

April 15, 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 Pizza Hut, 6414 'O' Street requesting that Jordan Wells be approved as the manager of the class A liquor license.

A background investigation was completed with no issues found.

The applicant completed the required training on 2-13-2014.

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.


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

Office Use

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: Peak Interests LLC

Premise information

Liquor License Number: 33597 Class Type Class A
(if new application leave blank)

Premise Trade Name/DBA: Pizza Hut

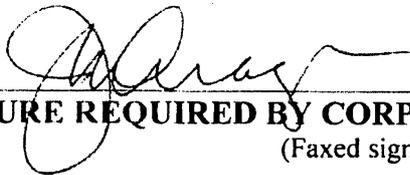
Premise Street Address: 6414 'O' Street

City: Lincoln County: Lancaster Zip Code: 68510

Premise Phone Number: (402) 464-7774

Email address: rs010788@pizzahut.com / peak@peakinterests.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



J. M. Aragon, President
ProServe Corporation

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)



1400008453

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Wells First Name: Jordan MI: S

Home Address (include PO Box if applicable): 131 College Park Circle Apt. 11

City: Lincoln County: Lancaster Zip Code: 68505

Home Phone Number: (308) 991-5317 Business Phone Number: (402) 464-7774

Social Security Numt _____ Drivers License Number & Stat NE

Date Of Birth: _____ Place Of Birth: Kearney NE

Email address: (store) rs010788@pizzahut.com / (office) peak@peakinterests.com

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

YES NO

Spouse's information

Spouses Last Name: ya First Name: _____ MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

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	2007	2014			
Hoboken NE	2004	2007			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
05 07	Pizza Hut	Crista Swanson	(402) 468-6102
07 Present	Pizza Hut	Tina Walzman	(402) 468-7771

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

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

01/15/2013

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND
 HUMAN SERVICES

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

126- 89

CHILD - NAME FIRST MIDDLE LAST Jordan Sue Wells			SEX Female	DATE OF BIRTH (Month, Day, Year) 3a.	HOUR 11:08 A M
HOSPITAL - NAME (If not in hospital, give street and number) 4a. Good Samaritan Hospital		INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Kearney		COUNTY OF BIRTH 4d. Buffalo
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) <i>J.H. Schulte</i>			DATE SIGNED (Month, Day, Year) 5b. 5/30/89	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
CERTIFIER - NAME AND TITLE (Type in print) 6a. J.H. Schulte, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 101 W 24th, Kearney, NE 68847		
REGISTRAR - SIGNATURE 7a. <i>Stanley S. Cooper</i>			RECEIVED MONTH DAY YEAR 7b. JUN 1 1989		
MOTHER - MAIDEN NAME FIRST MIDDLE LAST 8a. Heidi Sue Davison			AGE (at time of this birth) 8b. 22	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Kearney, Nebraska	
RESIDENCE - STATE 9a. Nebraska	COUNTY 9b. Phelps	CITY, TOWN, OR LOCATION, (include zip code) 9c. Holdrege 68949	INSIDE CITY LIMITS (Specify Yes or No) 9d. No	STREET AND NUMBER 9e. Route 3, Box 139	
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
FATHER - NAME FIRST MIDDLE LAST 11a. Mark James Wells			AGE (at time of this birth) 11b. 24	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Kearney, Nebraska	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Person or 12a. other information) Heidi S. Wells			RELATION TO CHILD 12b. Mother		