



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

January 30, 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 Risky's Sports Bar & Grill, 4680 Leighton Avenue requesting that Roger Patton be approved as the manager of the class C liquor license.

Mr. Patton is the currently approved owner of this business.

The applicant 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

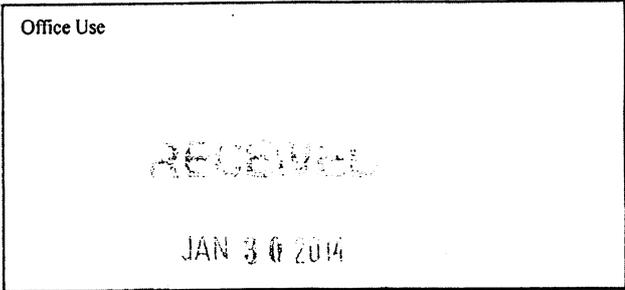


A nationally accredited law enforcement agency



**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



NEBRASKA LIQUOR CONTROL COMMISSION

JR

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: RISKY INC.

Premise information

Liquor License Number: 47729 Class Type C
(if new application leave blank)

Premise Trade Name/DBA: RISKY'S SPORTS BAR & GRILL

Premise Street Address: 4680 Leighton Ave

City: Lincoln County: LANCASTER Zip Code: 68504

Premise Phone Number: 402-466-6966

Email address: Roger@RISKYSBAR.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]

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



Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: PATTON First Name: ROGER MI: LA

Home Address (include PO Box if applicable): 1600 NW 90 ST.

City: LEWISVILLE County: LAUREL Zip Code: 60565

Home Phone Number: 402 465 4170 Business Phone Number: 402 466-6866

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

Date Of Birth: _____ Place Of Birth: CHATEAU NE

Email address: LPRP840 Adm. Com

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

YES NO

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JAN 9 0 2014
NEBRASKA LIQUOR
CONTROL COMMISSION

Spouse's information

Spouses Last Name: PATTON First Name: ELIZABETH MI: LA

Social Security Number _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: HUMBOLDT 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>1600 NW 90 ST</u>					
<u>LEWISVILLE NE</u>	<u>2002</u>	<u>2014</u>	<u>LEWISVILLE NE</u>	<u>2002</u>	<u>2014</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1988	1994	CHAMPS SPORTS BAR	ROGER PATTON	466-6966
2000	Present	Business Sports Bar	Roger Patton	466-6966

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.

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YES NO

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

NEBRASKA LIQUOR CONTROL ACT

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Roger Patton	3/14/39	Lincoln NE	DWI	300 70.475
Roger Patton	MINOR	TRAFFIC INFRACTIONS		??

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):

GREEN FLOOR, CHAMPS, Business Licenses Business Certificate

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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JAN 30 2014

NEBRASKA

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
SEP 4 1939
LINCOLN, NEBRASKA

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

Form 241-6

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Division of Vital Statistics

CERTIFICATE OF BIRTH

Do not write in this space
K.

1. PLACE OF BIRTH
County Saline
Township _____
City Crete, Nebraska Street 1531 Linden

1a. Residence of mother: State _____ County _____ City _____
(If not same as place of birth)

2. FULL NAME OF CHILD Roger William Patton P.

3. Sex M If Plural Births _____ 4. Twin, triplet, or other _____
5. Premature _____ 6. Number, in order of birth 1st 7. Legitimate _____ 8. Date of birth _____
Full term Yes mate? Yes (Month, Day, Year)

9. Full Name Herbert Patton FATHER
16. Full maiden name Zola Zimmerman MOTHER

10. Post Office Crete, Nebr. 17. Post Office Crete, Nebr.

11. Color or race W 12. Age at last birthday 23 (Years)
18. Color or race W 19. Age at last birthday 21 (Years)

13. Birthplace (city or place) Friend, Nebr. 20. Birthplace (city or place) Friend, Nebr.
(State or country) (State or country)

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker
15. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fairmont Cry. Co.

21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-wife
22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

23. Number of children of this mother (at time of this birth) and including this child. (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ months or weeks
25. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN*
I hereby certify that I attended the birth of this child, who was born alive at 9:25 P. M. on the date above stated.
(Born alive) (Stillborn)

*When no physician is in attendance certificate shall be completed and signed by the parent or other person present.

Signature *Chas. Brown* M. D.
Address Crete, Nebraska.

STATE LAW
Was silver solution instilled in each eye? Yes
Filed with local registrar SEP 4 1939 Date

Chas. Brown
Registrar.