CITY OF LINCOLN NEBRASKA

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

November 25, 2015

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation is being made regarding the application of The Flatwater Bistro, LLC, DBA The Flatwater Bistro, requesting that James Donaldson be approved as the manager of the class CK-106657 liquor license.

Pursuant to a restructuring of the LLC, Mr. Donaldson is now the president of the corporation. Mr. Donaldson completed the required management training on November 12, 2015.

The Flatwater Bostro, LLC Corporate Officers/Stockholders/Members:

Member 1: James Donaldson – President (2%)
Member 2: Suite 4&5 Condos, LLC – Member (50%)
Member 3: J L B, Inc. – Member (25%)
Member 4: M2R2, LLC – Member (13%)
Member 5: MMAT, LLC – Member (10%)

James Donaldson's driver and criminal history is as follows:

05-25-2015	Violate speed limit 6-10 MPH over	Infraction
03-12-2008	Disobey traffic control sign/device	Infraction
07-09-2002	Violate speed limit 1-5 MPH over	Infraction
10-19-1998	Speeding 6-10 MPH over	Infraction
03-08-1986	Trespassing	Misdemeanor
01-18-1984	Disturbing the Peace	Misdemeanor

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.nebraska.gov

Office Use

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2X

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**

mm

Corporation/LLC information

Name of Corporation/LLC: The Flatwater Bistro LLC

Premise information

Liquor License Number: 104657 Class Type CK (if new application leave blank)

Premise Trade Name/DBA: The Flatwater

Premise Street Address: 801 R Street

City: Lincoln, NE County: Lancaster Zip Code: 68508

Premise Phone Number: 402-435-1426

Email address: jay@theflatwater.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

Co-owner 10-23-15

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

John Cotter

1500025218

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Donaldson First Name: James MI: ____

Home Address (include PO Box if applicable): 3911 Eagle Ridge Rd. #72

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402-202-5142 Business Phone Number: 402-435-1426

Social Security Number: ____ Drivers License Number & State: ____

Date Of Birth: ____ Place Of Birth: Lincoln

Email address: jay@theflatwater.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES ☒ NO Divorced

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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	1965	2015			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	2013	Greenfield's Cafe	Kevin Knudson	402-420-3232
2009	2011	Macaroni Grill	Scott Gwartney	402-327-8208

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.

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☒ 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
Donaldson, James	01/1984	Lincoln, NE	Disturbing the peace	ticket
Donaldson, James	03/1986	Lincoln, NE	Trespassing	ticket
Donaldson, James – other minor traffic violations for which he cannot				
	remember the details.			

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):
Macaroni Grill + Greenfield's Cafe

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

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4. List the alcohol related training and/or experience (when and where) of the person making application.

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*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
James Donaldson	Currently licensed	Manager Training Program

*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:
James Donaldson Managing Partner	2014 - present	The Flatwater Bistro Lincoln, NE
James Donaldson Managing Partner	4/2011 - 4/2014	Greenfield's Cafe Lincoln, NE
" "	11/2007 - 1/2009	Training Gen. Manager Lincoln, NE
" "	8/2005 - 11/2007	General Manager Lincoln, NE
" "	10/2001 - 2/2004	General Manager Lincoln, NE
" "	1/2000 - 10/2001	Asst. General Manager Lincoln, NE
" "	8/1991 - 8/1994	General Manager Lincoln, NE

5. Have you enclosed Form 147 regarding fingerprints? Fingerprints on file February 2014

☐YES ☐NO

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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.

Signature of Manager Applicant

Signature of Spouse

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ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this

October 15, 2015 by James Donaldson
date name of person acknowledged

Notary Public signature

Affix Seal

GENERAL NOTARY - State of Nebraska
SARAH J LARKIN
My Comm. Exp. January 6, 2018

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.

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SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

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.nebraska.gov

DATE RECEIVED Office Use Only	
Class:_____	License #:_____

Applicant Name: James A Donaldson
(Corporation, LLC, Partnership or Individual)

Trade Name: The Flatwater Bistro LLC
(Doing Business As)

(402) 435-1426 — Phone Number

Jay@TheFlatwater.com — Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
  Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
  Fingerprint cards should be submitted with the application.
- Fee payment of **$28.75 per person** must be made directly to the NSP;
  You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
  or checks made payable to NSP should be mailed directly to the following address:

  The Nebraska State Patrol – CID Division
  3800 NW 12th Street
  Lincoln, NE 68521

- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
  Include a list of names covered by your payment to insure proper application of payment.
- This completed form MUST be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

Please complete information on the following pages for EACH person fingerprinted.

1. Name: James A Donaldson
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____
How was payment made to NSP? ☐NSP PAYPORT Or ☒CHECK SENT TO NSP Ck # _____

2. Name: _____
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____
How was payment made to NSP? ☐NSP PAYPORT Or ☐CHECK SENT TO NSP Ck # _____

3. Name: _____
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____
How was payment made to NSP? ☐NSP PAYPORT Or ☐CHECK SENT TO NSP Ck # _____

4. Name: _____
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____
How was payment made to NSP? ☐NSP PAYPORT Or ☐CHECK SENT TO NSP Ck # _____

5. Name: _____
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____
How was payment made to NSP? ☐NSP PAYPORT Or ☐CHECK SENT TO NSP Ck # _____

6. Name: _____
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____
How was payment made to NSP? ☐NSP PAYPORT Or ☐CHECK SENT TO NSP Ck # _____

I hereby certify that fees of $28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): James A Donaldson Title: Owner

Signature: [signature] Date: 10-26-15