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

April 5, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

Peacock Indian Cuisine has requested that Solomon Spataro be approved as the manager of the class I liquor license held by the business located at 2801 Pine Lake Road.

Several attempts were made to interview Mr. Spataro; however the applicant failed to complete the interview.

A review of the application shows the applicant did not disclose several criminal charges.

These charges have been included for your review.

The applicant has not completed the required training.

Information received from the Nebraska Liquor Control Commission has been included for your review.

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

LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.
- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "***END OF LISTING***" does not appear at the bottom of this report, then this list is not complete.

FOR: SOLOMON SPATARO , Male, DOB
Date of listing: 03-22-2010

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 07-13-2008	for (M)SUSPENDED/REVOKED, NOT ELIGIBLE	Case A8-068086
Disposed 08-01-2008	as (M)SUSPENDED LICENSE, ELIGIBLE	Cit# LB142604
FOUND GUILTY Fined $100.00		
Cited on 01-10-2008	for (M)MAKE FALSE STATEMENT TO POLICE OFFICER	Case A8-002697
Disposed 06-10-2008	as (M)MAKE FALSE STATEMENT TO POLICE OFFICER	Cit# LB115833
FOUND GUILTY Fined $150.00		
Cited on 12-22-2007	for (M)DUI - MINOR DRIVING - .02 VIOLATION	Case A7-135775
Disposed 01-22-2008	as (M)DUI - MINOR DRIVING - .02 VIOLATION	Cit# LB107904
FOUND GUILTY Fined $100.00		
Cited on 07-03-2007	for (M)STEAL MONEY OR GOODS LESS THAN $300	Case A7-071642
Disposed 06-30-2008	as (M)STEAL MONEY OR GOODS LESS THAN $300	Cit# XX2080324
FOUND GUILTY Fined $50.00		

*** END OF LISTING ***

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

Office Use

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

1) **Must be a citizen of the United States**
2) **Must be a Nebraska resident (Chapter 2 – 006)**
3) **Must provide a copy of birth certificate, naturalization paper or US passport**
4) **Must submit fingerprints (2 cards per person)**
5) **Must be 21 years of age or older**
6) **Applicant may be required to take a training course**

BC ✓ Voter reg ✓

[redacted]

Name of Corporation/LLC: The Peacock Indian Cuisine Inc

[redacted]

Premise License Number: 78211
(if new application leave blank)

Premise Trade Name/DBA: The Peacock Indian Cuisine

Premise Street Address: 2801 Pine Lake Rd, Ste. W

City: Lincoln, NE Zip Code: 68516

Premise Phone Number: (402) 310-6183
(402) 420-5175

[redacted]

(SAMUEL RAJAKUMAR)

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

[redacted]

1000001227

Manager's information must be completed below - PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Spataro First Name: Solomon MI: —

Home Address (include PO Box if applicable): 1541 SW 25th St.

City: Lincoln State: NE Zip Code: 68522

Home Phone Number: (402) 802-8581 Business Phone Number: 402-310-6163

Social Security Number: Drivers License Number & State

Date Of Birth: Place Of Birth: Loma Linda, CA

Are you married? If yes, complete the section below. If spouse is applicant, do not complete.

☐ YES ☒ NO Not Married

Spouse's information

Spouses Last Name: First Name: MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth:

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

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
1541 SW 25th St Lincoln, NE	2000	2010			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2008	2009	The Red Onion	Holly Loos	
2008	2010	Club Kicks	Nikki Baker	

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.

Speeding tickets - Lincoln, NE

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

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where) Training Required

Date:	Where: None

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.

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.

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this Jan 26, 2010 by

Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
MODESTA PUTLA
My Comm. Exp. Oct. 03, 2013

County of

The foregoing instrument was acknowledged before me this _____ by

Notary Public signature

Affix Seal Here

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.

