

**RESOLUTION NO. \_\_\_\_\_**

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA RECOMMENDING TO THE NEBRASKA LIQUOR CONTROL COMMISSION, APPROVAL OF THE CLASS CK LIQUOR LICENSE APPLICATION OF JDHQ HOTELS LLC DBA COURTYARD MARRIOTT, LA VISTA, NEBRASKA.

WHEREAS, JDHQ Hotels LLC. dba Courtyard Marriott, 12560 Westport Parkway, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class CK Liquor License, and

WHEREAS, the Nebraska Liquor Control Commission has notified the City of said application, and

WHEREAS, the City has adopted local licensing standards to be considered in making recommendations to the Nebraska Liquor Control Commission, and

WHEREAS, said licensing standards have been considered by the City Council in making its decision.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, hereby recommend to the Nebraska Liquor Control Commission approval of the Class CK Liquor License application submitted by JDHQ Hotels LLC dba Courtyard Marriott dba Courtyard Marriott, 12560 Westport Parkway, La Vista, NE.

PASSED AND APPROVED THIS 20TH DAY OF NOVEMBER, 2018.

CITY OF LA VISTA

\_\_\_\_\_  
Douglas Kindig, Mayor

ATTEST:

\_\_\_\_\_  
Pamela A. Bueth, CMC  
City Clerk



<b>LA VISTA POLICE DEPARTMENT INTER-DEPARTMENT MEMO</b>
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**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** November 6, 2018

**RE:** LOCAL BACKGROUND- CORPORATE NAME CHANGE & MANAGER  
COURTYARD

**CC:**

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The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Manager application. Cameron Kroll has no criminal convictions.

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.

# APPLICATION FOR CATERING ENDORSEMENT TO LICENSE

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](http://www.lcc.nebraska.gov)

License  
Class: **K**

License  
Number:

- Application fee \$100.00, refundable if application is denied §53-124.12 (2b);
- Check needs to be made payable to the Nebraska Liquor Control Commission or you may pay online at: [www.ne.gov/go/NLCCpayport](http://www.ne.gov/go/NLCCpayport);
- Processing time is approx. 45-60 days from receipt of application by the Nebraska Liquor Control Commission;
- Per Neb. Rev. Stat. §53-134(7), a copy of this application will be forwarded to your local governing body for recommendation. After approval by the local governing body, there is a 10-day holding period by the NLCC for citizen protest;
- Annual Renewal Fee of \$100 is payable when renewing primary liquor license §53-124.12 (1);

## LICENSEE

JDHQ Hotels LLC

## TRADE NAME

Courtyard Marriott

## PREMISES ADDRESS

12560 Westport Parkway

## CITY

## ZIP CODE

LaVista, NE 68128

## CONTACT PERSON

Irina Tempel

## PHONE NUMBER

(212) 703-2690

## EMAIL

itempel@atriumllc.com

PAYMENT TYPE \_\_\_\_\_

AMOUNT: \_\_\_\_\_

Ret. # \_\_\_\_\_

Received: \_\_\_\_\_

# RECEIVED

Office Use only

OCT 25 2018

Date Stamp HERE ONLY  
Do not stamp on following pages  
NEBRASKA LIQUOR  
CONTROL COMMISSION

- The holder of a catering license may deliver, sell, or dispense alcoholic liquor/beer for consumption at events that hold a Special Designated License (SDL) issued pursuant to section §53-124.11;
- SDL must be received 10-working days prior to the date of each event. This count does not include weekends, holidays or the date of the event - Please check the SDL calendar for due date;
- Only twelve (12) SDLs will be issued at any one specific location that could otherwise hold a liquor license. Rules and Regulations Chapter 2-013.06. This (12) count includes all license holders that would go to this particular location. It is not (12) licenses per caterer.

