

April 24, 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 Lincoln Firefighters, 241 Victory Lane requesting that Ronald Trouba be approved as the manager of the class I liquor license.

A background investigation was completed with no issues found.

The applicant completed the required training on 4-10-2014.

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

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**

IR

Corporation/LLC information

Name of Corporation/LLC: Local 644

Premise information

Liquor License Number: 45921 Class Type I
(if new application leave blank)

Premise Trade Name/DBA: Lincoln Firefighters Reception Hall

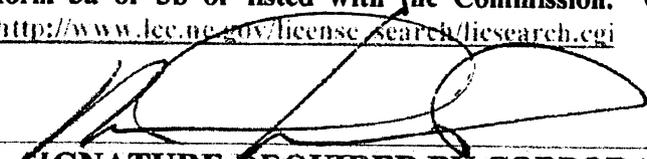
Premise Street Address: 241 Victory Lane

City: Lincoln County: Lancaster Zip Code: 68528

Premise Phone Number: 402-477-6001

Email address: manager@firefighterhall.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



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



1400008897

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Trouba Jr. First Name: Ronald MI: L

Home Address (include PO Box if applicable): 2616 Washington St

City: Lincoln County: Lancaster Zip Code: 68502

Home Phone Number: 402-440-5525 Business Phone Number: 402-477-6001

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

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

Email address: rtrouba@iaff644.org

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: Trouba First Name: Gina MI: M

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

Date Of Birth: _____ 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	2006	2014	Lincoln, NE	1996	2014
Crete, NE	2002	2006			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2002	2014	Lincoln Fire & Rescue	Leo Benes	402-326-1348
2001	2002	NE Air Guard Fire Dept	Jeff Horne	402-309-1523

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

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

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A ~~TRUE COPY~~ OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
 AUG 21 1980
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS 126- 78
 CERTIFICATE OF LIVE BIRTH

1 CHILD—NAME FIRST MIDDLE LAST Ronald LeRoy Trouba, Jr.			2 SEX Male	3a DATE OF BIRTH (Month, Day, Year)	3b HOUR 7:30a.m.
4a HOSPITAL—NAME (If not in hospital, give street and number) Bryan Memorial Hospital		4b INSIDE CITY LIMITS (Specify Yes or No) Yes	4c CITY, TOWN OR LOCATION OF BIRTH Lincoln		4d COUNTY OF BIRTH Lancaster
5a I certify that the stated information concerning this child is true to the best of my knowledge and belief (Signature) <i>J. W. Ballew M.D.</i>			5b DATE SIGNED (Month, Day, Year) 9-6-78	5c NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
6a CERTIFIER—NAME AND TITLE (Type or print) J. W. Ballew, M.D.			6b MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) 1701 "K" Street, Lincoln, Nebraska 68508		
7a REGISTRAR—SIGNATURE <i>E. Dymman MD</i>			DATE RECEIVED BY REGISTRAR MONTH DAY YEAR SEP 25 1978		
8a MOTHER—MAIDEN NAME FIRST MIDDLE LAST Debra Darlene Dirksen			8b AGE (At time of this birth) 23	7b CITY AND STATE OF BIRTH (If not in U.S.A. Name Country) Lincoln, Nebraska	
9a RESIDENCE—STATE Nebraska	9b COUNTY Lancaster	9c CITY, TOWN, OR LOCATION, (Include zip code) Lincoln 68521	9d INSIDE CITY LIMITS (Specify Yes or No) Yes	9e STREET AND NUMBER 841 Benton	
MOTHER'S MAILING ADDRESS—Enter if not same as residence					
10 FATHER—NAME FIRST MIDDLE LAST Ronald LeRoy Trouba			11a AGE (At time of this birth) 26	11b CITY AND STATE OF BIRTH (If not in U.S.A. Name Country) Lincoln, Nebraska	
12a I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief (Signature of Parent or other informant) <i>Debra D. Trouba</i>			12b RELATION TO CHILD Mother		

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 SEP 25 1978
 NEBRASKA BUREAU OF VITAL STATISTICS