



December 18, 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 Nebraska Retail Ventures LLC, d.b.a. Ampride requesting that Anthony Olderbak be approved as the manager of the following liquor licenses.

Location	Liquor license
5501 Superior	B50102
4401 North 70 th	B42973 / K42974
3291 Holdrege	B42975 / K42976
4002 Adams	B38740 / K42812

Background information on the applicant is as follows:

Anthony Olderbak was born in Grand Forks, North Dakota. He attended St. Thomas More High School graduating in 1993.

Anthony Olderbak employment history is as follows:

1996 – present	Area Manager, Kabredlo's	Lincoln, NE.
1996	Manager, Village Inn	Grand Island, NE.
1996	Cook, 76 Truck Stop	Alda, NE.
1993 – 1994	Cook, Arrowhead C.C.	Rapid City SD.

This department would have no objections to the granting of these requests on the basis of the character, financial status or qualifications of the applicant, however this department does oppose the granting of these requests based upon this applicant has requested more than one location.

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

let date 12-17-01
P.H. 1-7-02



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)

142102

114

December 11, 2001

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

RE: Manager Application Submittal

Dear Sir/Madam:

The enclosed Applications for Manager are being submitted by Nebraska Retail Ventures LLC for applicant Anthony L. Olderbak:

- Ampride No. 107 located at 5501 Superior Street, Lincoln, NE 68504 (Lancaster County)
- Ampride No. 106 located at 4401 N. 70th Street, Lincoln, NE 68507 (Lancaster County)
- Ampride No. 102 located at 4002 Adams Street, Lincoln, NE 68504 (Lancaster County)
- Ampride No. 105 located at 3291 Holdrege Street, Lincoln, NE 68503 (Lancaster County)

Please present these applications 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.

Sincerely,

Michelle Petersen
Licensing Division

Enclosure

cc: Donald Bowman

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

Meeting 10 AM
R.L. (Dick) Coyne 12-17-01
Commissioner

An Equal Opportunity/Affirmative Action Employer

Must Be A Nebraska Resident

DEC - 7 2007

NOV 27 2007

Handwritten initials: *MP*

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

NEBRASKA LIQUOR CONTROL COMMISSION

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

APPLICANT INFORMATION

NAME OF LICENSED CORPORATION Nebraska Retail Ventures, L.L.C.	CLASS & LICENSE NUMBER B 38740/K42812
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TRADE NAME OF LICENSED PREMISE
Ampride No. 102

STREET ADDRESS OF LICENSED PREMISE 4002 Adams Street	CITY Lincoln	COUNTY Lancaster	ZIP CODE 68504
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On behalf of the corporation, I designate this individual as corporate manager.

SIGNATURE OF CORPORATE PRESIDENT/CEO: *[Handwritten Signature]*

APPLICANT INFORMATION (MUST BE ZEPHYRUS)

NAME (LAST, FIRST, MIDDLE, MAIDEN) Olderbak, Anthony Lee	SEX F <u>M</u>	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH Grand Forks North Dakota
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HOME STREET ADDRESS 2016 S. 9th Street, Apt. C	CITY Lincoln	COUNTY Lancaster	STATE NE	ZIP CODE 68502
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HOME TELEPHONE NUMBER (402) 435-1710	BUSINESS TELEPHONE NUMBER (402) 499-4410	DRIVERS LICENSE NUMBER & STATE
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SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) Olderbak, Patricia Lynn (Hauck)	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE NE
DATE OF BIRTH:	PLACE OF BIRTH: Great Falls, MT	

1. READ CAREFULLY - ANSWER FULLY AND ACCURATELY Has anyone who is a party to this application or their spouse ever been convicted of or pled guilty to any criminal charge? Criminal charge means any charge alleging a violation of a Federal, State or local law or ordinance. List the nature of the charge, where the charge occurred and the year and month of the conviction or guilty plea. Also list any pending charges at this time.