Signature of AUTHORIZED LICENSEE REPRESENTATIVE  
(Do not sign until in the presence of the Notary Public)

Jonathan D. Eilian

Printed Name of AUTHORIZED LICENSEE REPRESENTATIVE

New York  
State of Nebraska, County of New York

The foregoing instrument was acknowledged before me this:

10/23/2018

(Date)

By: JONATHAN EILIAN  
Name of person signing document in front of Notary

Notary Public Signature

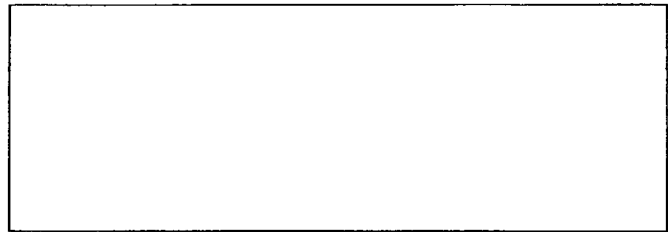
ELIZA ZIMMERER  
Notary Public - State of New York  
NO 0128937924  
Qualified in New York County  
My Commission Expires Oct 13, 2019

Office Use Only  
**BARCODE LABEL**

FORM 106  
REV Oct. 30, 17  
Page 1 of 4

**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

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/](http://www.lcc.nebraska.gov/)



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS**

**RETAIL LICENSE(S)**

Application Fee \$400 (nonrefundable)

- ☐ A BEER, ON SALE ONLY  
☐ B BEER, OFF SALE ONLY  
☒ C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE  
☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY  
☐ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY  
☐ J LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120  
☐ AB BEER, ON AND OFF SALE  
☐ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE  
☐ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

☒ Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31  
All other licenses run from May 1 – April 30  
Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING**

- ☐ Individual License (requires insert 1 FORM 104)  
☐ Partnership License (requires insert 2 FORM 105)  
☐ Corporate License (requires insert 3a FORM 101 & 3c FORM 103)  
☒ Limited Liability Company (LLC) (requires form 3b FORM 102 & 3c FORM 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)  
Commission will call this person with any questions we may have on this application**

Name Tim O'Neill, Attorney, and Trish Bell, Paralegal

Phone number: (402) 43413000

Firm Name O'Neill Heinich Law Firm

*MBZ*

**PREMISES INFORMATION**Trade Name (doing business as) Courtyard MarriottStreet Address #1 12560 Westport Parkway

Street Address #2 \_\_\_\_\_

City LaVistaCounty SarpyZip Code 68128Premises Telephone number (402) 339-4900Business e-mail address itempel@atriumllc.com

Is this location inside the city/village corporate limits:

YES

☒

NO

Mailing address (where you want to receive mail from the Commission)

Name Inna TempelStreet Address #1 c/o Atrium Holding CompanyStreet Address #2 1114 Avenue of the Americas 39th FloorCity New YorkState NYZip Code 10036**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY:**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length ~192 x width ~346 in feet

Is there a basement?

Yes \_\_\_\_\_

No ☒

If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

Is there an outdoor area?

