

## Item E

### 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 C LIQUOR LICENSE APPLICATION FOR FROEHLICH INVESTMENTS LLC DBA REF'S SPORTS BAR & GRILL, IN LA VISTA, NEBRASKA.

WHEREAS, Froehlich Investments, LLC dba Ref's sports Bar & Grill, 9723-9725 Giles Road, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class C 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 C Liquor License application submitted by Froehlich Investments, LLC dba Ref's sports Bar & Grill, 9723-9725 Giles Road, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 17TH DAY OF APRIL, 2018.

CITY OF LA VISTA

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

ATTEST:

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



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

---

**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** April 11, 2018

**RE:** LOCAL BACKGROUND- LIQUOR LICENSE- MANAGER  
REF'S SPORTS BAR & GRILL

**CC:**

---

The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Liquor License and Manager application. Angela Froehlich and Rory Froehlich have no criminal record.

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.



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

---

**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** April 11, 2018

**RE:** LOCAL BACKGROUND- LIQUOR LICENSE- MANAGER  
REF'S SPORTS BAR & GRILL

**CC:**

---

The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Liquor License and Manager application. Angela Froehlich and Rory Froehlich have no criminal record.

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 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/)

**RECEIVED**

MAR 05 2018

**NEBRASKA LIQUOR  
CONTROL COMMISSION**



**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 DON PISTILLO Phone number: 402.964.2825  
Firm Name PISTILLO LAW Office

**PREMISES INFORMATION**

Trade Name (doing business as) REF's Sports Bar & Grill

Street Address #1 9723 - 9725 Giles

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

City LA VISTA County Sarpy Zip Code 68128

← Premises Telephone number \_\_\_\_\_

Business e-mail address rfroehlich@cox.net

Is this location inside the city/village corporate limits: YES ☒ NO ☐

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

Name Froehlich Enterprises, LLC ATTN: Angela Froehlich

Street Address #1 8629 So 99th Cr.

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

City LA VISTA State Ne Zip Code 68128

**AREA TO BE LICENSED**

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 51 x width 61 in feet

Is there a basement? Yes \_\_\_\_\_ No ☒

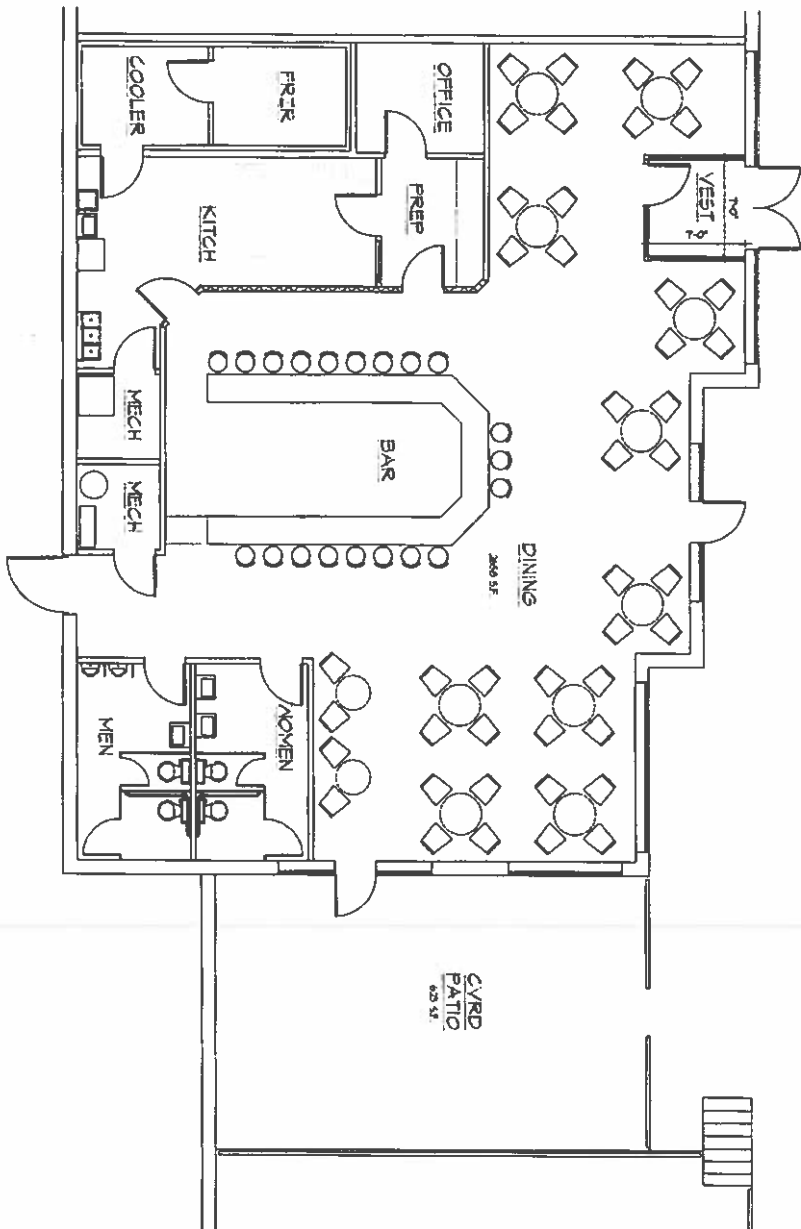
If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

