CITY OF LINCOLN
NEBRASKA

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

LINCOLN
The Community of Opportunity

November 8, 2007

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 Earl's Tavern, 5555 Superior Street requesting that Cynthia Allen be approved as the manager of the class C liquor license.

Background information on the applicant is as follows:

Cynthia Allen was born in Nebraska City, Nebraska. She attended Richardson High School graduating in 1978.

Cynthia Allen employment history is as follows:

Present	Manager, Earl's Tavern	Lincoln, NE.
2003 - 2007	Manager, D. P. Sawyer	Lincoln, NE.
2001 - 2003	Support, National Warranty	Lincoln, NE.
1991 – 2001	Sales, Snyder Industries	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

APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
MUST BE A NEBRASKA RESIDENT

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/

RECEIVED
OCT 8
NEBRASKA LIQUOR
CONTROL COMMISSION

JC

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Allen Enterprises, Inc. DBA Earl's Tavern

CLASS & LICENSE NUMBER C 08120

TRADE NAME Earl's Tavern

STREET ADDRESS 5555 Superior St. CITY Lincoln, NE 68504

Earl J Allen
SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Cynthia Louise Allen (Swanson) (maiden) (Jones) (1st marriage)

ADDRESS 5725 Aylesworth Ave.

CITY Lincoln STATE NE ZIP CODE 68505

HOME PHONE NUMBER (402) 325-9723 BUSINESS PHONE NUMBER (402) 466-3882

SEX ☐ MALE ☑ FEMALE SOCIAL SECURITY NUMBER

DATE OF BIRTH PLACE OF BIRTH

DRIVERS LICENSE NUMBER & STATE

SPOUSES INFORMATION

SPOUSE NAME Daniel Gene Allen

SOCIAL SECURITY NUMBER DATE OF BIRTH

DRIVERS LICENSE NUMBER & STATE

0700018745

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 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.

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

PRINTS ENCLOSED

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
5720 Hartley St, Lincoln, NE	2000	2005	Lincoln, NE	1999	2007
3611 Richmond Rd, Lincoln, NE	1996	2000	Ogden, UT	1998	1999

EMPLOYERS - LIST LAST TWO EMPLOYERS

MONTH/YEAR FROM	MONTH/YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
5/2003	2/2007	D.P. Sawyer, Inc.	Dave Sawyer, SR	(402) 466-3354
9/2001	5/2003	National Warranty Ins.	Tracy Nreman	bankruptcy

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

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 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.

Cynthia L. Allen
Signature of Applicant

David S Allen
Signature of Spouse

Subscribed in my presence and sworn to before me this 22nd day of October 2007.

Jessica J Elsbury
Notary Signature & Seal

GENERAL NOTARY STATE OF NEBRASKA
JESSICA L. ELSBURY
MY COMMISSION EXPIRES
April 11, 2011

Subscribed in my presence and sworn to before me this 22nd day of October 2007.

Jessica J Elsbury
Notary Signature & Seal

GENERAL NOTARY STATE OF NEBRASKA
JESSICA L. ELSBURY
MY COMMISSION EXPIRES
April 11, 2011