Revised 9/2008

CERTIFICATION OF VITAL RECORD

County of San Bernardino

DIVISION OF VITAL RECORDS
172 WEST THIRD STREET, SAN BERNARDINO, CALIFORNIA 92415-0350

1853

104 -

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

186

THIS CHILD	1A. NAME OF CHILD—FIRST: SOLOMON	1B. MIDDLE	1C. LAST: SPATARO	
	2. SEX: MALE	3A. Twin, Single, Triplet, etc.: SINGLE	3B. If Multiple, This Child First, 2nd, etc.	4A. DATE OF BIRTH—Month, Day, Year	4B. HOUR (24 HOUR CLOCK TIME): 0538
PLACE OF BIRTH	5A. PLACE OF BIRTH—Name of Hospital or Institution: LOMA LINDA UNIVERSITY MEDICAL CENTER	5B. Street Address or Location, Number: 11234 ANDERSON STREET		
	5C. CITY OR TOWN: LOMA LINDA	5D. COUNTY: SAN BERNARDINO		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST: JONATHAN	6B. MIDDLE: PETER	6C. LAST: SPATARO	6D. STATE OF BIRTH: MASS	8. AGE OF FATHER: 33
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST: SHERI	9B. MIDDLE: ANN	9C. LAST: RIDLEY	10. STATE OF BIRTH: CALIFORNIA	11. AGE OF MOTHER: 36
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT: [signature]	12B. RELATIONSHIP TO CHILD: FATHER	12C. DATE SIGNED: 8-21-88
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED.	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE, DEGREE OR TITLE: [signature] Rick D. Murray MD	LICENSE NUMBER: 33260	13C. DATE SIGNED: 8/29/88
	14.	13D. TYPED NAME AND ADDRESS: RICK D. MURRAY, M.D., 11234 ANDERSON STREET, LOMA LINDA CA. 92354		
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR: [signature] M.D., M.P.H.	17. DATE ACCEPTED FOR REGISTRATION: AUG 30 1988	

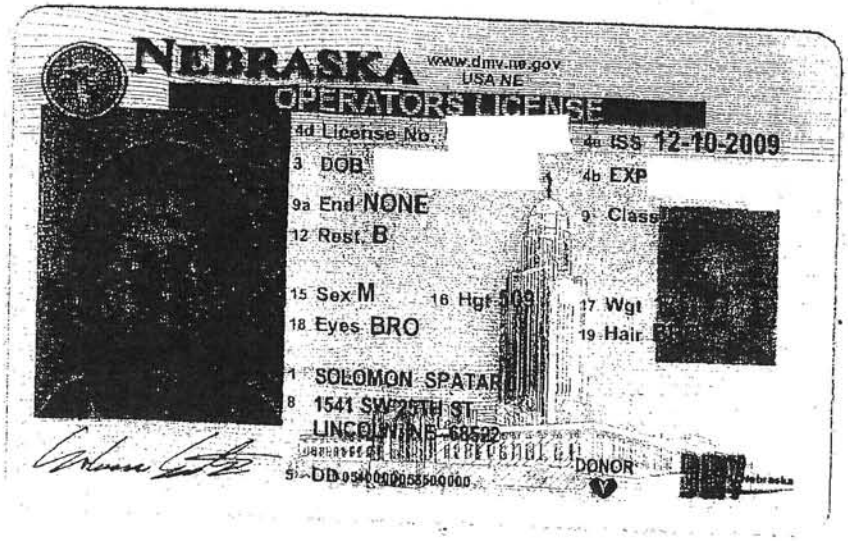
MAR 22 1989

034095

Errol J. MacKzum

ERROL J. MACKZUM
Auditor-Recorder
County Registrar of Vital Records

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.


NEBRASKA
www.dmv.ne.gov
USA NE
OPERATORS LICENSE
[redacted]
4d License No.
4a ISS 12-10-2009
3 DOB
4b EXP
9a End NONE
9 Class
12 Rest. B
15 Sex M
16 Hgt
17 Wgt
18 Eyes BRO
19 Hair
1 SOLOMON SPATARO
8 1541 SW 27TH ST
LINCOLN NE 68522
5 DD
DONOR