

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

April 30, 2012

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 Red Lobster, 6540'O' Street requesting that Samantha Petzoldt be approved as the manager of the class C liquor license.

Background information on the applicant is as follows:

Samantha Petzoldt was born in Aurora, Nebraska. She attended Giltner High School graduating in 1993.

Mrs. Petzoldt has been employed by Red Lobster since 2000.

A criminal history has been included for your review.

Samantha Petzoldt has been informed about the required training.

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.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



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NEBRASKA LIQUOR CONTROL COMMISSION

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Petzoldt First Name: Samantha MI: A

Home Address (include PO Box if applicable): 1729 Larcit Lane

City: Grand Island County: Hall Zip Code: 68803

Home Phone Number: 308-379-2998 Business Phone Number: 402-466-8397

Social Security Number: _____ Drivers License Number & State: _____ Ne

Date Of Birth: _____ Place Of Birth: Aurora Nebr.

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: Petzoldt First Name: TREVOR MI: J

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Grand Island Nebr.

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

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Grand Island Nebr	2001	2012	Grand Island Nebr	1997	2012

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2002	Present	Reel Lobster	Kathy Stock	407-241-5547
1993	2001	Bosselmans	Brent Johnson	

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Samantha Petzold	June 2000	Grand Island	DLI	
Samantha Petzold	Nov 2007	Grand Island	DLI	

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? YES NO
 IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? YES NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
 YES NO

5. List any alcohol related training and/or experience (when and where).

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.

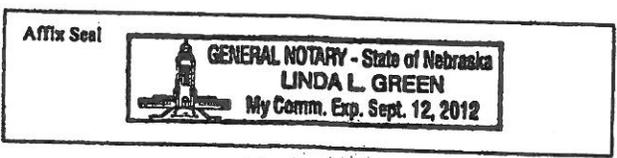
[Signature]
Signature of Manager Applicant

[Signature]
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Hall The foregoing instrument was acknowledged before me this
12th day of March 2012 by Samantha Petzoldt and Trevor Petzoldt
date name of person acknowledged

[Signature]
Notary Public signature



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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

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NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

[Handwritten Signature]

Signature of spouse asking for waiver
(Spouse of individual listed below)

TREVOR PETZOLDT
Printed name of spouse asking for waiver

State of Nebraska

County of Hall

3-12-2012
date

The foregoing instrument was acknowledged before me this

by Trevor Petzoldt
name of person acknowledged

[Handwritten Signature]
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
LINDA L. GREEN
My Comm. Exp. Sept. 12, 2012

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Handwritten Signature]
Signature of individual involved with application
(Spouse of individual listed above)

Samantha Petzoldt
Printed name of applying individual

State of Nebraska

County of Hall

3-12-2012
date

The foregoing instrument was acknowledged before me this

by Samantha Petzoldt
name of person acknowledged

[Handwritten Signature]
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
LINDA L. GREEN
My Comm. Exp. Sept. 12, 2012

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH 128 -

TYPE, OR PRINT IN PERMANENT INK

CHILD - NAME		FIRST	MIDDLE	LAST	DATE OF BIRTH (MONTH, DAY, YEAR)	HOUR
1. Samantha Ann Fruit						8:34A M.
CHILD	2. SEX Female	3. THIS BIRTH - SINGLE, TWIN, TRIPLE, ETC. (SPECIFY) Single		4. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 0		COUNTY OF BIRTH Hamilton
	5. CITY, TOWN, OR LOCATION OF BIRTH Aurora		6. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7. HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Memorial Hospital		
MOTHER	8. MOTHER - MAIDEN NAME Denise Marie Fruit		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH) 36
	9. RESIDENCE - STATE Nebraska		COUNTY Hamilton	10. CITY, TOWN, OR LOCATION, zip code Gilmer 68841		11. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
FATHER	12. FATHER - NAME Not furnished		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH) 78
	13. INFORMANT - NAME OR SIGNATURE Denise Fruit		14. RELATION TO CHILD Mother		15. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska	
CERTIFIER	16. SIGNATURE Dr. R. O. Naumann		17. DATE SIGNED (MONTH, DAY, YEAR) 7		18. ATTENDANT - M.D., D.O., OTHER (SPECIFY) Steenburg Clinic, Aurora, NE 68818	
	19. REGISTRAR - SIGNATURE		20. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN)		21. DATE RECEIVED BY LOCAL REGISTRAR (MONTH DAY YEAR)	

The original of the above certificate is required to be filed with the Bureau of Vital Statistics, State Department of Health, Lincoln, Nebraska 68508 as permanent depository.

A certified copy of the original birth certificate may be obtained by you upon application and the statutory fee of \$3.00 in cash or money order. Please supply the following identifying information: CHILD'S NAME, PLACE OF BIRTH, FATHER'S NAME, MOTHER'S MAIDEN NAME, NAME OF ATTENDING PHYSICIAN AND DATE OF BIRTH.

Copies to serve all purposes must be certified by office authorized to file such records.

In the case of additions or corrections to be made, notify the Bureau of Vital Statistics within thirty days.

NOTE: Important information for your child's health on reverse side.

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NEBRASKA LIQUOR CONTROL COMMISSION