

May 14, 2015

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 Top Spin LLC, DBA Tavern on the Square, 816 P Street, requesting a change of manager. Jill Cockson is requesting that she be approved as the manager of their class CK-088743 liquor license.

Ms. Cockson has not completed management training, however the licensee, Mr. Matthew Taylor completed the training on September 12, 2013 and his certification is valid.

No areas of concern were found.

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

Office Use
RECEIVED
MAR 12 2015
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. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: TOP SPIN LLC

Premise information

Liquor License Number: 088743 Class Type CK (if new application leave blank)

Premise Trade Name/DBA: Tavern on the Square / The Other Room

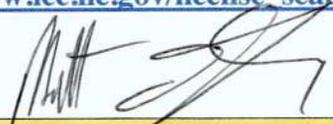
Premise Street Address: 816 P ST

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: (402) 202-7664

Email address: matthru_t_taylor@hotmail.com

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: Cockson First Name: Jill MI: S.
 Home Address (include PO Box if applicable): 2660 Park Ave
 City: Lincoln County: Lancaster Zip Code: 68502
 Home Phone Number: 402 326 5304 Business Phone Number: _____
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Lincoln, NE
 Email address: jillcockson@gmail.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: _____ 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	2002	2015			
Lincoln, NE					

RECEIVED
 MAR 12 2015
 NEBRASKA LIQUOR
 CONTROL COMMISSION

2013-

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
Present		Top Spin, LLC	Matt Taylor	402 202 7664
2011	2013	Wilderness Ridge	Brandon Johnson	402 434 5118
2008	2011	Demars, Gordon, Olson Zalewski	Marilyn Novak	402 438 2500

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
* Jill Cockson	2001 ?	Lincoln, NE	Selling Tobacco to a minor	
* Jill Cockson		NE	Speeding tickets → Otoe county, I believe	
* These do not appear on my criminal history, but I am interested in providing full disclosure. I am unsure of specific dates.				

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):

Red 9

RECEIVED

MAR 12 2015

NEBRASKA LIQUOR CONTROL COMMISSION

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)
		- RBST modules completed online
		- Voluntary completion of Responsible Hospitality course w/ LPD
		(≈ 2003)

*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:
Jill Cockson Bartender	1998-2000	Gilhouly's / Kansas City MO
Bartender	2000	Harry's Bar & Tables / Kansas City, MO
Bartender	2001-2003	Doc's Place / Lincoln, NE
Bartender/Mgr	2003-2010	Starlite Lounge / Lincoln NE
Manager	2007?	Red 9 / Lincoln NE
Head Bartender	2011-2013	Wilderness Ridge / Lincoln NE
Manager / Bartender	2013-Present	Top Span LLC / The Other Room Lincoln NE
Omaha/Lincoln Chapter USBG President: current		

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

(I have recently established our United States Bartenders' Guild chapter, and attend and coordinate national & local events focused on bartender training, responsible hospitality, & community outreach.

RECEIVED
MAR 12 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

[Handwritten Signature]

Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this
March 9th 2015 by Jill S. Cookson
date name of person acknowledged

[Handwritten Signature]

Notary Public signature



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

RECEIVED
MAR 12 2015
NEBRASKA LIQUOR CONTROL COMMISSION