



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

December 19, 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 Ruby Tuesday, 2700 North Hill Road requesting that Jeffrey Ball be approved as the manager of the class I liquor license.

Background information on the applicant is as follows:

Jeffrey Ball was born in Orange City, Iowa. He attended the University of Nebraska graduating in 1994.

Jeffrey Ball employment history is as follows:

2000 - Present	Manager, Ruby Tuesday	Lincoln, NE.
1993 - 2000	Manager, Applebees	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



A nationally accredited law enforcement agency



Lincoln Police Department Liquor Application Form

Name: Ball, Jeffrey G. DOB:            SSN:             
Last, First, Middle initial

Home Address: 2675 W. Garfield Zip 68522

Home Phone: 438-9818 Cel Phone 580-6780 Work Phone 477-7829

Educational Institutions Attended (Include High School)	Dates	Degee/Grad
<u>Tekamah-Herman High School</u>	<u>87-90</u>	<u>Grad.</u>
<u>UNL</u>	<u>90-94</u>	<u>BS Marketing</u>

Military Service Yes  No  Dates:            Type of Discharge           

Unrelated Character References:

Name	Day Phone	Eve Phone
<u>Mike Rice</u>	<u>770-7443</u>	
<u>Stan Stoll</u>	<u>617-6786</u>	

List your last Five employers, Starting with your current employment:

Business Name	Title/Position	Dates employed	City/State.
<u>Ruby Tuesday</u>	<u>GM</u>	<u>2000-present</u>	<u>Lincoln</u>
<u>Apple bees</u>	<u>Manager</u>	<u>1993-2000</u>	<u>Lincoln</u>

The Undersigned individual hereby consents to an investigation of their background including all records of every kind and description including police records, tax records (State & Federal) and bank or lending institutions. Said individual does waive any right or causes of action that said individual may have against the City of Lincoln, it's employees of agents and any other individual disclosing or releasing said information to the City of Lincoln, it's employees or agents

In February 1993, the Lincoln City Council established mandatory educational requirements for each newly licensed liquor manager. Your participation and subsequent certification in the management level seminar, entitled "Hospitality Risk Management," will allow you to comply with the stated requirements. You must complete this training upon receiving your license and renew the training every 3 years or face possible loss of license.

Jeffrey G. Ball 12/19/07  
Printed Name Date

Jeffrey G. Ball  
Signature

Explain

Liquor License Investigation

Business (DBA) Ruby Tuesday

Manager  Owner  Other

Name: Jeffrey Bell

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 a license ? Yes  No   N/A

How is applicant if not an owner to be paid ?  Salary  Hourly

How many hours will applicant be at the establishment ? 55<sup>+</sup>

Any other employment ?  No  Yes, explain \_\_\_\_\_

Any previous experience with a liquor license?  Yes  No

Any criminal convictions ?  No  Yes  
Comments \_\_\_\_\_

Is applicant a property owner in Lincoln ?  Yes  No

Is applicant involved in any civil litigation ?  No  Yes  
Comments \_\_\_\_\_

Photo  Records Check  References

DWV  
Comments \_\_\_\_\_

Interview Date 12 / 19 / 07

Must submit their fingerprints (2 cards per person)

**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

**RECEIVED**

DEC 07 2007

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Corporate manager, including their spouse, are required to adhere to the following requirements

*jc*

- 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

**Corporation/LLC information**

Name of Corporation/LLC: RT OMAHA FRANCHISE, LLC.

**Premise information**

Premise License Number: 54125

Premise Trade Name/DBA: RUBY TUESDAY

Premise Street Address: 2700 NORTH HILL ROAD

City: LINCOLN State: NE Zip Code: 68521

Premise Phone Number: 402-477-7829

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.

DOUGLAS B. DAIZE, PRESIDENT CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)



0700020299

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: Ball First Name: Jeffrey MI: G.

Home Address (include PO Box if applicable): 2675 W. Garfield

City: Lincoln State: NE Zip Code: 68522

Home Phone Number: (402) 438-9818 Business Phone Number: (402) 477-7829

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: Orange City, IA.

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: Ball First Name: Michelle MI: M

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
Lincoln, NE	98	07	Lincoln, NE	1976	2007
Topeka, KS	96	98			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2007	Ruby Tuesday	Doug Daize	730-7829
1993	2000	Applebees	Stan S-bill	617-6786

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.

---

---

---

---

---

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.

