January 16, 2018

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 Whitehead Oil Company, dba U-Stop #6, 942 S 27th St, requesting that Brian Makovichka be approved as the manager of the Class D-105113 liquor license.

Mr. Makovichka has completed the required alcohol management training on April 14, 2016.

Mr. Makovichka’s criminal and driver history is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Status</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-20-1996</td>
<td>Speeding 11-15over</td>
<td>Infraction</td>
<td>Lancaster Co/LPD</td>
</tr>
<tr>
<td>04-14-2000</td>
<td>No Operators License</td>
<td>Infraction</td>
<td>Lancaster Co/LPD</td>
</tr>
<tr>
<td>09-26-2000</td>
<td>Speeding 11-15over</td>
<td>Infraction</td>
<td>Cass Co/NSP</td>
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</tbody>
</table>

The investigation showed no criminal convictions for Mr. Makovichka.

The 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.

JEFFREY J. BLIEMEISTER, Chief of Police
1/3/2018

To: CITY CLERK OF LINCOLN
Email: TMEIER@LINCOLN.NE.GOV
Manager Name: BRIAN J MAKOVICKA
Licensee Name: WHITEHEAD OIL COMAPANY
Licensee Trade Name: U-STOP #6
License Number: D-105113
Due Date: Tuesday, February 20, 2018

I have attached a copy of a new manager application that was submitted to the Nebraska Liquor Control Commission. Please complete the following information below to indicate your recommendation. Send back to TRACY at tracy.burmeister@nebraska.gov or fax to 402-471-2814. If you have questions concerning this matter, please contact our office at 402-471-2572.

_______  APPROVED
_______  NO LOCAL RECOMMENDATION
_______  DENIED

COMMENTS (YOU MAY ATTACH MINUTES AND/OR ADDITIONAL NOTES):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Clerk Signature: __________________________
Date: __________________________
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

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 card or print out document from Secretary of State website
✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form MUST be included with your application
✓ 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: Whitehead Oil Company

Premise information

Liquor License Number: 105113 Class Type D (if new application leave blank)
Premise Trade Name/DBA: U-Stop #6
Premise Street Address: 942 S. 27th St.
City: Lincoln County: Lancaster Zip Code: 68510
Premise Phone Number: 402-477-8990
Premise Email address: tlaFAVE@u-stop.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. To see authorized officers or members search your license information here.

[Signature]

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)
Manager’s information must be completed below  PLEASE PRINT CLEARLY

Makovicka  
First Name: Brian  
MI: J

Home Address: 4640 S. 86th Ct. 

City: Lincoln  
County: Lancaster  
Zip Code: 68526

Home Phone Number: 402-540-2144

Driver’s License Number & State

Social Security Number.

Date Of Birth  
Place Of Birth: Lincoln, NE

Email address: bmakovicka@u-stop.com

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

☐ YES  ☐ NO

Spouse’s information

Makovicka  
First Name: Lynda  
MI: C

Social Security Number.

Driver’s License Number & State

Date Of Birth:  
Place Of Birth: Lincoln, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

<table>
<thead>
<tr>
<th>CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
<th>CITY &amp; STATE</th>
<th>YEAR FROM</th>
<th>YEAR TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln, NE</td>
<td>1998</td>
<td>Present</td>
<td>Lincoln, NE</td>
<td>1998</td>
<td>Present</td>
</tr>
</tbody>
</table>
**MANAGER'S LAST TWO EMPLOYERS**

<table>
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<tr>
<th>YEAR FROM</th>
<th>TO</th>
<th>NAME OF EMPLOYER</th>
<th>NAME OF SUPERVISOR</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>Present</td>
<td>Whitehead Oil Company</td>
<td>Mike Wilson</td>
<td>402-435-3509</td>
</tr>
</tbody>
</table>

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, **include traffic violations**. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

   □ YES  
   X NO

   If yes, please explain below or attach a separate page.

