



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
TSR USER 800-833-7252 (TTY)
Web Address <http://www.lcc.nebraska.gov/>

March 25, 2019

To: COUNTY CLERK OF Lancaster
Email: branchedoaklake@gmail.com
Manager Name: Michael McClelland
Licensee Name: Ely's Service Inc
Licensee Trade Name (DBA): Branched Oak Marina
License Number: B-043311
Date Due: 05-09-2019

RECEIVED
MAR 25 2019
LANCASTER COUNTY
CLERK

I have attached a copy of a new corporate manager application that was submitted to the Nebraska Liquor Control Commission. Please complete the following information below to indicate your recommendation. Send back to Mary Beth Olson at mary.olson@nebraska.gov or fax to (402) 471-2814. If you have questions concerning this matter, please contact our office at (402) 471-4893.

_____ APPROVED
_____ NO LOCAL RECOMMENDATION
_____ DENIED

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

Clerk Signature: _____ Date: _____

MBO

Janice M. Wiebusch
Commissioner

Bruce Bailey
Chairman

Harry Hoch
Commissioner

**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:

- ✓ 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: Elys Service Inc dba Branched Oak Marina

Premise information

Liquor License Number: 043311 Class Type B (if new application leave blank)

Premise Trade Name/DBA: Branched Oak Marina

Premise Street Address: 10001 W. Davey Rd

City: Raymond County: Lancaster Zip Code: 68428

Premise Phone Number: 402-783-3311

Premise Email address: branchedoaklabe@gmail.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 REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1986	2019	United Tech. Aerospace	Ruth Pohl	402-362-7461

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: N/A Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

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.

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 an FBI identification record are set forth in Title 28, CFR, 16.34.

Michael P. McClelland
Signature of Manager Applicant

Marjorie McClelland
Signature of Spouse

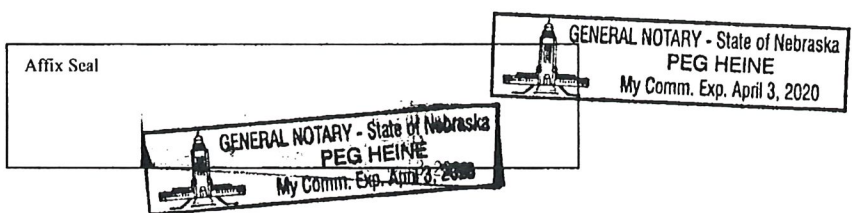
ACKNOWLEDGEMENT

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

3-19-19
date

by Michael P McClelland Marjorie McClelland
NAME OF PERSON BEING ACKNOWLEDGED

Peg Heine
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.

**PRIVACY ACT STATEMENT/
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



THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED:

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE
- 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 LIVESCAN 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 may be released to the applicants;
Fingerprint cards should be submitted with the application.

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.

Trade Name: Branched Oak Marina

Name of Person Bring Fingerprinted: Michael P. McClelland

Date of Birth: 04/06/1958 Last 4 SSN: 5884 Date fingerprints were taken: 3/19/19

Location where fingerprints were taken: York County

How was payment made to NSP?

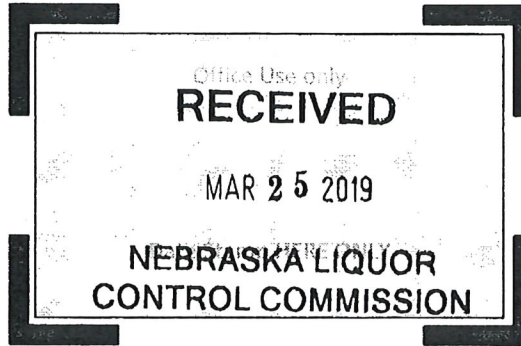
NSP PAYPORT CASH CHECK SENT TO NSP CK # 814

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

Michael P. McClelland
SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

**PRIVACY ACT STATEMENT/
SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
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LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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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.

Trade Name: Branched Oak Marina
Name of Person Bring Fingerprinted: Marjorie McClelland
Date of Birth: 11-24-1959 Last 4 SSN: 9731 Date fingerprints were taken: 3/19/19
Location where fingerprints were taken: York County
How was payment made to NSP?
 NSP PAYPORT CASH CHECK SENT TO NSP CK # 815
My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

A handwritten signature in black ink, appearing to read "Marjorie McClelland", written over a horizontal line.

