



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

March 25, 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 Fast Mart, 6835 North 27th Street requesting that Dana Post be approved as the manager of the class B liquor license.

A background investigation was completed with no issues found.

The applicant completed the required training on 3-14-2014.

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.

A handwritten signature in black ink, appearing to read "Jim Peschong".

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



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NEBRASKA LIQUOR CONTROL COMMISSION

**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

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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**

Corporation/LLC information

Name of Corporation/LLC: Gokie Enterprises Inc.

Premise information

Liquor License Number: 053555C Class Type B
(if new application leave blank)

Premise Trade Name/DBA: Fast Mart

Premise Street Address: 6835 N. 27th Street

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: 402-742-7417

Email address: Fastmart27@windstream.net

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/ljsearch.cgi

Richard A. Hie VP

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)



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Manager's information must be completed below

Last Name: Post First Name: Dana MI: L

Home Address (include PO Box if applicable): 1035 S. 23rd street

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: 402-217-2066 Business Phone Number: 402-742-7417

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

Date Of Birth: _____ Place Of Birth: Portland, Oregon

Email address: _____

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: Post Jr First Name: Gail MI: D

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

Date Of Birth: _____ Place Of Birth: Lincoln, Nebraska

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
<u>Lincoln, Nebraska</u>	<u>1989</u>	<u>2014</u>	<u>Lincoln, Nebraska</u>	<u>1977</u>	<u>2014</u>

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2001	2013	First Mart	Terry Solare	402-477-4417
1998	2001	Nebraska State Fair Park	Chuck Mathias	

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
Daniel L. Post	/2001	Lincoln, NE	Selling tobacco to minor	GUILTY/FINE

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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?

YES NO

IF YES, list the name of the premise(s):

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

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CERTIFICATION OF VITAL RECORD

CERTIFICATE OF LIVE BIRTH
OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

DATE ISSUED
MARCH 19, 1987

BIRTH NUMBER
136-80-

1. NAME
DANA LOUISE MAYNARD

2. SEX
FEMALE

3. BIRTHDATE

RECORD FILED
MAY 14, 1980

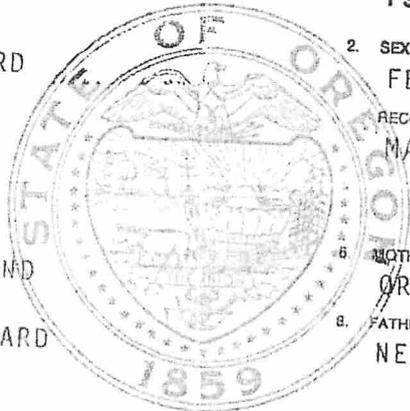
4. BIRTHPLACE
MULTNOMAH COUNTY

5. MOTHER
DEBRA LEE SUTHERLAND

6. MOTHER'S BIRTHPLACE
OREGON

7. FATHER
DARRELL LEROY MAYNARD

8. FATHER'S BIRTHPLACE
NEBRASKA



THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH
FACTS AS RECORDED IN THIS OFFICE.

Joseph D. Carney
JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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NEBRASKA LAWYER
CONTROL COMMISSION