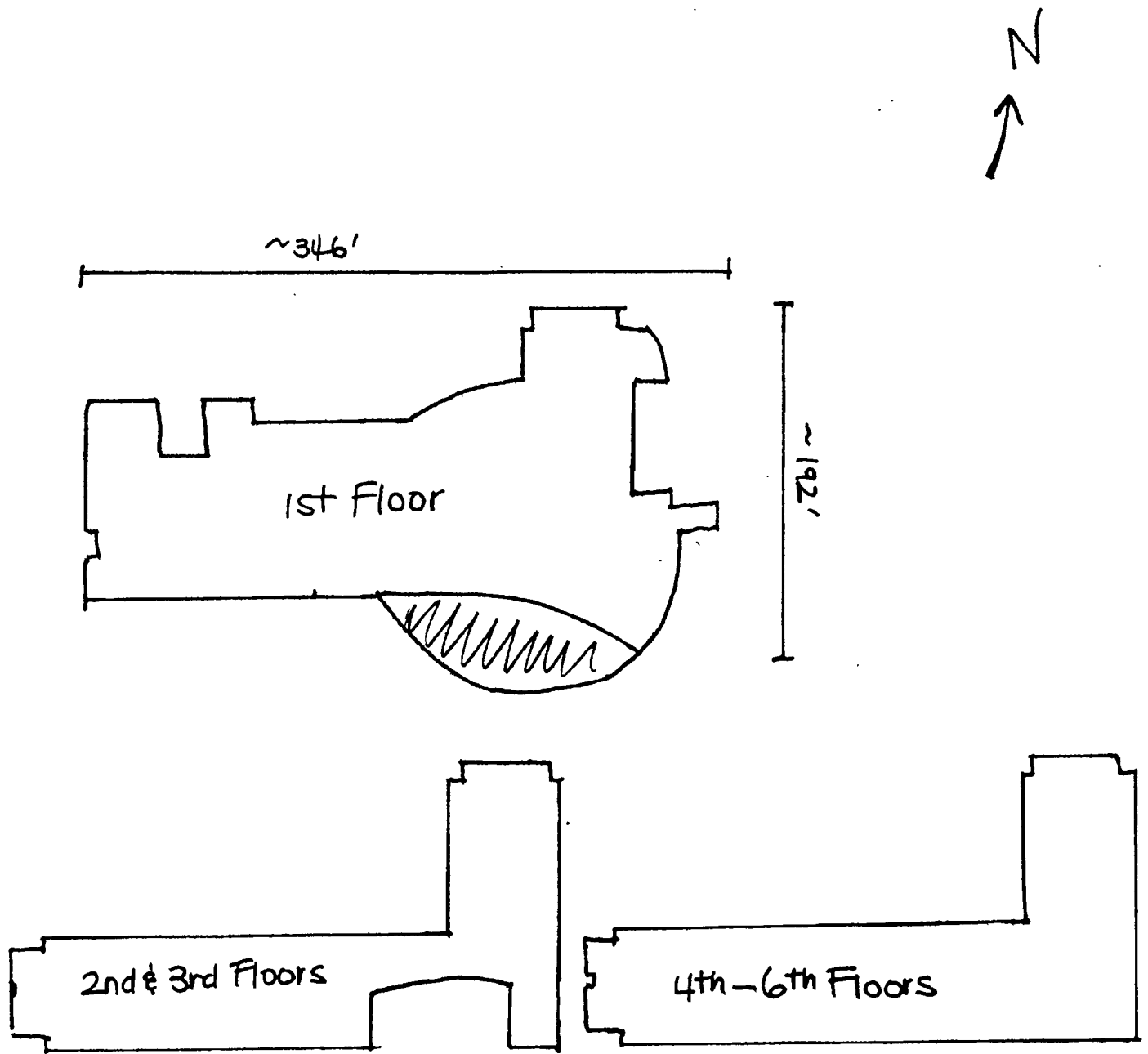
Yes ☒

No \_\_\_\_\_

If yes, length 48 x width 130 in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

Six-story irregular-shaped building approximately 192' x 346', including deck area, exterior pool and beer garden approximately 48' x 130'.



Six-story, irregular-shaped building approximately 192' x 346', including deck area, exterior pool and beer garden approximately 48' x 130'.

104'-0"

1 FIRST FLOOR PLAN North

\* 1-6<sup>th</sup> FLOORS \*

346'-0"

Bar Garden  
48' x 130'

Pool

Pool Deck

192'-0"

COURTYARD BY  
MARRIOTT HOTEL

LA VISTA, MEXICO



PELLA  
PHILIP

A101

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)

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. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Include traffic violations. 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. Are you buying the business of a current retail liquor license?

☒        YES           NO

If yes, give name of business and liquor license number Courtyard Marriott #086881

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

### 3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒        YES           NO

If yes, give name and license number Courtyard Marriott #086881

### 4. Are you filing a temporary operating permit (TOP) to operate during the application process?

☒        YES           NO

If yes:

- a) Attach temporary operating permit (TOP) (Form 125)
- b) TOP will only be accepted at a location that currently holds a valid liquor license.