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

1. PLACE OF BIRTH a. COUNTY Salt Lake		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Utah b. COUNTY Salt Lake	
b. CITY, TOWN, OR LOCATION Salt Lake City		c. CITY, TOWN, OR LOCATION Murray	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Salt Lake General Hospital		d. STREET ADDRESS 1297 Bullion St.	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME (Type or print) First Middle Last Marjorie Grace Butcher		6. DATE OF BIRTH Month Day Year November 24 1959	
4. SEX Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		5. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
7. NAME First Middle Last Charles Delbert Butcher		8. COLOR OR RACE White	
9. AGE (At time of this birth) 30 YEARS		10. BIRTHPLACE (State or foreign country) Utah	
11a. USUAL OCCUPATION Carpenter		11b. KIND OF BUSINESS OR INDUSTRY	
12. MAIDEN NAME First Middle Last Nancy B. McNabb		13. COLOR OR RACE White	
14. AGE (At time of this birth) 31 YEARS		15. BIRTHPLACE (State or foreign country) Colorado	
17. INFORMANT'S SIGNATURE <i>[Signature]</i>		16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? 8 b. How many OTHER children were born alive but are now dead? 0 c. How many fetal deaths (fetus was dead at ANY time after conception)? 6	
18. MOTHER'S MAILING ADDRESS 1297 Bullion St. Murray, Utah			
19. DATE RECD. BY LOCAL REG. JAN 1 1960		20. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
18a. SIGNATURE <i>[Signature]</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
18c. ADDRESS 2033 So. State St. VI		18d. DATE SIGNED 12-22-59	
21. DATE ON WHICH GIVEN NAME ADDED		BY (Registrar)	

STATE OF UTAH)
CO. OF SALT LAKE) SS
THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL
CERTIFICATE ON FILE IN THE UTAH STATE DEPT. OF HEALTH.

DATE 19 *[Signature]*
DIRECTOR, DIVISION OF VITAL STATISTICS

Kelly Turner
(402) 362-7759
County Clerk
York County Clerk
510 N Lincoln Ave
York, Ne 68467

NE 680
Return Service Requested



Acknowledgement & Verification of Registration

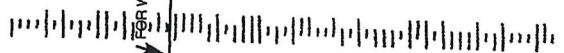
IMPORTANT INFORMATION ON BACK

DETACH AT PERFORATION AND KEEP ENTIRE BOTTOM PORTION

Precinct: Ward 3
Polling Place: Party: NONP
City Auditorium-York
612 N Nebraska Ave
York
U.S. Congressional District 3
Legislative District 24
York Public Schools
County Commissioner District 1

York County, State of Nebraska
3710646
Marjorie G McClelland
204 N Burlington Ave
York, NE 68467

FOR WALLET SIZE • FOLD HERE



Monet J. McCullen

From: Justin L. Daniel
Sent: Tuesday, March 26, 2019 2:58 PM
To: Monet J. McCullen
Cc: Laura G. Conant; David A. Voboril; Kelsey A. Varisco; 'Kahler, Dan'
Subject: FW: Manager application - Michael McClelland
Attachments: 20190326074745445.pdf

Hi Monet,

Branched Oak Marina is on State Game and Parks Property. The Lincoln-Lancaster County Health Department has no local recommendation. I am CC'ing Dan Kahler of Nebraska Dept. of Agriculture to see if this is something NDA will review.

Justin L. Daniel, REHS, CP-FS
Environmental Health Supervisor
Lincoln-Lancaster County Health Department
402-441-8033 (phone)
402-441-6206 (fax)

From: Kelsey A. Varisco
Sent: Tuesday, March 26, 2019 11:27 AM
To: Justin L. Daniel <jdaniel@lincoln.ne.gov>
Subject: FW: Manager application - Michael McClelland

Hi Justin,
Can you please reply to Monet?
Thanks,
Kelsey

From: Monet J. McCullen
Sent: Tuesday, March 26, 2019 7:58 AM
To: Amy L. Shandera <AShandera@lancaster.ne.gov>; Barbi M. Loschen <bloschen@lancaster.ne.gov>; David A. Derbin <DDerbin@lancaster.ne.gov>; David R. Cary <dcary@lincoln.ne.gov>; Greg R. Topil <gtopil@lincoln.ne.gov>; Jenifer T. Holloway <JHolloway@lancaster.ne.gov>; Josh D. Clark <JClark@lancaster.ne.gov>; Justin L. Daniel <jdaniel@lincoln.ne.gov>; Kelsey A. Varisco <KVarisco@lincoln.ne.gov>; Ken D. Schroeder <kschroeder@lancaster.ne.gov>; Robert K. Simmering <RSimmering@lincoln.ne.gov>; Steve S. Henrichsen <shenrichsen@lincoln.ne.gov>; Terry A. Kathe <tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>
Subject: Manager application - Michael McClelland

Hello,
I have received a managers application for Michael McClelland for Branched Oak Marina. I have set the public hearing for April 23, 2019. Please have recommendations back to me by Wednesday, April 17, 2019.

Thanks,

Monét McCullen
County Clerk's Office

Monet J. McCullen

From: Tom J. Cajka
Sent: Wednesday, March 27, 2019 8:18 AM
To: Monet J. McCullen
Subject: RE: Manager application - Michael McClelland

No review required.