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

Application for Corporate Manager
Must Be A Nebraska Resident

610

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Return to: Nebraska Liquor Control Commission, PO Box 95046 7 2007
 301 Centennial Mall So., Lincoln NE 68509

NOV 27 2001

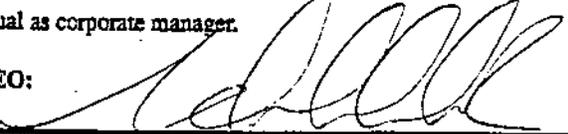
Local MP

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

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Nebraska Retail Ventures, L.L.C.		CLASS & LICENSE NUMBER B 42975/K42976	
TRADE NAME OF LICENSED PREMISE Ampride No. 105			
STREET ADDRESS OF LICENSED PREMISE 3291 Holdrege Street	CITY Lincoln	COUNTY Lancaster	ZIP CODE 68503

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) Olderbak, Anthony Lee	SEX F <u>M</u>	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH Grand Forks North Dakota
HOME STREET ADDRESS 2016 S. 9th Street, Apt. C	CITY Lincoln	COUNTY Lancaster	STATE NE	ZIP CODE 68502
HOME TELEPHONE NUMBER (402) 435-1710	BUSINESS TELEPHONE NUMBER (402) 499-4410		DRIVERS LICENSE NUMBER & STATE	

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) Olderbak, Patricia Lynn (Hauck)	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE NE
DATE OF BIRTH:	PLACE OF BIRTH: Great Falls, MT	

1. READ CAREFULLY - ANSWER FULLY AND ACCURATELY Has anyone who is a party to this application or their spouse ever been convicted of or pled guilty to any criminal charge? Criminal charge means any charge alleging a violation of a Federal, State or local law or ordinance. List the nature of the charge, where the charge occurred and the year and month of the conviction or guilty plea. Also list any pending charges at this time.

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

Application for Corporate Manager
 Must Be A Nebraska Resident

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Handwritten initials and signature

Return to: Nebraska Liquor Control Commission, PO Box 95046 7 2007
 301 Centennial Mall So., Lincoln NE 68509

NOV 27 2007

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCCA> NEBRASKA LIQUOR CONTROL COMMISSION

LIQUOR BUSINESS INFORMATION

NAME OF LICENSED CORPORATION Nebraska Retail Ventures, L.L.C.	CLASS & LICENSE NUMBER B 42975/K42976
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TRADE NAME OF LICENSED PREMISE
Ampride No. 105

STREET ADDRESS OF LICENSED PREMISE 3291 Holdrege Street	CITY Lincoln	COUNTY Lancaster	ZIP CODE 68503
--	-----------------	---------------------	-------------------

On behalf of the corporation, I designate this individual as corporate manager.
 SIGNATURE OF CORPORATE PRESIDENT/CEO: *[Handwritten Signature]*

APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, FIRST, MIDDLE, MAIDEN) Olderbak, Anthony Lee	SEX F <u>M</u>	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH Grand Forks North Dakota
HOME STREET ADDRESS 2016 S. 9th Street, Apt. C	CITY Lincoln	COUNTY Lancaster	STATE NE	ZIP CODE 68502
HOME TELEPHONE NUMBER (402) 435-1710	BUSINESS TELEPHONE NUMBER (402) 499-4410	DRIVERS LICENSE NUMBER & STATE		

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) Olderbak, Patricia Lynn (Hauck)	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE NE
DATE OF BIRTH:	PLACE OF BIRTH: Great Falls, MT	

1. **READ CAREFULLY - ANSWER FULLY AND ACCURATELY** Has anyone who is a party to this application or their spouse ever been convicted of or pled guilty to any criminal charge? Criminal charge means any charge alleging a violation of a Federal, State or local law or ordinance. List the nature of the charge, where the charge occurred and the year and month of the conviction or guilty plea. Also list any pending charges at this time.
 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

Application for Corporate Manager

Must Be A Nebraska Resident

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

Phone: (402) 471-2571 Fax: (402) 471-2314 Web address: <http://www.nol.org/home/NLCC/>

NEBRASKA LIQUOR
 CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Nebraska Retail Ventures, L.L.C.		CLASS & LICENSE NUMBER B 42973/K42974	
TRADE NAME OF LICENSED PREMISE Ampride No. 106			
STREET ADDRESS OF LICENSED PREMISE 4401 N. 70th Street	CITY Lincoln	COUNTY Lancaster	ZIP CODE 68507

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) Olderbak, Anthony Lee	SEX F M —	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH Grand Forks North Dakota
HOME STREET ADDRESS 2016 S. 9th Street, Apt. C	CITY Lincoln	COUNTY Lancaster	STATE NE	ZIP CODE 68502
HOME TELEPHONE NUMBER (402) 435-1710	BUSINESS TELEPHONE NUMBER (402) 499-4410	DRIVERS LICENSE NUMBER & STATE		

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) Olderbak, Patricia Lynn (Hauck)	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE NE
DATE OF BIRTH:	PLACE OF BIRTH: Great Falls, MT	

1. READ CAREFULLY - ANSWER FULLY AND ACCURATELY Has anyone who is a party to this application or their spouse ever been convicted of or pled guilty to any criminal charge? Criminal charge means any charge alleging a violation of a Federal, State or local law or ordinance. List the nature of the charge, where the charge occurred and the year and month of the conviction or guilty plea. Also list any pending charges at this time.
 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, made out to the NE State Patrol), with this application?

