City of Seward, NE Tuesday, April 5, 2016 Regular Session

Item G10

CONSIDERATION OF APPLICATION OF ROSS PACKETT AS MANAGER OF COBBLESTONE HOTEL & SUITES RETAIL CLASS I LIQUOR LICENSE - Bruce Smith

Administrative Report: Cobblestone Hotel & Suites is applying for a manager change of their current Retail Class I liquor license. Following review and discussion, a motion to recommend approval of the manager's application would be in order.

Staff Contact:

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

MAR 2 4 2016

NEBRASKA LIQUOR CONTROL COMMISSION

MUST BE:

- Citizen of the United States. <u>Include copy of US birth certificate, naturalization paper or current US passport</u>
- ✓ 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:	Seward H	utel Group	220		
Premise information					
Liquor License Number: 099697			Туре	(if new application leave blank)	
Premise Trade Name/DBA:	obblestone	Hotel & Su	uites		
Premise Street Address: 257	5 Progress	ive Road 🗅	inside		
_{City:} Seward	_{County:} Seward		rd	_Zip Code: 68434	
Premise Phone Number: 402				F	
Email address: rpackett@	estaycobble	estone.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. Click on this link to see authorized individuals. <u>http://www.lcc.ne.gov/license_search/licsearch.cgi</u>

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

Form 103 REV JUNE 2015 Page 2 of 6

Manager's information must	oe completed	below	PLEASE PRINT CI	EARLY						
Last Name: Packett			First Name: Ross			_{MI:} J				
Home Address (include PO Box	if applicable):								
City:	County	Inty: Lancaster Zip Code: 68504								
Home Phone Number:			Business Phone Number:							
Social Security Num! Drivers License Number & State:						• •				
Date Of Birth:	Place Of Birth: Lincoln, Nebraska									
Email address: rpackett@	staycob	blesto	ne.com							
		-		R	ECEIV	EN				
Are you married? If yes, comple	te spouse's ir	iformation	i (Even if a spousal af	fidavit has by	en submit	ted)				
YES	YES INO		formation (Even if a spousal affidavit has been submitted) NEBRASKA LIQUOR CONTROL COMMISSION							
Spouse's information					COMMI	SSION				
Spouses Last Name: Packett			First Name: Malerie			<u>MI:</u> E				
	mber: Drivers License Number & State:									
Date Of Birth:	h:Place Of Birth: Lincoln, Nebraska									
APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS APPLICANT SPOUSE										
CITY & STATE	YEAR FROM	YEAR TO	CITY & ST	ATE	YEAR FROM	YEAR TO				
Lincoln, NE	1987	2016	Lincoln, I	NE	1991	2016				

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City of Seward, Police Department Chief of Police Alan D. Baldwin 148 South First Street Seward Nebraska 68434 Phone and TDD 402-643-2579 Fax 402-643-6785

March 28, 2016

Liquor license manager's application

Ross J. Packett

Cobblestone Hotel & suites 2575 Progressive Road Seward, NE

There were no pertinent negative local contacts

Recommendation is to issue license

Chief Alan D. Baldwin Chief Alan D. Baldwin