

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, 3244 Cornhusker requesting that Justin Coffman be approved as the manager of the class D liquor license.

A background investigation was completed with the following results.

Justin Coffman criminal history shows.

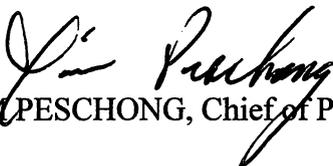
1. Suspended License 2006
2. Poss Marijuana 2006
3. Suspended License 2003

No other areas of concerns were found.

The applicant completed the required training on 4-10-2014.

His application is included for your review.

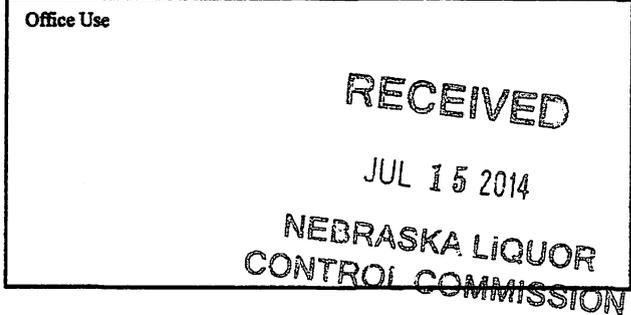
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


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



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: 82086-30676 Class Type D
(if new application leave blank)

Premise Trade Name/DBA: U-Stop #9

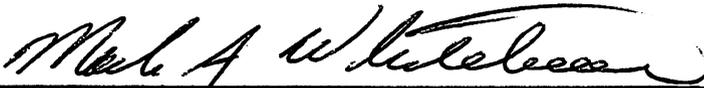
Premise Street Address: 3244 Cornhusker Hwy

City: Lincoln County: Lacaster Zip Code: 68504

Premise Phone Number: 402-467-4344

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



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

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Coffman First Name: Justin MI: J

Home Address (include PO Box if applicable): 575 Fletcher Ave #3

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: 402-499-5307 Business Phone Number: 402-467-4344

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

Date Of Birth: _____ Place Of Birth: Lincoln, 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: _____ 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	1986	Present			

RECEIVED
 JUL 15 2014
 NEBRASKA LIQUOR
 CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	2008	Advantage Personel		
2008	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
Justin Coffman	05-2006	Lincoln, NE	driving on suspended	paid fine
Justin Coffman	05-2006	Lincoln, NE	poss of marijuana	paid fine
Justin Coffman	04-2004	Lincoln, NE	Drivign on suspended	paid fine

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

RECEIVED
JUL 15 2014
NEBRASKA LIQUOR
CONTROL COMMISSION

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)
Justin Coffman	01-2013	RBST permit #LNK 0000426
Justin Coffman	04-2014	RHC training

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Justin Coffman/Asst. Manager	2009	U-Stop #5 8231 "O" St.
Justin Coffman/Asst. Manager	2010	U-Stop #25 2140 K St.
Justin Coffman/Asst. Manager	2012	U-Stop #27 1301 South St.
		RECEIVED
		JUL 15 2014
		NEBRASKA LIQUOR CONTROL COMMISSION

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

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

06/24/2014
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- 86

CHILD—NAME 1. Justin James Coffman			SEX 2. Male	DATE OF BIRTH (Month, Day, Year) 3a. June 5, 1986	TIME 3b. 12:30 A M
HOSPITAL—NAME (If not in hospital, give street and number) 4a. Lincoln General Hospital		INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Lincoln		COUNTY OF BIRTH 4d. Lancaster
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) <i>Stacey Goodrich M.D.</i>			DATE SIGNED (Month, Day, Year) 5b. June 5, 1986	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
CERTIFIER—NAME AND TITLE (Type or Print) 6a. Stacey Goodrich, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 4600 Valley Road Lincoln, NE 68510		
REGISTRAR—SIGNATURE 7a. <i>M. Jane Ford</i>			RECEIVED MONTH DAY YEAR 7b. JUN 9 1986		
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 8a. Peggy Lavern Coffman			AGE (At time of this birth) 8b. 20	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Creighton, Nebraska	
RESIDENCE—STATE 9a. Nebraska	COUNTY 9b. Lancaster	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Lincoln 68508		INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. 1201 E Street, Apt. 4
MOTHER'S MAILING ADDRESS—Enter if not same as residence					
FATHER—NAME FIRST MIDDLE LAST 10.			AGE (At time of this birth) 11b.	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c.	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent) 12a. Peggy Coffman <i>Peggy Coffman</i>			RELATION TO CHILD 12b. Mother		

RECEIVED

JUL 15 2014

NEBRASKA LIQUOR
CONTROL COMMISSION