5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

\_\_\_\_\_ YES ☒ NO

If yes, list the lender(s) \_\_\_\_\_

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

\_\_\_\_\_ YES ☒ NO

If yes, explain. (all involved persons must be disclosed on application)

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**No silent partners**

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES \_\_\_\_\_ NO

If yes, list such item(s) and the owner. Soda machines - Pepsi; vending machines - Canteen; coffee machines - Smuckers

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

\_\_\_\_\_ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

Provide letter of support or opposition, see FORM 134 – church or FORM 135 - campus

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9. Is anyone listed on this application a law enforcement officer?

\_\_\_\_\_ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

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10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Wells Fargo -- Tom Hobson (Gen. Mgr.), Zach Mahnke (Asst. GM), Ben Feldhausen (Asst. GM)

---

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

See attached

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

List of NLCC certified training programs

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

Lease: expiration date \_\_\_\_\_  
☒ Deed  
☐ Purchase Agreement

14. When do you intend to open for business? Currently open

15. What will be the main nature of business? Hotel

16. What are the anticipated hours of operation? 11:00 a.m. - Midnight 7 days/week

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Jonathan Eilian: New York, NY	2008	Present			

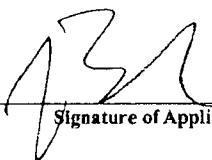
If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. 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.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

**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

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures

  
\_\_\_\_\_  
Signature of Applicant

Jonathan Eilian

Print Name

\_\_\_\_\_  
Signature of Spouse

Affidavit of Nonparticipation

Print Name

\_\_\_\_\_  
Signature of Applicant

Print Name

\_\_\_\_\_  
Signature of Spouse

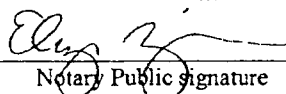
Print Name

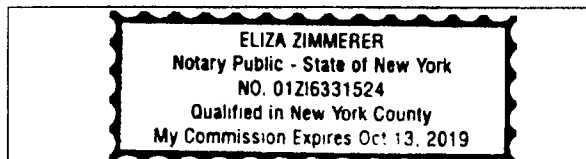
#### ACKNOWLEDGEMENT

State of ~~Nebraska~~ New York  
County of New York

10/23/2018  
date

The foregoing instrument was acknowledged before me this  
by Jonathan Eilian  
name of person(s) acknowledged (individual(s) signing)

