



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 3, 2008

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 application of Target, 333 North 48<sup>th</sup> Street requesting that Matthew Crawford be approved as the manager of the class D/K liquor license.

Background information on the applicant is as follows:

Matthew Crawford was born in Omaha, Nebraska. He attended the University of Nebraska graduating in 2006.

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.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



**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.ne.gov](http://www.lcc.ne.gov)

Office Use

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DEC 19 2007

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Target

**Premise information**

Premise License Number: 73140 DK

Premise Trade Name/DBA: Target Store Y-0217

Premise Street Address: 333 N. 48th St.

City: Lincoln State: NE Zip Code: 68504

Premise Phone Number: (402) 464-8292

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

X Jack N. Reif

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



0700021709

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: Crawford First Name: Matthew MI: R

Home Address (include PO Box if applicable): 5131 Vine St. Apt. 914

City: Lincoln State: NE Zip Code: 68504

Home Phone Number: (402) 740-5738 Business Phone Number: (402) 464-8292

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Omaha, NE

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

YES  NO

Spouse's information N/A

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

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

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

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS			
APPLICANT		SPOUSE	
CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
<u>Bennington, NE</u>	<u>1984 2007</u>		
<u>Lincoln, NE</u>	<u>2002 2006</u>		

MANAGER'S LAST TWO EMPLOYERS			
YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>2007 2007</u>	<u>The Manhattan Club</u>	<u>Yake Biel</u>	<u>402-980-0155</u>
<u>2006 2006</u>	<u>Bob Stephens and Associates</u>	<u>Jon Schermaiku</u>	<u>402-477-3911</u>

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

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.**

YES

NO

If yes, please explain below or attach a separate page.

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES

NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES

NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES

NO

PRINTS ENCLOSED

**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.

*[Handwritten Signature]*

Signature of Manager Applicant

N/A

Signature of Spouse

State of Nebraska

County of Lancaster

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this 19<sup>th</sup> day of December by \_\_\_\_\_  
2007

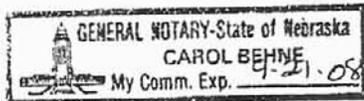
The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_

*[Handwritten Signature: Carol Behne]*

Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

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

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NEBRASKA LIQUOR  
CONTROL COMMISSIONOMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT  
Vital Statistics Section

## CERTIFICATE OF LIVE BIRTH

126-

423538

CHILD - NAME FIRST MIDDLE LAST <b>Matthew Ryan Crawford</b>			SEX <b>Male</b>	DATE OF BIRTH (Month, Day, Year) <b>4-10-84</b>	HOUR <b>10:00a</b>
HOSPITAL - NAME (If not in hospital, give street and number) <b>Methodist Hospital</b>		INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	CITY, TOWN, OR LOCATION OF BIRTH <b>Omaha</b>		COUNTY OF BIRTH <b>Douglas</b>
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) /s/ <b>Bernard Magid, M.D.</b>			DATE SIGNED (Month, Day, Year) <b>4-10-84</b>	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER <b>M.D.</b>	
CERTIFIER - NAME AND TITLE (Type or print) <b>Bernard Magid, M.D.</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>8300 Dodge Street Omaha, Nebr. 68114</b>		
REGISTRAR - SIGNATURE <i>Daniel J. Northing, M.P.H.</i>			DATE RECEIVED BY REGISTRAR MONTH DAY YEAR <b>APR 17 1984</b>		
MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>Jennifer Elizabeth Larson</b>			AGE (At time of this birth) <b>28</b>	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) <b>Omaha, Nebraska</b>	
RESIDENCE - STATE <b>Nebraska</b>	COUNTY <b>Douglas</b>	CITY, TOWN, OR LOCATION, (Include zip code) <b>Omaha 68144</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	STREET AND NUMBER <b>11724 Arbor</b>	
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
FATHER - NAME FIRST MIDDLE LAST <b>Donald William Crawford</b>			AGE (At time of this birth) <b>37</b>	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) <b>Logan, Iowa</b>	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent) <b>Jennifer Crawford</b>			RELATION TO CHILD <b>Mother</b>		
12a. Other Information			12b.		

This certifies this document to be a true copy of an original record on file with the Omaha-Douglas County Health Department, Vital Statistics Section.

Date issued APR 27 1984*Daniel J. Northing, M.P.H.*

(Registrar)