

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 Makovicka be approved as the manager of the Class D-105113 liquor license.

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

Mr. Makovicka's criminal and driver history is as follows:

02-20-1996	Speeding 11-15over	Infraction	Lancaster Co/LPD
04-14-2000	No Operators License	Infraction	Lancaster Co/LPD
09-26-2000	Speeding 11-15over	Infraction	Cass Co/NSP

The investigation showed no criminal convictions for Mr. Makovicka.

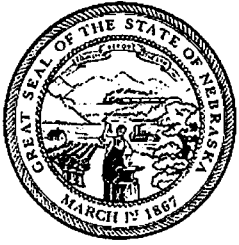
The application is included for your review.

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





Pete Ricketts
Governor

STATE OF NEBRASKA
NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814 or (402) 471-2374
TRS USER 800 833-7352 (TTY)
Web address <http://www.lcc.nebraska.gov/>

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: _____

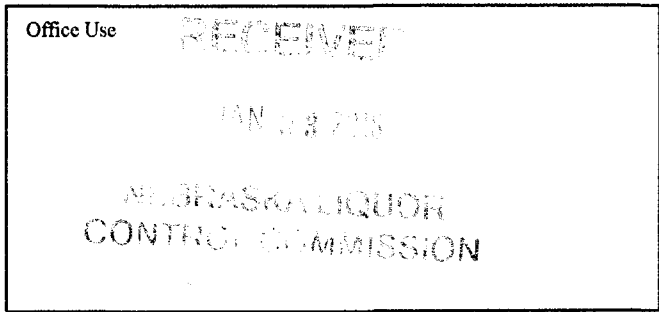
Janice M. Wiebusch
Commissioner

Robert Batt
Chairman
An Equal Opportunity Employer



**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](#).

A handwritten signature in black ink, appearing to read "Mark A. Whitehead".

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: 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

Spouses Last Name: 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
APPLICANT **SPOUSE**

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1998	Present	Lincoln, NE	1998	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1998	Present	Whitehead Oil Company	Mike Wilson	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, **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



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

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

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Brian Makovicka	04/14/2016	Responsible Hospitality Council

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Brian Makovicka/Supervisor	06/1998	U-Stop Shops Supervisor of Stores

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. (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.

Brian J. Makovicka
Signature of Manager Applicant

Lynda C. Makovicka
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of LANCASTER

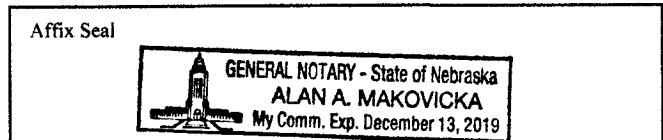
The foregoing instrument was acknowledged before me this

28th Day of December 2017
date

by Brian J. Makovicka and Lynda C. Makovicka
NAME OF PERSON BEING ACKNOWLEDGED

Alan A. Makovicka

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.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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

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.

Lynda C Makovicka
Signature of **NON-PARTICIPATING SPOUSE**

Lynda C Makovicka
Print Name

Brian J Makovicka
Signature of **APPLICANT**

Brian J Makovicka
Print Name

State of Nebraska, County of Lancaster

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

by Lynda C Makovicka
**Name of person acknowledged
(Individual signing document)**

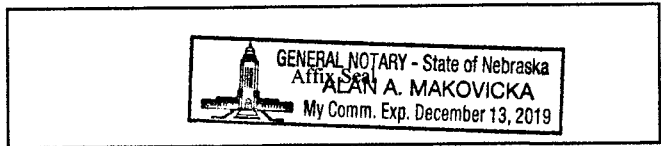
State of Nebraska, County of Lancaster

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

by Brian J. Makovicka
**Name of person acknowledged
(Individual signing document)**

Alan A. Makovicka
Notary Public Signature

Alan A. Makovicka
Notary Public Signature



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.

**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.lcc.nebraska.gov

RECEIVED JAN 08 2016 NEBRASKA LIQUOR CONTROL COMMISSION	
Office Use Only	
Class:	License #:

Applicant Name: **Whitehead Oil Company**

(Corporation, LLC, Partnership or Individual)

Trade Name: **U-Stop #6**

(Doing Business As)

402-435-3509

Phone Number

tlafave@u-stop.com

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 LaFare Title: Exec Assistant

Signature: Teresa LaFare Date: 1/2/2018