

July 22, 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 U-Stop, 110 West Fletcher requesting that Jeffrey Scott be approved as the manager of the class D liquor license.

Mr. Scott is a previously approved manager.

The applicant completed the required training on 4-12-2012.

His application is included for your review.

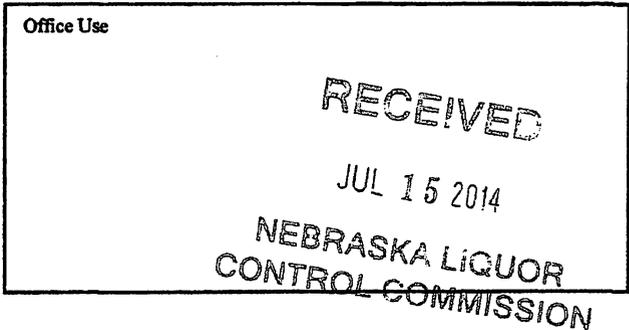
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
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: Whitehead Oil Company

**Premise information**

Liquor License Number: 082253 Class Type D  
(if new application leave blank)

Premise Trade Name/DBA: U-Stop #24

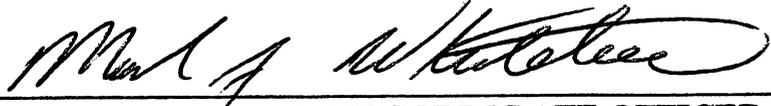
Premise Street Address: 110 West Fletcher Suite 101

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: 402-477-9892

Email address: \_\_\_\_\_

**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)



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



Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Scott First Name: Jeffery MI: J  
 Home Address (include PO Box if applicable): 1500 Irving St.  
 City: Lincoln County: Lancaster Zip Code: 68521  
 Home Phone Number: 402-438-5891 Business Phone Number: 402-477-9892  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: Beatrice, NE  
 Email address: \_\_\_\_\_

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: Scott First Name: Bonnie MI: S  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE  
 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	1997	Present	Lincoln, NE	1997	Present

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**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	2011	Big Red 66	Rob Otte	402-489-1222
2011	Present	Whitehead Oil Company	Doug Larkins	402-435-3509

**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
Jeffery J. Scott	07/2009	Auburn, NE	Speeding	Paid Fine

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**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):

Fastbreak 3100 N.W. 12 Fastbreak 8350 Northwoods U-Stop #26

96077

8350 Northwood

**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. List the alcohol related training and/or experience (when and where) of the person making application.

\*NLCC Training Certificate Issued: \_\_\_\_\_ Name on Certificate: \_\_\_\_\_

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Jeffery J. Scott	10-2012	RBST permit #LNK 0000024
Jeffery J. Scott	04-2012	RHC training

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Jeffery J. Scott/Manager	9-1-2011	U-Stop #26 8350 Northwoods Dr.

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5. 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 NSP took check

STATE OF NEBRASKA

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

11/02/2006

LINCOLN, NEBRASKA

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

PHS-796 (VS) REV. 2-65 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE		STATE OF NEBRASKA—DEPARTMENT OF HEALTH Bureau of Vital Statistics		67	
CERTIFICATE OF LIVE BIRTH				BIRTH NO. 126.....	
1. PLACE OF BIRTH a. COUNTY <b>Gage</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Nebraska</b> b. COUNTY <b>Burt</b>			
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Beatrice</b>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Decatur</b>			
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mennonite Deaconess</b>		d. STREET ADDRESS <b>Box 56</b>		Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) <b>Jeffrey</b>		b. (Middle) <b>Jon</b>		c. (Last) <b>Scott</b>	
4. SEX <b>M</b>	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 (Month) (Day) (Year) OF BIRTH		
7. FULL NAME a. (First) <b>Clayton</b>		b. (Middle) <b>Leonard</b>		c. (Last) <b>Scott</b>	
8. COLOR OR RACE <b>W</b>		9. AGE (At time of this birth) <b>37</b> yrs.		10. BIRTHPLACE (City, town, or county) (State or foreign country) <b>Bennet, Nebraska</b>	
11a. USUAL OCCUPATION <b>Teacher</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Decatur, High School</b>			
12. FULL MAIDEN NAME a. (First) <b>Carol</b>		b. (Middle) <b>Ann</b>		c. (Last) <b>Baker</b>	
13. COLOR OR RACE <b>W</b>		14. AGE (At time of this birth) <b>26</b> yrs.		15. BIRTHPLACE (City, town or county) (State or foreign country) <b>Blue Springs, Nebr.</b>	
16. Children Previously Born to This Mother (Do NOT include this child)		a. How many OTHER children are now living? <b>One</b>		b. How many OTHER children were born alive but are now dead? <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <b>Carol A. Scott - Mother</b>		c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>none</b>			
Was serologic test made on blood from mother of this child? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <b>5-10-67</b>		If serologic test not made, state reason why			
I hereby certify that this child was born alive on the date stated above at <b>9:33 a.m.</b>		18a. SIGNATURE <i>[Signature]</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
19. DATE REC'D BY LOCAL REG <b>NOV 1 1967</b>		18c. ADDRESS <b>Wymore, Nebr.</b>		19. MOTHER'S MAILING ADDRESS <b>Mrs. Clayton Scott, Box 56, Decatur, Nebraska 68020</b>	
20. DATE REC'D BY LOCAL REG		21. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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