  
\_\_\_\_\_  
Notary Public signature



# Question # 11 Other Liquor Licenses

Inn Code	Brand	Group	Hotel Name	Address	City	State	ZIP	# Rooms
ABQEM	Hilton	AH35	Albuquerque Embassy	1000 Woodward Place NE	Albuquerque	NM	87102	261
ABQMC	Marriott	AH47	Albuquerque Marriott	5151 San Francisco Road NE	Albuquerque	NM	87109	310
ATLBC	Marriott	AH47	Buckhead Marriott	3405 Lenox Road NE	Atlanta	GA	30326	349
BDRST	Hilton	AH47	Stamford Hilton	1 First Stamford Place	Stamford	CT	06902	484
BMIMC	Marriott	AH35	Normal Marriott	201 Broadway Avenue	Normal	IL	61761	228
BNFL	Hilton	AH35	Franklin Embassy	820 Crescent Centre Drive	Franklin	TN	37067	250
BWGWT	IHG	AH47	Bowling Green Holiday Inn	1021 Wilkinson Trace	Bowling Green	KY	42103	218
CAEGS	Hilton	AH47	Columbia Embassy	200 Stoneridge Drive	Columbia	SC	29210	218
CHATE	IND	AH35	Branson Chateau Hotel	415 North State Highway 265	Branson	MO	65616	301
CHSEM	Hilton	AH47	N Charleston Embassy	5055 International Boulevard	North Charleston	SC	29418	255
CHSNO	Marriott	AH35	N Charleston Residence	5035 International Boulevard	North Charleston	SC	29418	150
CIDMC	Marriott	AH47	Cedar Rapids Marriott	1200 Collins Road NE	Cedar Rapids	IA	52402	220
CLTBR	Marriott	AH47	Charlotte Renaissance	2800 Coliseum Centre Drive	Charlotte	NC	28217	275
CRWEM	Hilton	AH47	Charleston Embassy	300 Court Street	Charleston	WV	25301	253
CVGEM	IHG	AH47	Eastgate Holiday Inn	4501 Eastgate Blvd	Cincinnati	OH	45245	212
DALEM	Hilton	AH47	Dallas Fort Worth Embassy	2401 Bass Pro Drive	Grapevine	TX	76051	329
DALFS	Hilton	AH35	Frisco Embassy	7600 John Q. Hammons Drive	Frisco	TX	75034	330
DALHS	Hilton	AH47	Mesquite Hampton	1700 Rodeo Drive	Mesquite	TX	75149	160
DALRD	Marriott	AH35	Richardson Renaissance	900 E. Lookout Drive	Richardson	TX	75082	335
DENAU	IHG	AH47	Denver Crowne Plaza	15500 East 40th Avenue	Denver	CO	80239	255
DSMDN	Hilton	AH47	Des Moines Embassy	101 East Locust Street	Des Moines	IA	50309	234
DSMSI	Marriott	AH47	Des Moines Sheraton	1800 50th Street	West Des Moines	IA	50266	285
DTWWI	Marriott	AH47	Southfield Westin	1500 Town Center	Southfield	MI	48066	388
MRYES	Hilton	AH47	Monterey Embassy	1441 Canyon Del Rey	Seaside	CA	93955	225
FLLMC	Marriott	AH47	Coral Springs Marriott	11775 Heron Bay Boulevard	Coral Springs	FL	33076	224
FNLCO	Hilton	AH47	Fort Collins Hilton	425 West Prospect Road	Fort Collins	CO	80526	255
FNLES	Hilton	AH35	Loveland Embassy	4705 Clydesdale Parkway	Loveland	CO	80538	263
FSDSI	Marriott	AH35	Sioux Falls Sheraton	1211 West Avenue North	Sioux Falls	SD	57104	243
FSMCY	Marriott	AH35	Fort Smith Courtyard	900 Rogers Avenue	Fort Smith	AR	72901	138
FYVSP	Hilton	AH47	Springdale Hampton	1700 S. 48th Street	Springdale	AR	72762	102
GSOGB	Hilton	AH47	Greensboro Embassy	204 Centreport Drive	Greensboro	NC	27409	219
GSOHW	Hilton	AH47	Greensboro Homewood	201 Centreport Dr.	Greensboro	NC	27409	104
GPSES	Hilton	AH47	Greenville Embassy	670 Verdae Boulevard	Greenville	SC	29607	268
HOTES	Hilton	AH35	Hot Springs Embassy	400 Convention Boulevard	Hot Springs	AR	71901	246
HOUHH	Marriott	AH47	Houston Marriott	9100 Gulf Freeway	Houston	TX	77017	287
JAXBR	Marriott	AH47	St. Augustine Renaissance	500 South Legacy Trail	St. Augustine	FL	32092	301

