

# Application for Corporate Manager

\*Must Be A Nebraska Resident\*

Please submit in Triplicate

RECEIVED

JUN 19 2001

Return to: Nebraska Liquor Control Commission, PO Box 95046  
301 Centennial Mall So., Lincoln NE 68509

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

## LIQUOR LICENSE INFORMATION

NEBRASKA LIQUOR  
CONTROL COMMISSION

NAME OF LICENSED CORPORATION

The Blue Cactus, Inc.

CLASS & LICENSE NUMBER

Class 1

TRADE NAME OF LICENSED PREMISE

The Blue Cactus

STREET ADDRESS OF LICENSED PREMISE

5555 So. 48th Street,  
Suite F

CITY

Lincoln

COUNTY

Lancaster

ZIP CODE

68516

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

**Signature of Corporate President/CEO:**

## APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, FIRST, MIDDLE, MAIDEN)

Furnan, Robert Gerald

SEX  
F M

SOCIAL SECURITY NUMBER

[REDACTED]

DATE OF BIRTH

[REDACTED]

PLACE OF BIRTH  
At Alliance, NE

HOME STREET ADDRESS

1240 N. Linwood

CITY

Lincoln

COUNTY

Lancaster

STATE

NE

ZIP CODE

68505

HOME TELEPHONE NUMBER

(402) 488-1972

BUSINESS TELEPHONE NUMBER

(402) 423-1144

DRIVER'S LICENSE NUMBER & STATE  
[REDACTED] NE

## SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)

Furnan, Nancy Carol Steer

SOCIAL SECURITY NUMBER

[REDACTED]

DRIVER'S LICENSE NUMBER  
& STATE [REDACTED] NE

DATE OF BIRTH

[REDACTED]

PLACE OF BIRTH Lincoln, NE

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

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		SPOUSE CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Robert Furman: Lincoln, NE	1970	2001	Nancy Furman: Lincoln, NE	1991	2001
Ft. Bragg, N.C.	1968	1969	Halsey, NE	1972	1991
Lincoln, NE	1963	1967	Lincoln, NE	1968	1972

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1975	2000	YMCA OF Lincoln	Jolleen Clymer	434-9201
1973	1975	Self Employed	N/A	N/A

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & 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 is 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 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.

*Robert L. Furman*  
Signature of Applicant

*Nancy C. Furman*  
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 19<sup>th</sup> day of June 2001

Subscribed in my presence and sworn to before me this 19<sup>th</sup> day of June 2001

*Margaret J. Frankforter*  
Notary Signature & Seal

*Margaret J. Frankforter*  
Notary Signature & Seal

