?
 NSP PAYPORT CASH CHECK SENT TO NSP CK # _____

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

James Riewe
SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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Office Use

LAR 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.

LAR 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.

Lori A. Riewe
Signature of **NON-PARTICIPATING SPOUSE**

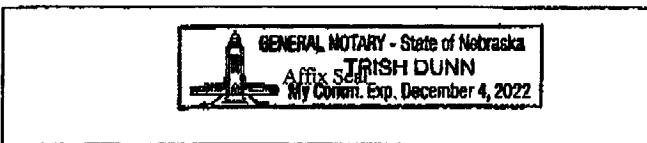
Lori A. Riewe
Print Name

State of Nebraska, County of Lincoln

The foregoing instrument was acknowledged before me
this 8/14/19 (date)

by Lori Riewe
Name of person acknowledged
(Individual signing document)

[Signature]
Notary Public Signature



James Riewe
Signature of **APPLICANT**

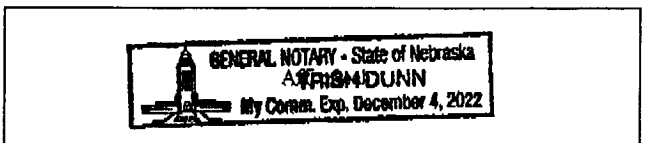
James Riewe
Print Name

State of Nebraska, County of Lincoln

The foregoing instrument was acknowledged before me
this 8/14/19 (date)

by JAMES RIEWE
Name of person acknowledged
(Individual signing document)

[Signature]
Notary Public Signature




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.

<p>Precinct: 09 North Platte Precinct Polling Place: Party: REP Messiah Lutheran Church - 9th 2700 West A Enter in the West Door for 9th Precinct North Platte U.S. Congressional District 3 Legislative District 42 Commissioners - Dist 1 NP City Council Ward 3 North Platte SD #1-Ward 3</p>	<p>Lincoln County, State of Nebraska</p> <p>3510232 James K Riewe 107 N Elder Ave North Platte, NE 69101</p>
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FOR WALLET SIZE - FOLD HERE

We the People

*Of the United States,
 In Order to form a more perfect Union,
 establish Justice, insure domestic Tranquility,
 provide for the common defence,
 promote the general Welfare, and secure
 the Blessings of Liberty to ourselves and
 our Posterity, do hereby ordain and establish this
 Constitution for the United States of America.*



James [Signature]

Titulaire / FIRMA DEL TITULAR

PASAPORTE

UNITED STATES OF AMERICA

USA

Surname /
RIEWE

First Name / Prénoms
MESKY

Nationality / Nationalité
UNITED STATES OF AMERICA

General Birth Date / Date de naissance
 [Redacted]

Sex / Sexe
M

Place of Birth / Lieu de naissance
USA

Authority / Autorité / Autoridad
USA

USA

PSUSARLEW<AM<



Certificate of Completion

This is to certify that

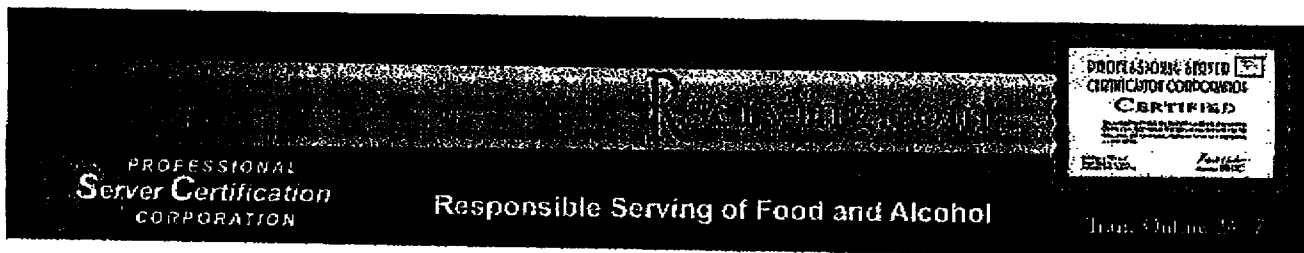
jim riewe

has successfully completed the following
HOSPITALITYexam.com course and examination

Course Name: Nebraska Alcohol Server/Seller Certification

Edward D McLean, Administrator
www.HOSPITALITYexam.com

Date: 08/15/2019
Expiration: 36 Months
Certificate #: 37073
Birth Date: [REDACTED]



Nebraska On-Premises Responsible Serving

This certificate confirms that

Jim Riewe

has successfully passed the Professional Server Certification Corporation (PSCC) course of study and has demonstrated the skill level and knowledge necessary to act as a responsible alcohol server.

Certificate #: PSCC10000272542
Award Date: 02-25-2017
Expiration Date: 02-24-2020

Robert V Graham
Robert Graham, President / CEO

