

December 2, 2013

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 The Nebraska Club, 233 South 13th Street requesting that Thomas Westfall be approved as the manager of the class C liquor license.

A background investigation was completed with the following results.

Thomas Westfall criminal history shows.

1. Minor traffic offenses 1989 -2005

No other areas of concerns were found.

The applicant completed the required training on 10-18-2013.

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



A nationally accredited law enforcement agency



Manager's information must be completed below PLEASE PRINT CLEARLY

NOV 26 2013

Gender: MALE FEMALE

Last Name: WESTFALL First Name: Thomas NEBRASKA LIQUOR CONTROL COMMISSION

Home Address (include PO Box if applicable): 1672 Perkins Blvd
City: Lincoln County: Lancaster Zip Code: 68502

Home Phone Number: 402-802-8728 Business Phone Number: 402-476-3228

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

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

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

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YES NO

Spouse's information

NEBRASKA LIQUOR CONTROL COMMISSION

Spouses Last Name: Westfall First Name: Frances MI: A

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

Date Of Birth: _____ Place Of Birth: Cozad, 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
<u>1672 Perkins</u>			<u>Lincoln, NE</u>	<u>1999</u>	<u>Present</u>
<u>Lincoln, NE</u>	<u>1999</u>	<u>Present</u>			

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	2013	Westfall Management	Tom Westfall	402-822-8228
2005	2006	Hollcrest County Club	Brett Renner	402-489-7111

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.

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).

I have been a restaurant manager for over 20 years and have much experience & training in the area of alcohol sales & procedure.

RECEIVED

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NEBRASKA LIQUOR CONTROL COMMISSION
 STATE OF NEBRASKA DEPARTMENT OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF LIVE BIRTH BIRTH NO. 12666

FHS-796(VS)
 REV. 12-54
 FEDERAL SECURITY AGENCY
 PUBLIC HEALTH SERVICE

1. PLACE OF BIRTH a. COUNTY Antelope		W-231		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska		b. COUNTY Antelope	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Tilden				c. CITY (If outside corporate limits, write RURAL) OR TOWN Neligh			
c. FULL NAME OF HOSPITAL OR INSTITUTION Tilden Community Hospital				d. STREET ADDRESS		Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print)		a. (First) Thomas Carrell		b. (Middle)		c. (Last) Westfall Jr.	
4. SEX male	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE OF BIRTH		(Month) (Day) (Year)	
FATHER OF CHILD							
7. FULL NAME		a. (First) Tom		b. (Middle) Carrell		c. (Last) Westfall	
						8. COLOR OR RACE white	
9. AGE (At time of this birth) 49 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Wellington, Texas	11a. USUAL OCCUPATION salesman		11b. KIND OF BUSINESS OR INDUSTRY			
MOTHER OF CHILD							
12. FULL MAIDEN NAME		a. (First) Mary		b. (Middle) Louise		c. (Last) Cathcart	
						13. COLOR OR RACE white	
14. AGE (At time of this birth) 35 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Fulton, Missouri		16. Children Previously Born to This Mother (Do NOT include this child)				
17. INFORMANT'S SIGNATURE OR NAME—Relationship		a. How many OTHER children are now living? 2		b. How many OTHER children were born alive but are now dead? none		c. How many children were stillborn (born dead after 20 weeks pregnancy)? none	
I hereby certify that this child was born alive on the date stated above at 11:30 p.m.	18a. SIGNATURE Carl C. Dave, M.D.		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)		19. MOTHER'S MAILING ADDRESS Neligh, Nebraska		
	18c. ADDRESS Tilden, Nebraska						
20. DATE REC'D BY LOCAL REG. Feb 28, 1966	21. REGISTRAR'S SIGNATURE Jilene Fullemer						

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE 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.

Jilene Fullemer

DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR
 LINCOLN, NEBRASKA Issued February 26, 1981