



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

August 20, 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 manager application of Judd Reeves for Harris-Fraley VFW Post 131 at 5721 Johanna Road.

This location has a current class C liquor license.

Mr Reeves does not have the required city manager training.

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.

A handwritten signature in blue ink that reads "Jim Peschong".

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

RECEIVED
JUL 28 2014
NEBRASKA LIQUOR
CONTROL COMMISSION

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: HARRIS-FRELEY VFW Post 131

Premise information

Liquor License Number: C 061391 Class Type C
(if new application leave blank)

Premise Trade Name/DBA: HARRIS-FRELEY ^{VFW} Post 131

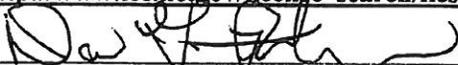
Premise Street Address: 5721 Johnson Rd

City: Lincoln County: Lancaster Zip Code: 68507

Premise Phone Number: 402-466-1700

Email address: NA

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: REEVES SR. First Name: JUD MI: C

Home Address (include PO Box if applicable): 2210 "C" st

City: Lincoln County: Lancaster Zip Code: 68502

Home Phone Number: 402-435-2584 Business Phone Number: _____

Social Security Number _____ Drivers License Number & State: Nebraska

Date Of Birth: _____ Place Of Birth: Lincoln Ne.

Email address: oldzman60@yahoo.com

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: Reeves First Name: Lyla MI: L

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

Date Of Birth: _____ Place Of Birth: Kearney Nebraska

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
2210 th st Lincoln Ne	2010	Present	2210 th Lincoln Ne.	2010	Present
124 W. Fairfield Lincoln Ne	1991	2010	124 W. Fairfield Lincoln Ne	1991	2010

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NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
		Retired	2006	

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 Reeve Sr	06/2019	Lincoln Neb	Unsafe Drinking Liquid	Pd Fine Procede 6/11/19

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

REG-104 (REV. 1-1-59)
STATE OF NEBRASKA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
FORM NO. 128
CERTIFICATE OF LIVE BIRTH

1. PLACE OF BIRTH a. CITY OR TOWN b. COUNTY		2. HOME RESIDENCE OF MOTHER (Where born and now live) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS	
3. DATE OF BIRTH a. MONTH b. DAY c. YEAR		4. COLOR OR RACE	
5. SEX a. MALE b. FEMALE		6. HEIGHT a. INCHES b. FEET	
7. FULL NAME a. FIRST b. MIDDLE c. LAST		8. OCCUPATION a. CHILD b. STUDENT c. OTHER	
9. AGENCIES a. HOSPITAL b. NURSING HOME c. HOME		10. SIGNATURE OF REGISTRAR	
11. SIGNATURE OF MOTHER		12. SIGNATURE OF REGISTRAR	
13. DATE OF BIRTH		14. DATE OF REGISTRATION	

THIS CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL CERTIFICATE ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Arden Blair
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR
LINCOLN, NEBRASKA
Issued September 4, 1959

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CONTROL COMMISSION