JEFFP	IND	AH47	Jefferson City Capitol Plaza	415 W McCarty St.	Jefferson City	MO	65101	255
JLNRI	Marriott	AH35	Joplin Residence	3128 East Hammons Blvd	Joplin	MO	64804	114
LGBLH	Hilton	AH47	Long Beach Hilton	701 West Ocean Boulevard	Long Beach	CA	90831	399
LITCP	Hilton	AH47	Little Rock Embassy	11301 Financial Centre Parkway	Little Rock	AR	72211	251
LNKES	Hilton	AH35	Lincoln Embassy	1040 P Street	Lincoln	NE	68508	252
MGMES	Hilton	AH47	Montgomery Embassy	300 Tallapoosa Street	Montgomery	AL	36104	237
MHKCY	Marriott	AH35	Junction City Courtyard	310 Hammons Dr	Junction City	KS	66441	119
MKCAP	Hilton	AH47	Kansas City Homewood	7312 NW Polo Drive	Kansas City	MO	64153	116
MKCPD	Hilton	AH47	Kansas City Embassy	7640 NW Tiffany Springs Parkway	Kansas City	MO	64153	237
MODSH	Marriott	AH47	Modesto SpringHill	1901 W Orangeburg Ave	Modesto	CA	95350	111
MSNWE	Marriott	AH47	Madison Marriott	1313 John Q Hammons Drive	Middleton	WI	53562	292
N/A	N/A	AH35	Concord - Rocky River Golf Club	6900 Bruton Smith Blvd	Concord	NC	28027	N/A
N/A	IND	AH47	Diamond's Casino	1010 East Sixth Street	Reno	NV	89512	N/A
GSPCC	N/A	AH47	Greenville - The Preserve at Verdae	650 Verdae Boulevard	Greenville	SC	29607	N/A
N/A	N/A	AH35	Kansas City - Tiffany Springs Golf Club	6100 NW Tiffany Springs Parkway	Kansas City	MO	64154	N/A
N/A	N/A	AH35	Springfield - Highland Springs Country Club	5400 S Highland Springs Boulevard	Springfield	MO	65809	N/A
OKCBR	Marriott	AH47	Oklahoma City Renaissance	10 North Broadway Avenue	Oklahoma City	OK	73102	311
OKCBT	Marriott	AH35	Oklahoma City Residence	400 East Reno Avenue	Oklahoma City	OK	73104	151
OKCDT	Marriott	AH35	Oklahoma City Courtyard	2 West Reno Avenue	Oklahoma City	OK	73104	225
OMADT	Hilton	AH47	Omaha Embassy	555 South 10th Street	Omaha	NE	68102	249
OMAES	Hilton	AH35	La Vista Embassy	12520 Westport Parkway	La Vista	NE	68128	257
OMALV	Marriott	AH35	La Vista Courtyard	12560 Westport Parkway	La Vista	NE	68128	246
ORFSI	Marriott	AH47	Norfolk Sheraton	777 Waterside Drive	Norfolk	VA	23510	468
PDXAP	IHG	AH47	Portland Holiday Inn	8439 NE Columbia Boulevard	Portland	OR	97220	284
PDXES	Hilton	AH47	Portland Embassy	7900 NE 82nd Avenue	Portland	OR	97220	251
PHFCC	Hilton	AH35	Hampton Embassy	1700 Coliseum Drive	Hampton	VA	23666	295
PIAES	Hilton	AH35	East Peoria Embassy	100 Conference Center Drive	East Peoria	IL	61611	226
RDUAP	Hilton	AH47	Raleigh Embassy	201 Harrison Oaks Boulevard	Cary	NC	27513	273
RNODT	IND	AH47	Reno Ramada	1000 East 6th St.	Reno	NV	89512	281
SACCP	IHG	AH47	Sacramento Holiday Inn	300 J Street	Sacramento	CA	95814	359
SACEG	Hilton	AH47	Elk Grove Hampton	2305 Longport Ct	Elk Grove	CA	95758	110
SGFAP	Marriott	AH35	Springfield Courtyard	3527 West Kearney	Springfield	MO	65803	142
SGFEX	IHG	AH35	Springfield Holiday Inn Express	1117 E. St. Louis St.	Springfield	MO	65806	120
SGFNO	IHG	AH47	Springfield Holiday Inn	2720 North Glenstone Ave	Springfield	MO	65803	188
SGFUC	IND	AH35	Springfield University Plaza	333 John Q. Hammons Pkwy	Springfield	MO	65806	267
SNMES	Hilton	AH35	San Marcos Embassy	1001 E. McCarty Lane	San Marcos	TX	78666	283
SPDAR	IHG	AH47	Springdale Holiday Inn	1500 South 48th Street	Springdale	AR	72762	206
STLEM	Hilton	AH35	St. Charles Embassy	Two Convention Center Plaza	Saint Charles	MO	63303	296
TOPEK	IND	AH47	Topeka Capitol Plaza	1717 SW Topeka Boulevard	Topeka	KS	66612	224

TPAFR	Hilton	AH47	Tampa Embassy	3705 Spectrum Boulevard	Tampa	FL	33612	247
TULBR	Marriott	AH35	Tulsa Renaissance	6808 South 107th East Avenue	Tulsa	OK	74133	300
TUSMP	Marriott	AH47	Tucson Marriott	880 East 2nd Street	Tucson	AZ	85719	250
XNAES	Hilton	AH35	Rogers Embassy	3303 Pinnacle Hills Parkway	Rogers	AR	72758	400

APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

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](http://www.lcc.nebraska.gov)

Office Use

RECEIVED

OCT 25 2018

NEBRASKA LIQUOR  
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: CSC-Lawyers Incorporating Service Company

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

JDHQ Hotels LLC

LLC Address: 2398 Camelback Road, Suite 1000

City: Phoenix State: AZ Zip Code: 85016

LLC Phone Number: (480) 393-7898 LLC Fax Number: (212) 730-6971

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Eilian First Name: Jonathan MI: D

Home Address: 1114 Avenue of the Americas City: New York

State: NY Zip Code: 10036 Home Phone Number: \_\_\_\_\_

[Signature]  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of ~~Nebraska~~ New York  
County of New York

The foregoing instrument was acknowledged before me this

by Jonathan D. Eilian

Date 10/23/2018

Date

name of person acknowledged

Affix Seal

ELIZA ZIMMERER  
Notary Public - State of New York  
NO. 01Z16331524  
Qualified in New York County  
My Commission Expires Oct 13, 2019

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Eilian First Name: Jonathan MI: D

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Amanda Godwin Eilian

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 0%

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Last Name: JDHQ Hotels Mezz A LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 100%

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Is the applying Limited Liability Company controlled by another corporation/company?

☒ YES

☐ NO

If yes, provide the following:

- 1) Name of corporation JDHQ Hotels Mezz A LLC
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

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Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #. \_\_\_\_\_

**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**

OCT 25 2018

NEBRASKA LIQUOR  
CONTROL COMMISSION

**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

**Corporation/LLC information**

Name of Corporation/LLC: JDHQ Hotels LLC

**Premise information**

Liquor License Number: \_\_\_\_\_ Class Type CK (if new application leave blank)

Premise Trade Name/DBA: Courtyard Marriott

Premise Street Address: 12560 Westport Parkway

City: LaVista County: Sarpy Zip Code: 68128

Premise Phone Number: (402) 339-4900

Premise Email address: Cameron.Kroll@JQH.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: Kroll First Name: Cameron MI: N

Home Address: 5016 Lafayette Ave.

City: Omaha County: Douglas Zip Code: 68132

Home Phone Number: ( )

Driver's License Number & State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

Email address: Cameron.Kroll@JQH.com

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: Kroll First Name: Benjamin MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

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	2014	Present			
Brooklyn, NY	2006	2014			

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	Present	Embassy Suites	David Scott	(402) 331-7400
2010	2013	Ars Nova	Jeremy Blocker	(212) 489-9800

## 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
Cameron Kroll	between 1998-2002		Speeding	Ticket

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):

Current Corporate Manager at Courtyard Marriott and Embassy Suites in LaVista

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: \_\_\_\_\_ Name on Certificate: \_\_\_\_\_

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

\*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Cameron Kroll/Dir. of Event Sales	2013-Present	Embassy Suites, LaVista, NE
Cameron Kroll/Development Manager	2010-2013	Managed bartenders and alcohol for special events – Ars Nova, New York, NY
Cameron Kroll/Bartender	2008-2009	Mark't, Meat Packing District, New York, NY
Cameron Kroll/Bartender	2006-2007	Boxers, West Village, New York, NY
Cameron Kroll/Bartender	2002-2004	Applebees, Omaha, NE

5. Have you enclosed form 147 regarding fingerprints?

☒ YES

☐ NO

**PRISON OATH AND CONSTITUTIONAL STATEMENT**

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 853-131.01) 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, C.R. 16B4.

Signature of Manager Applicant      Signature of Spouse

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Douglas

The foregoing instrument was acknowledged before me this

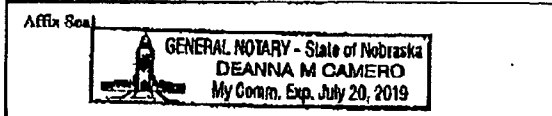
10/22/2018

date

by Cameron Kroll

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.