

Lincoln



Nebraska's Capital City

May 1, 2001

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of E11even Corp., d.b.a. E11even, 1248 'O' Street, holders of a class I/K liquor license.

E11even has requested that Cheryl Carlson be approved as the manager of this liquor license.

Background information on the applicant is as follows:

Cheryl Carlson was born in Sidney Nebraska. She attended North Bend Central High School graduating in 1974.

Cheryl Carlson employment history is as follows:

1998 - present	Manager, E11even	Lincoln, NE.
1995 - 1998	Manager, Woodmen	Lincoln, NE.
1994 - 1995	Secretary, Roney Johnson	Lincoln, NE.
1985 - 1993	Secretary, Bettenhausen & McNair	Lincoln, NE.

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



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



STATE OF NEBRASKA

set date 4/30
5:30 pm
5-21-01



Mike Johanns
Governor

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman
Executive Director

301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)

44994
77

April 24, 2001

City Clerk of Lincoln
County/City Bldg.
555 South 10th Street
Lincoln, NE 68508

FILED
CITY OF LINCOLN
NEBRASKA
APR 26 11 41 AM '01

RE: Manager Application Submittal

Dear Sir/Madam:

The enclosed Application for Manager is being submitted by E11even Corp. DBA E11even located at 13th & "O" Street, Lincoln, NE 68508 (Lancaster County) which holds a Class IK license #32363 the applicant's name is Cheryl K. Carlson.

Please present this application to your City/County Council and return to us the results of the action taken. If you have any questions or comments, please give me a call at 402/471-2571.

Sincerely,

Michelle Petersen
Licensing Division

Enclosure

Rhonda R. Flower
Commissioner

R.L. (Dick) Coyne
Chairman

Bob Logsdon
Commissioner

An Equal Opportunity/Affirmative Action Employer

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 950
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

COPY

RECEIVED

Local *li*

LIQUOR LICENSE INFORMATION

APR 12 2001

NAME OF LICENSED CORPORATION ELLEVEN CORP		CLASS & LICENSE NUMBER Class I K 82363	
TRADE NAME OF LICENSED PREMISE ELLEVEN OK			
STREET ADDRESS OF LICENSED PREMISE 13th & O Sts 11th Floor OK	CITY Lincoln OK	COUNTY Lancaster OK	ZIP CODE 68508 OK

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO: *Johnsey, President eleven* **OK**

APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, FIRST, MIDDLE, MAIDEN) Carlson Cheryl K	SEX F	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH [REDACTED]	PLACE OF BIRTH Some, NE
HOME STREET ADDRESS [REDACTED]	CITY Lincoln	COUNTY Lancaster	STATE NE	ZIP CODE 68502
HOME TELEPHONE NUMBER [REDACTED]	BUSINESS TELEPHONE NUMBER 402 434-4111	DRIVERS LICENSE NUMBER & STATE [REDACTED] NE		

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) not married	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE
DATE OF BIRTH:	PLACE OF BIRTH	

1. READ CAREFULLY. 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 criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law, or 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
cc: trashy
**MISDEMEANOR 11-75
Lincoln NE (-paid fine)**

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.
 YES NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

YES NO

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

YES NO

5. Have you filed fingerprint cards and PROPER FEES (if check, make out to the NE State Patrol), with this application?

YES NO

RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
Lincoln NE	1974 present	na	

EMPLOYERS LIST LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1998 present	EMERSON	Jo Kinsey	434-4237
1995 1998	Woodmen Accident - Life	Mary Kennedy	476-6520

PERSONAL OATH AND CONSENT OF INVESTIGATION, MUST BE SIGNED BY APPLICANT AND SPOUSE

STATE OF NEBRASKA)

COUNTY OF)

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, an affidavit may be attached, however, fingerprint cards are still required to be filed.

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 and inaccurate.

Cheryl K Carlson

(Signature of Applicant)

Signature of Spouse (if applicable)

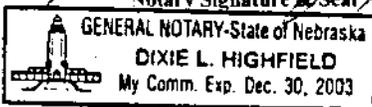
Subscribed in my presence and sworn to before me this 12th day of April

Subscribed in my presence and sworn to before me this _____ day of _____

Dixie L Highfield

Notary Signature & Seal

Notary Signature & Seal



Liquor License Investigative Report / Individual

Business (DBA) ELEVEN

Manager Owner Other

Name: CHERYL CARLSON DOB [REDACTED] Sex F

SSN [REDACTED] Phone: Home [REDACTED]

Address [REDACTED] City LINCOLN Zip 68502

US Citizen? YES NO

Has applicant ever been cited for liquor law violations? No
Yes, Explain _____

Does applicant have an interest in another liquor license? No
Yes, Explain _____

Is spouse qualified to hold license? Yes No N/A

If applicant is not an owner how will they be paid? Salary Hourly

How many hours per week will applicant be at the establishment? 40-50

Any other employment? No Yes, Explain _____

Any previous experience with a liquor license? Yes No

Any criminal convictions? No Yes
Explain 1975 - maid shoplift - fined

Is applicant a property owner in Lincoln? Yes No

Is applicant involved in any civil litigation? No Yes,
Explain _____

Photo Records Check References Provided

Comments _____

Inv Fosler 843 Date 5/1/01