YES NO

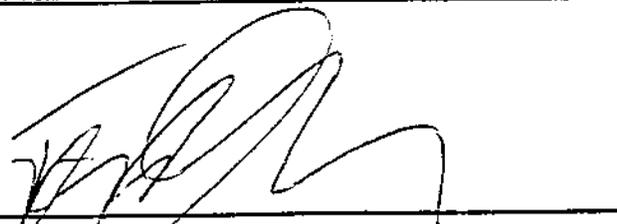
RESIDENCES SINCE APPLICANT AND SPOUSE FIRST COMPLETED					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
FROM	TO	FROM	TO	FROM	TO
Rapid City, SD		1994		Ellsworth AFB, SD	1994
Grand Island, NE	1994	1996		Grand Island, NE	1994 1996
Lincoln, NE	1996	Present		Lincoln, NE	1996 Present
EMPLOYERS - LIST LAST TWO EMPLOYERS					
YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER	
1996	1996	Village Inn, Grand Island, NE	Don Vance	Unknown	
1997	Present	Kabredlo's, Inc.	Mike Olderbak	475-8838	
PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE					

STATE OF NEBRASKA)
) SS
COUNTY OF LANCASTER)

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.

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.



Signature of Applicant

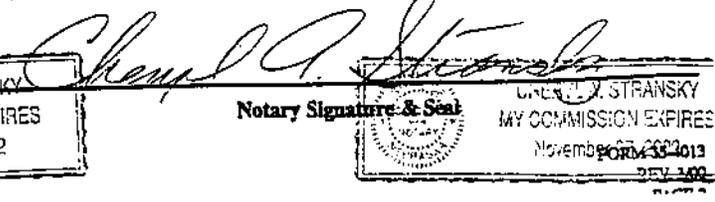


Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 26
day of November, 2001

Subscribed in my presence and sworn to before me this 26
day of November, 2001


Notary Signature & Seal
CHERYL A. STRANSKY
MY COMMISSION EXPIRES
November 27, 2002

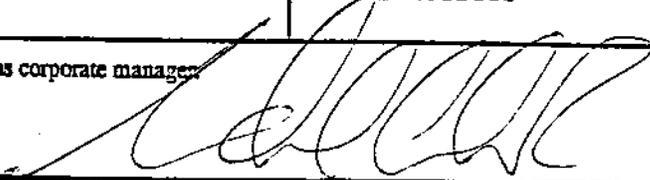

Notary Signature & Seal
CHERYL A. STRANSKY
MY COMMISSION EXPIRES
November 27, 2002
FORM 33-1013
REV. 1-00

Application for Corporate Manager

Must Be A Nebraska Resident

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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/>

NAME OF LICENSED CORPORATION		CLASS & LICENSE NUMBER	
Nebraska Retail Ventures, L.L.C.		B 50102	
TRADE NAME OF LICENSED PREMISE			
Ampride No. 107			
STREET ADDRESS OF LICENSED PREMISE	CITY	COUNTY	ZIP CODE
5501 Superior Street	Lincoln	Lancaster	68504
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)	SEX	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH
Olderbak, Anthony Lee	F M —			Grand Forks North Dakota
HOME STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
2016 S. 9th Street, Apt. C	Lincoln	Lancaster	NE	68502
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	DRIVERS LICENSE NUMBER & STATE		
(402) 435-1710	(402) 499-4410	NE		

SPOUSE'S INFORMATION (IF NOT MARRIED, INDICATE)		
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE
Olderbak, Patricia Lynn (Hauck)		NE
DATE OF BIRTH:	PLACE OF BIRTH: Great Falls, MT	

1. **READ CAREFULLY - ANSWER FULLY AND ACCURATELY** Has anyone who is a party to this application or their spouse ever been convicted of or pled guilty to any criminal charge? Criminal charge means any charge alleging a violation of a Federal, State or local law or ordinance. List the nature of the charge, where the charge occurred and the year and month of the conviction or guilty plea. Also list any pending charges at this time.

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YES NO

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

YES NO

