

February 3, 2014

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 Greenfield's 7900 South 87<sup>th</sup> Street requesting that Jillian Carter be approved as the manager of the class C/K liquor license.

A background investigation was completed with the following results.

Jillian Cater criminal history shows.

- 1 Traffic offense 2006 -2012
- 2 Theft offense 2011

No other areas of concerns were found.

The applicant will be required to complete the required training.

Her application is 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.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



192.168.99.112 2014-02-03 08:24:40.36



## 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: JILLIAN ALEXANDRIA CARTER , Female, DOB:

Date of listing: 02-03-2014

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

Cited on 08-22-2012	for (M)SUSPENDED/REVOKED/NOT ELIGIBLE, SUBSEQUEN	Case
Disposed 09-26-2012	as (M)SUSPENDED LICENSE, ELIGIBLE	Cit# Chg# 1
<b>FOUND GUILTY Fined \$50.00</b>		
Cited on 04-01-2011	for (M)STEAL MONEY OR GOODS LESS THAN \$300	Case
Disposed 08-24-2011	as (M)STEAL MONEY OR GOODS LESS THAN \$300	Cit# Chg# 1
<b>FOUND GUILTY Fined \$200.00</b>		
Cited on 06-24-2006	for (M)SUSPENDED/REVOKED/NOT ELIGIBLE, SUBSEQUEN	Case
Disposed 08-28-2006	as (M)SUSPENDED LICENSE, ELIGIBLE	Cit# Chg# 1
<b>FOUND GUILTY Fined \$100.00</b>		

\*\*\* 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](http://www.lcc.ne.gov)

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**MUST BE:**

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration in the State of Nebraska
- ✓ Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.
- ✓ 21 years of age or older

JR

**Corporation/LLC information**

Name of Corporation/LLC: Greenfield's

**Premise information**

Liquor License Number: CK-97525 Class Type \_\_\_\_\_  
(if new application leave blank)

Premise Trade Name/DBA: Greenfield's

Premise Street Address: 7900 South 87th St.

City: Lincoln County: Lancaster Zip Code: 68526

Premise Phone Number: (402) 420-3232

Email address: willokimom@hotmail.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

*Kevin C. Knudson*

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

Kevin C. Knudson (Faxed signatures are acceptable)



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

Last Name: Carter First Name: Jillian MI: A

Home Address (include PO Box if applicable): 310 South 27th St. #1

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: (402)432-7816 Business Phone Number: (402)420-3232

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: OFFUTT AFB, NE

Email address: wilokimom@hotmail.com

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: Statmore First Name: Jeffrey MI: D

Social Security Numbe \_\_\_\_\_ Drivers License Number & State: n/a

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

**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
Lincoln, NE	2001	present			

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Rev 9/2013  
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APR 8 2011  
NICHOLSON  
COURT REPORTER

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2012	2012	Premier Catering	Larry Schutz	(402) 323-8420
2011	2012	McDonald's	Daniel Kinman	(402) 466-5766

**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

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If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Jillian Carter	2011	Lincoln, NE	theft	guilty plea
	2012	" "	driving suspension	"
	2011	" "	no insurance	"
	2003	Omaha, NE	false reporting	"
	2012	Lincoln, NE	improper turn	"
	2006	Lincoln, NE	driving suspension	"
	2006	Lincoln, NE	fictitious plates	"

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(s):

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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

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
03/08/2007  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF LIVE BIRTH 126- 82

CHILD - NAME FIRST MIDDLE LAST Jillian Alexandria Carter			SEX Female	DATE OF BIRTH (Month, Day, Year) 3b. 10:46p M
HOSPITAL NAME (if not a hospital, give street and number) Ehrling Bergquist USAF Hosp		INSIDE CITY LIMITS (Specify Yes or No) 4b. No	CITY, TOWN, OR LOCATION OF BIRTH 4c. Offutt AFB 68113	COUNTY OF BIRTH 4d. Sarpy
CERTIFIER - NAME AND TITLE (Type or print) REBECCA L. KUBITZ, MD		DATE SIGNED (Month, Day, Year) 5b. December 10, 1982	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
REGISTRAR - SIGNATURE <i>Mary E. Cooper</i>		DATE RECEIVED BY REGISTRAR MONTH DAY YEAR 7b. Dec. 15, 1982	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. West Germany 69	
MOTHER - MAIDEN NAME FIRST MIDDLE LAST Janice Marie Grigsby		AGE (At time of this birth) 8b. 26	CITY, TOWN, OR LOCATION (Include zip code) 9c. Omaha 68107	
STATE COUNTY 20. Nebraska 21. Douglas		INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. 5637 S20th St	
MOTHER'S MAILING ADDRESS - Enter if not same as residence				
FATHER - NAME FIRST MIDDLE LAST Wesley Floyd Carter Jr.			AGE (At time of this birth) 11b. 25	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Houston, Mo.
SIGNATURE OF FATHER Wesley F. Carter, Jr.			RELATION TO CHILD 12b. Father	

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JAN 9 1 2014

NEBRASKA LIQUOR  
CONTROL COMMISSION