

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, 2700 Porter Ridge requesting that Barbara Ehrisman be approved as the manager of the class D liquor license.

Mrs. Ehrisman is a previously approved manager.

The applicant completed the required training on 3-14-2014.

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.

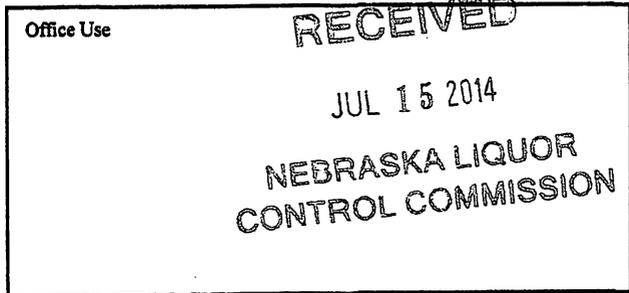


JIM PESCHONG, Chief of Police



**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: 054106 Class Type D  
(if new application leave blank)

Premise Trade Name/DBA: U-Stop #14

Premise Street Address: 2700 Porter Ridge Rd.

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: 402-421-6633

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)



1400015950

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Ehrisman First Name: Barbara MI: J  
 Home Address (include PO Box if applicable): 2830 Kucera Dr.  
 City: Lincoln County: Lancaster Zip Code: 68502  
 Home Phone Number: 402-560-2428 Business Phone Number: 402-421-6633  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: West Point, 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: Ehrisman First Name: Russell MI: W  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: West Point, 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	1996	Present	Lincoln, NE	1996	Present

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**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1999	2004	Subway	Carl Rosberg	
2004	Present	Whitehead Oil Company	Brian Makovicka	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

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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):

72084 N-Stop #2116 82253 N-Stop #24  
33 Superior West Fletcher

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)
Barbara J. Ehrisman	01-2013	RBST permit #LNK 0000297
Barbara J. Ehrisman	03-2014	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:
Barbara J. Ehrisman/Manager	2004-2009	U-Stop #16 3280 Superior
Barbara J. Ehrisman/Manager	2009-2014	U-Stop #24 110 W. Fletcher Suite 101
Barbara J. Ehrisman/Manager	2014-Present	U-Stop #14 2700 Porter Ridge Rd

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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  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

BIRTH NO. 126.....

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

1. PLACE OF BIRTH a. COUNTY <b>CUMING</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>NEBRASKA</b> b. COUNTY <b>CUMING</b>	
b. CITY (If outside corporate limits, write RURAL) <b>WEST POINT</b>		c. CITY (If outside corporate limits, write RURAL) <b>BEEMER</b> <b>RURAL</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street, hospital or institution) <b>MEMORIAL HOSPITAL</b>		d. STREET ADDRESS Inside City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) <b>BARBARA</b> b. (Middle) <b>JEAN</b> c. (Last) <b>BATENHORST</b>		5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
4. SEX <b>FEMALE</b>		6. DATE OF BIRTH (Month) (Day) (Year)	
FATHER OF CHILD /			
7. FULL NAME a. (First) <b>ALFRED</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>BATENHORST</b>		8. COLOR OR RACE <b>WHITE</b>	
9. AGE (At time of this birth) <b>30</b> Yrs.		10. BIRTHPLACE (City, town, or county) (State or foreign country) <b>CUMING COUNTY, NEBR.</b>	
11a. USUAL OCCUPATION <b>FARMING</b>		11b. KIND OF BUSINESS OR INDUSTRY	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>GEORGIA</b> b. (Middle) <b>VIRGINIA</b> c. (Last) <b>ENGELHARDT</b>		13. COLOR OR RACE <b>WHITE</b>	
14. AGE (At time of this birth) <b>38</b> Yrs.		15. BIRTHPLACE (City, town or county) (State or foreign country) <b>CUMING COUNTY, NEBR.</b>	
16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children were born alive but are now living? <b>5</b> b. How many OTHER children were born dead after 20 weeks pregnancy? <b>0</b>		17. INFORMANT'S SIGNATURE OR NAME—Relationship <b>MRS. ALFRED BATENHORST JR. MOTHER</b>	
18a. SIGNATURE <i>Robert C. Kelley, M.D.</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
19. ADDRESS <b>BEEMER, NEBR.</b>		19. MOTHER'S MAILING ADDRESS <b>MRS. ALFRED BATENHORST JR. BEEMER, NEBR. RFD.</b>	
20. DATE RECD BY LOCAL REG. <b>11.15.14. m. 16-6-62</b>		21. REGISTRAR'S SIGNATURE <i>Wm G. ...</i>	

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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.

*Wanda ...*  
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR  
LINCOLN, NEBRASKA  
Issued July 25, 1983