Is there an outdoor area? Yes ☒ No \_\_\_\_\_

If yes, length 20' x width 31' in feet

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

single floor



**FLOOR PLAN**  
 0' 1' 2' 3' 4' 5' 6' 7' 8' 9' 10'  
 SCALE 1/8" = 1'-0"

→ N ←

# 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
Rory Froehlich	Speeding	Tickets	-ONLY	
	Boating	-LIFE	JACKET	
Angela Froehlich	- NONE			

## 2. Are you buying the business of a current retail liquor license?

       YES ✓ NO

If yes, give name of business and liquor license number \_\_\_\_\_

- Submit a copy of the sales agreement
- Include a list of alcohol being purchased, list the name brand, container size and how many
- 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 J Birds

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

       YES ✓ NO

If yes:

- Attach temporary operating permit (TOP) (Form 125)
- 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) N/A

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)

**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.

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

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.

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 Bank Angela Froehlich Rory Froehlich

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.

NONE



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
Angela Froehlich		J Birds Food & Spirits
		Route 66 Bar and Grill
		Austins Steak House

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 Febr. 5, 2025  
 \_\_\_\_\_ Deed  
 \_\_\_\_\_ Purchase Agreement

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

15. What will be the main nature of business? Sports Bar & Grill

16. What are the anticipated hours of operation? 9:00 AM - 2:00 A.M

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	
8629 So 99 Cr		2004	Present	Rory Froehlich	
LAVISTA NE				LAVISTA, NE	
Angela Froehlich				8629 So 99 Cr	

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

Angela Froehlich  
Signature of Applicant

ANGELA Froehlich  
Print Name

Rory Froehlich  
Signature of Spouse

Rory Froehlich  
Print Name

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

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Print Name

#### ACKNOWLEDGEMENT

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

March 5, 2018  
date

by

Rory Froehlich and Angela Froehlich  
name of person(s) acknowledged (individual(s) signing)

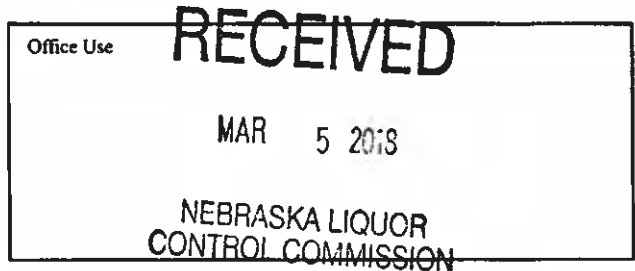
Rebecca D. Smith  
Notary Public signature



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.

**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)



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: DONALD PISTILLO

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

Froehlich Investments Enterprises, LLC

LLC Address: 8629 So 99th Cr

City: La Vista State: Ne Zip Code: 68128

LLC Phone Number: 402-301-5315 LLC Fax Number: \_\_\_\_\_

Name of Managing/Contact Member

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

Last Name: Froehlich First Name: Angela MI: \_\_\_\_\_

Home Address: 8629 So 99th Cr City: LA VISTA

State: Ne Zip Code: 68128 Home Phone Number: 402-301-5315

Angela Froehlich  
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Douglas

March 5, 2018  
Date

Rebecca D. Smith

The foregoing instrument was acknowledged before me this

by Angela Froehlich  
name of person acknowledge

Affix Seal



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

Last Name: Angela First Name: Froehlich MI: -  
Social Security Number: - Date of Birth: -  
Spouse Full Name (indicate N/A if single): Rory Froehlich  
Spouse Social Security Number: - Date of Birth: -  
Percentage of member ownership 50%

---

Last Name: Froehlich First Name: Rory MI: -  
Social Security Number: - Date of Birth: -  
Spouse Full Name (indicate N/A if single): Angela Froehlich  
Spouse Social Security Number: - - - - Date of Birth: -  
Percentage of member ownership 50%

---

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 -

---

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 -

---

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

☐ YES

☒ NO

If yes, provide the following:

- 1) Name of corporation \_\_\_\_\_
- 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

---

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

Starting Date: Jan 1 Ending Date: Dec 31

---

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #. N/A

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.