



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

November 7, 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 Nebraska Club, 233 South 13<sup>th</sup> Street, 20<sup>th</sup> floor requesting that Sandra Madsen be approved as the manager of the class C liquor license.

Background information on the applicant is as follows:

Sandra Madsen was born in Lincoln, Nebraska. She attended Northeast High School graduating in 1967.

Sandra Madsen employment history is as follows:

2005 - Present	Manager, Nebraska Club	Lincoln, NE.
1991 - 2005	Manager, Cycle Works	Lincoln, NE.
1985 - 1989	Bookkeeper, Burg Management	Waverly, 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



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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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

*jc*

**Corporation/LLC information**

Name of Corporation/LLC: INTER COM CLUB INC

**Premise information**

Premise License Number: 00002

Premise Trade Name/DBA: NEBRASKA CLUB

Premise Street Address: 233 S 13<sup>th</sup> FW 2000

City: LINCOLN State: NE Zip Code: 68508

Premise Phone Number: 402-476-3228

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.

WEE L R President

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



0700019543

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: MADSEN First Name: SANDRA MI: L

Home Address (include PO Box if applicable): 14440 CASTLEWOOD

City: WAVERLY State: NE Zip Code: 68442

Home Phone Number: 402-786-2935 Business Phone Number: 402-476-3228

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: LANCASTER CO NE

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

YES  NO

Spouse's information

Spouses Last Name: Madsen First Name: Dean MI: F

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

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

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM TO		CITY & STATE	YEAR FROM TO	
WAVERLY, NE	1975	Present	14440 Castlewood St. Waverly, NE	1975	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005 2007	THE NEBRASKA CLUB	STACEY WILTSHIRE	477-2379
1992 2005	CYCLE WORKS	KRIS SONDERUP	475-2453
2004	BURG MGMT	JEAN BURG	—

APPLICANT

SPOUSE

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.

Sandra L. Madsen  
Signature of Manager Applicant

Dean F. Madsen  
Signature of Spouse

State of Nebraska

County of Lancaster

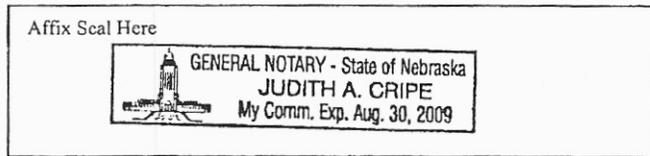
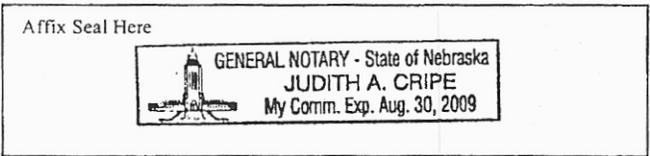
County of Lancaster

The foregoing instrument was acknowledged before me this Oct. 31, 2007 by Sandra L. Madsen

The foregoing instrument was acknowledged before me this Oct. 31, 2007 by Dean F. Madsen

Judith A. Cripe  
Notary Public signature

Judith A. Cripe  
Notary Public signature



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.

Affix Seal Here

Affix Seal Here

NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

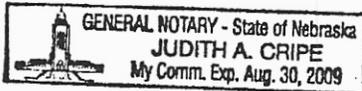
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NOV 02 2007  
NEBRASKA LIQUOR  
CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

*Dani F. Madson*

Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 31 day  
of Oct., 2007.



*Judith A. Cripe*

Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

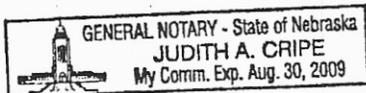
*Sandra L Madson*

\*Signature of applying individual  
(spouse of individual listed above)

SANDRA L MADSON

Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 31 day  
of Oct., 2007.



*Judith A. Cripe*

Signature of Notary Public

\*spouse of individual listed above is the individual required to sign bottom portion of affidavit