Jeffery G Bell  
Signature of Manager Applicant

Michelle M. Bell  
Signature of Spouse

State of Nebraska

County of Lancaster

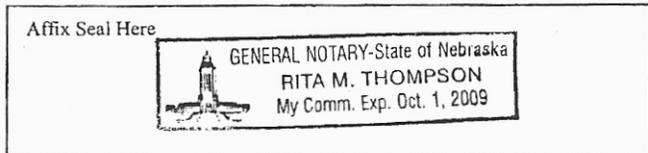
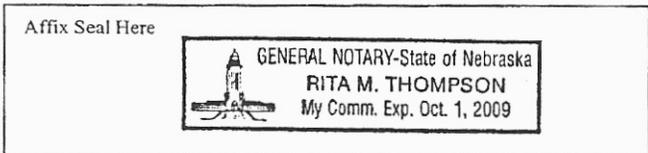
County of Lancaster

The foregoing instrument was acknowledged before me this 26<sup>th</sup> day of NOV. 2007 by

The foregoing instrument was acknowledged before me this 26<sup>th</sup> DAY OF NOV. 2007 by

Rita M. Thompson  
Notary Public signature

Rita M. Thompson  
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.

NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

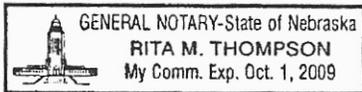
RECEIVED

DEC 07 2007

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 47-1101 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.

Michelle M. Ball  
Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 26<sup>th</sup> day  
of NOVEMBER, 2007.

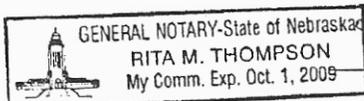


Rita M. Thompson  
Signature of Notary Public

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.

Jeffrey G. Ball, Jeffrey G. Ball  
\*Signature of applying individual      Print name of applying individual  
(spouse of individual listed above)

SUBSCRIBED in my presence and sworn to before me this 26<sup>th</sup> day  
of NOVEMBER, 2007.



Rita M. Thompson  
Signature of Notary Public

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

# Birth Certificate

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY MADE OF THE ORIGINAL CERTIFICATE ON FILE IN THIS OFFICE IN ACCORDANCE WITH THE LAW OF IOWA REQUIRING FILING OF VITAL RECORDS. THIS RECORD IS NOT VALID IF THIS PHOTOCOPY HAS BEEN ALTERED OR IF IT DOES NOT BEAR THE RAISED SEAL OF THE DEPARTMENT OF HEALTH.

*Margaret G. Schima*  
 MARGARET G. SCHIMA, ASSISTANT DIRECTOR  
 RECORDS & STATISTICS DIVISION

*Arnold M. Reeve*  
 ARNOLD M. REEVE, M.D., M.P.H.  
 STATE REGISTRAR

DATE **MAY 9 72**

STATE OF IOWA  
 DEPARTMENT OF HEALTH

114- 72-006293

## CERTIFICATE OF LIVE BIRTH

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

CHILD - NAME				DATE OF BIRTH (MONTH, DAY, YEAR)		BIRTH NUMBER	
1. Jeffrey Garth BALL				2a. 5 9 72		2b. 10:00 P M.	
SEX		THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH	
3. Male		4a. Single		4b.		5a. Sioux	
CITY, TOWN, OR LOCATION OF BIRTH				INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)	
5b. Orange City				5c. Yes		5d. Orange City Municipal Hospital	
MOTHER—MAIDEN NAME				AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
6a. Linda Rae Franseen				6b. 25		6c. Iowa	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
7a. Iowa		7b. Sioux		7c. Alton		7d. Yes 7e. 708 5th Avenue	
FATHER—NAME				AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
8a. James Garth Ball				8b. 29		8c. Iowa	
INFORMANT				RELATION TO CHILD			
9a. Linda Rae Ball				9b. Mother			
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.				DATE SIGNED (MONTH, DAY, YEAR)		ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY)	
10a. SIGNATURE <i>C.B. Murphy</i>				10b. 5-29-72		10c. MD	
CERTIFIER—NAME (TYPE OR PRINT)				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
10d. C. B. Murphy, M.D.				10e. Alton, Iowa 51003			
REGISTRAR—SIGNATURE				DATE RECEIVED BY LOCAL REGISTRAR			
11a. <i>Marion M. Kerow</i>				11b. 3-1-72			

The original is registered

city \_\_\_\_\_ county \_\_\_\_\_ state \_\_\_\_\_