

April 23, 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 Nickolas Fraley be approved as the manager of the class C/K liquor license.

Mr. Fraley was previously approved by Council on 9-17-2007.

Mr. Fraley has only minor traffic offenses on his criminal history.

The applicant has not completed the required training.

His application is included for your review.

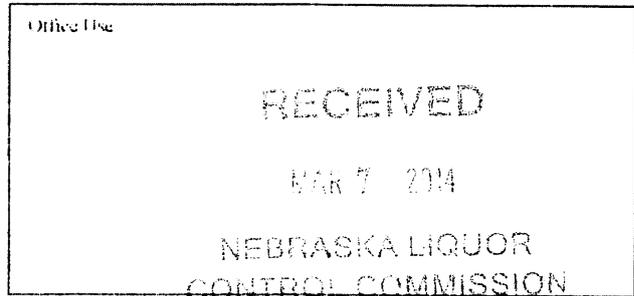
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



**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)



**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: Greenfield's Cafe Inc

**Premise information**

Liquor License Number: 97525 Class Type CK - Alcoholic Liquor on/off  
(if new application leave blank) w/ catering sale

Premise Trade Name/DBA: Greenfield's

Premise Street Address: 7900 S. 87th St.

City: Lincoln County: Lancaster Zip Code: 68526

Premise Phone Number: 402-420-3232

Email address: Kevin@QuickTEQ.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/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

*Kevin C. Anderson*

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**  
(Faxed signatures are acceptable)



1400009325

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

Last Name: Fraley First Name: Nick MI: A

Home Address (include PO Box if applicable): 13051 No ~~3~~40<sup>th</sup> St

City: Davey County: Lancaster Zip Code: 68336

Home Phone Number: 402-785-1015 Business Phone Number: \_\_\_\_\_

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: St Elizabeth Lincoln Ne

Email address: GreenFields.nick@gmail.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: Fraley First Name: Rae MI: A

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: North Platte 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
Davey Ne	2011	2014	Davey Ne	2011	2014
Lincoln Ne	<del>2005</del>	2011	Lincoln Ne	-	2011

**MANAGERIAL AND EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	2014	Le Quartier Baking Co	Seth Gurring	
2006	2007	Magnolia's	Somsri Challette	—

**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
Nick Fraley	2006	Lincoln, Ne	Traffic Accident	
Rae Fraley	2003	Lincoln, Ne	DUI	
Nick Fraley	2004	Lincoln, Ne	Reckless Driving	
Rae & Nick Fraley		Lincoln, Ne	Various speeding Tickets	

**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):**  
 \_\_\_\_\_ Magnolia \_\_\_\_\_

**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

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  
**JUL 20 1999**  
 LINCOLN, NEBRASKA

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

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

126-

78

1. CHILD - NAME FIRST MIDDLE LAST <b>Nickolas Allen Fraley</b>			2. SEX <b>Male</b>	3a. DATE OF BIRTH (Month, Day, Year)		3b. HOUR <b>10:17 A</b>
4a. HOSPITAL - NAME (If not in hospital, give street and number) <b>St. Elizabeth Comm. Health Ctr</b>			4b. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	4c. CITY, TOWN, OR LOCATION OF BIRTH <b>Lincoln, Nebraska</b>		4d. COUNTY OF BIRTH <b>Lancaster</b>
5a. CERTIFIER - NAME AND TITLE (Type or print) <b>N. J. Simon, M.D.</b>			5b. DATE SIGNED (Month, Day, Year) <b>5/3/78</b>		5c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
6a. REGISTRAR - SIGNATURE <i>[Signature]</i>			6b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Box 30209, Lincoln, Nebraska 68503</b>		7b. DATE RECEIVED BY REGISTRAR MONTH DAY YEAR <b>MAY 22 1978</b>	
7a. MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>Janet Marie Prenosil</b>			8a. RESIDENCE - STATE <b>Nebraska</b>	8b. COUNTY <b>Lancaster</b>	8c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) <b>Lincoln, Nebraska</b>	
8c. CITY, TOWN, OR LOCATION, (include zip code) <b>Lincoln 68502</b>			9a. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	9b. STREET AND NUMBER <b>1650 S.W. 56th</b>		
MOTHER'S MAILING ADDRESS - Enter if not same as residence						
10. FATHER - NAME FIRST MIDDLE LAST <b>Daniel Lee Fraley</b>			11a. AGE (At time of this birth) <b>31</b>	11c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) <b>Stromsburg, Nebraska</b>		
12a. other informant <i>[Signature]</i>			12b. RELATION TO CHILD <b>mother</b>			