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Date of Conviction (mm/yyyy)</th>
<th>Where Convicted (City &amp; State)</th>
<th>Description of Charge</th>
<th>Disposition</th>
</tr>
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</table>

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: 04-14-2016  Name on Certificate: Brian Makovicka

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Date (mm/yyyy)</th>
<th>Name of program (attach copy of course completion certificate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Makovicka</td>
<td>04/14/2016</td>
<td>Responsible Hospitality Council</td>
</tr>
</tbody>
</table>

*For list of NLCC Certified Training Programs see [training](#)

Experience:

<table>
<thead>
<tr>
<th>Applicant Name / Job Title</th>
<th>Date of Employment:</th>
<th>Name &amp; Location of Business:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Makovicka/Supervisor</td>
<td>06/1998</td>
<td>U-Stop Shops Supervisor of Stores</td>
</tr>
</tbody>
</table>

5. Have you enclosed form 147 regarding fingerprints?
   - YES  - NO
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. (See §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

ACKNOWLEDGEMENT

State of Nebraska
County of ____________________________

The foregoing instrument was acknowledged before me this 28th Day of December 2017 by Brian J. Makovicka and Lynda C. Makovicka

NAME OF PERSON BEING ACKNOWLEDGED

Notary Public signature

Affix Seal

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.
I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. The penalty guideline for violation of this affidavit is cancellation of the liquor license.

I acknowledge that I am the applicant of the non-participating spouse of the individual signing below. I understand that my spouse and I are responsible for compliance with the conditions set out above. If, it is determined that my spouse has violated (§53-125(13)) the commission may cancel or revoke the liquor license.

Signature of NON-PARTICIPATING SPOUSE
Lynda C. Makovicka

Signature of APPLICANT
Brian J. Makovicka

Print Name
Lynda C. Makovicka
Print Name
Brian J. Makovicka

State of Nebraska, County of Lancaster
State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me this 28th Day of December, 2017 (date)
The foregoing instrument was acknowledged before me this 28th Day of December, 2017 (date)

by Lynda C. Makovicka
by Brian J. Makovicka

Name of person acknowledged
(Individual signing document)
Name of person acknowledged
(Individual signing document)

Notary Public Signature
C. A. McLain
Notary Public Signature
C. A. McLain

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 116
REV NOV 2016
Page 1
SUBMISSION 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.lic.nebraska.gov

Applicant Name: Whitehead Oil Company
(Corporation, LLC, Partnership or Individual)

Trade Name: U-Stop #6
(Doing Business As)

402-435-3509 tlafave@u-stop.com
Phone Number Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

• FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.

• See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Applicant Guidelines".

• DO NOT send fee payments to the NLCC – fees MUST be paid directly to NSP;

• Fee payment of $45.25 per person MUST be made DIRECTLY to the Nebraska State Patrol; It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/nsp
Or a check made payable to NSP can be mailed directly to the following address:
***Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License***
The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521

• 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.

Please complete information on the following pages for EACH person fingerprinted.
1. Name: Brian J Makovicka Date of Birth: ____________ Last 4 SSN: ________
   Date fingerprints were taken: 12/28/2017 Location where fingerprints were taken: NSP
   How was payment made to NSP?  ☐ NSP PAYPORT  ☐ CASH  ☐ CHECK SENT TO NSP Ck # ________
   My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES ☐

2. Name: ___________________________ Date of Birth: ____________ Last 4 SSN: ________
   Date fingerprints were taken: __________ Location where fingerprints were taken: ______________________
   How was payment made to NSP? ☐ NSP PAYPORT ☐ CASH ☐ CHECK SENT TO NSP Ck # __________
   My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES ☐

3. Name: ___________________________ Date of Birth: ____________ Last 4 SSN: ________
   Date fingerprints were taken: __________ Location where fingerprints were taken: ______________________
   How was payment made to NSP? ☐ NSP PAYPORT ☐ CASH ☐ CHECK SENT TO NSP Ck # __________
   My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES ☐

4. Name: ___________________________ Date of Birth: ____________ Last 4 SSN: ________
   Date fingerprints were taken: __________ Location where fingerprints were taken: ______________________
   How was payment made to NSP? ☐ NSP PAYPORT ☐ CASH ☐ CHECK SENT TO NSP Ck # __________
   My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES ☐

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR, 16.34.

I hereby certify that fees of $45.25 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): Teresa L NaFauw Title: Exec Ass't

Signature: Teresa L NaFauw Date: 1/2/2018

FORM 147
REV DEC 2016
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