

March 25, 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, 8321 'O' Street requesting that Mary Everett be approved as the manager of the class D liquor license.

A background investigation was completed with no issues found.

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

Her application is included for your review.

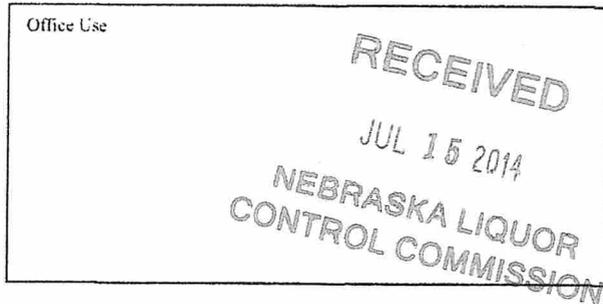
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


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



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: 105112 Class Type D
(if new application leave blank)

Premise Trade Name/DBA: U-Stop #5

Premise Street Address: 8231 E "O" St.

City: Lincoln County: Lancaster Zip Code: 68510

Premise Phone Number: 402-488-6167

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

Mark A. Whitehead

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



1400015948

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Everett First Name: Mary MI: E
Home Address (include PO Box if applicable): 4711 Gladstone St.
City: Lincoln County: Lancaster Zip Code: 68504
Home Phone Number: 402-432-0485 Business Phone Number: 402-489-1222
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: Everett First Name: Ross MI: R
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	2012	Present	Lincoln, NE	2012	Present
Plainview, NE	2011	2012	Plainview, NE	2004	2012
Lincoln, NE	2005	2011			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2012	2013	Whitehead Oil Company	Doug Larkins	402-435-3509
2013	Present	Whitemark Energy LLC	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

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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):

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)
Mary Everett	10-2012	RBST permit #LNK 0000065
Mary Everett	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:
Mary Everett/Asst. Manager	2005	U-Stop #7 5600 S. 56th
Mary Everett/Asst. Manager	2012	U-Stop #12 6801 Wildcat Dr.
Mary Everett/Asst. Manager	2013	U-Stop #15 7100 Pioneers Blvd.

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

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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

06/20/2014

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- 8.

CHILD - NAME 1. Mary Elizabeth Sheppard			SEX 2. Female	DATE OF BIRTH (Month, Day, Year) 3a. _____	HOUR 3b. 8:38 P.M.
HOSPITAL - NAME (if not in hospital, give street and number) 4a. Bryan Memorial 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.			DATE SIGNED (Month, Day, Year) 5b. 10-15-83	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c. _____	
CERTIFIER - NAME AND TITLE (Type or print) 6a. D. R. Pope, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 770 North Cotner, Lincoln, NE 68505		
REGISTRAR - SIGNATURE <i>M. Jane Ford</i>			RECEIVED MONTH DAY YEAR 7b. NOV 17 1983		
MOTHER - MAIDEN NAME 8a. Lovina Faith Cole			AGE (At time of this birth) 8b. 24	CITY AND STATE OF BIRTH (if not in U.S.A., Name Country) 8c. Atlanta, Georgia	
RESIDENCE - STATE 9a. Nebraska	COUNTY 9b. Lancaster	CITY, TOWN, OR LOCATION, (include zip code) 9c. Lincoln 68521	INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. 2625 North Ninth	
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
FATHER - NAME 11a. Ronald Edward Sheppard			AGE (At time of this birth) 11b. 36	CITY AND STATE OF BIRTH (if not in U.S.A., Name Country) 11c. Weymouth, Massachusetts	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant) 12a. <i>Faith Sheppard</i>			RELATION TO CHILD 12b. Mother		

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