Tom Cajka, Planner II
County Planner
Lincoln-Lancaster County Planning
402-441-5662

From: Monet J. McCullen
Sent: Tuesday, March 26, 2019 7:58 AM
To: Amy L. Shandera <AShandera@lancaster.ne.gov>; Barbi M. Loschen <bloschen@lancaster.ne.gov>; David A. Derbin <DDerbin@lancaster.ne.gov>; David R. Cary <dcary@lincoln.ne.gov>; Greg R. Topil <gtopil@lincoln.ne.gov>; Jenifer T. Holloway <JHolloway@lancaster.ne.gov>; Josh D. Clark <JClark@lancaster.ne.gov>; Justin L. Daniel <jdaniel@lincoln.ne.gov>; Kelsey A. Varisco <KVarisco@lincoln.ne.gov>; Ken D. Schroeder <kschroeder@lancaster.ne.gov>; Robert K. Simmering <RSimmering@lincoln.ne.gov>; Steve S. Henrichsen <shenrichsen@lincoln.ne.gov>; Terry A. Kathe <tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>
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Thanks,

Monét McCullen
County Clerk's Office
402.441.7485

Office of the Sheriff Lancaster County

Terry T. Wagner
Sheriff

Todd Duncan
Chief Deputy

575 S. 10th Street, Lincoln, Nebraska 68508-2869
Phone (402) 441-6500 Fax (402) 441-8320



March 26, 2019

Ms. Monet McCullen
Lancaster County Clerk's Office
County-City Building
Lincoln, NE 68508

Re: Application for Manager for Michael McClelland reference Ely's Service Inc. dba
Branched Oak Marina

Dear Ms. McCullen:

This letter is regarding an application for Manager for Michael McClelland reference Ely's Service Inc, dba Branched Oak Marina, located at 10001 W Davey Road, Raymond, Lancaster County, Nebraska.

In examining the application submitted I noted that Mr. McClelland does not have contact with any local law enforcement listed in Lancaster County and has not had anything listed through the state of Nebraska according to the state database. The Lancaster County Sheriff's Office has no statutory reason to recommend denial of this application.

Sincerely,

Terry T. Wagner
Lancaster County Sheriff

Monet J. McCullen

From: Justin L. Daniel
Sent: Tuesday, April 09, 2019 8:37 AM
To: Monet J. McCullen
Subject: FW: Manager application - Michael McClelland

Monet,
FYI, Nebraska Dept. of Agriculture will leave it up to the Liquor Control Commission for the manager approval.

Justin

From: Kahler, Dan [mailto:dan.kahler@nebraska.gov]
Sent: Monday, April 08, 2019 5:51 PM
To: Justin L. Daniel <jdaniel@lincoln.ne.gov>
Subject: RE: Manager application - Michael McClelland

No. That's a Liquor Control Commission process as far as I know.

DAN KAHLER, REHS
Program Manager | Food Safety & Consumer Protection

Nebraska Department of Agriculture
Office 402-471-3422
Cell 402-429-0870

dan.kahler@nebraska.gov
nda.nebraska.gov | Facebook | Twitter

From: Justin L. Daniel <jdaniel@lincoln.ne.gov>
Sent: Monday, April 08, 2019 10:37 AM
To: Kahler, Dan <dan.kahler@nebraska.gov>
Subject: FW: Manager application - Michael McClelland

Hi Dan,
Does your office approve "Managers" for their liquor licenses? We have one on Branched Oak Marina that our County Clerk is asking about. LLCHD does not regulate properties on State Game and Parks (Branched Oak) property.

Justin

From: Monet J. McCullen
Sent: Friday, April 05, 2019 10:19 AM
To: Justin L. Daniel <jdaniel@lincoln.ne.gov>
Cc: Laura G. Conant <LConant@lincoln.ne.gov>; David A. Voboril <dvoboril@lincoln.ne.gov>; Kelsey A. Varisco <KVarisco@lincoln.ne.gov>; 'Kahler, Dan' <dan.kahler@nebraska.gov>
Subject: RE: Manager application - Michael McClelland

Hi Justin,
Just checking in to see if you heard back from Mr. Kahler regarding the manager application regarding Michael McClelland?

Thanks,
Monét

From: Justin L. Daniel
Sent: Tuesday, March 26, 2019 2:58 PM
To: Monet J. McCullen <MMcCullen@lancaster.ne.gov>
Cc: Laura G. Conant <LConant@lincoln.ne.gov>; David A. Voboril <dvoboril@lincoln.ne.gov>; Kelsey A. Varisco <KVarisco@lincoln.ne.gov>; 'Kahler, Dan' <dan.kahler@nebraska.gov>
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Justin L. Daniel, REHS, CP-FS
Environmental Health Supervisor
Lincoln-Lancaster County Health Department
402-441-8033 (phone)
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Monet J. McCullen

From: Ken D. Schroeder
Sent: Tuesday, April 16, 2019 2:04 PM
To: Monet J. McCullen; Amy L. Shandera; Barbi M. Loschen; David A. Derbin; David R. Cary; Greg R. Topil; Jenifer T. Holloway; Josh D. Clark; Justin L. Daniel; Kelsey A. Varisco; Robert K. Simmering; Steve S. Henrichsen; Terry A. Kathe; Tom J. Cajka
Cc: Pamela L. Dingman
Subject: RE: Manager application - Michael McClelland

Monet,
Upon review, this office has no direct objections to this submittal.
Ken

From: Monet J. McCullen
Sent: Tuesday, March 26, 2019 7:58 AM
To: Amy L. Shandera <AShandera@lancaster.ne.gov>; Barbi M. Loschen <bloschen@lancaster.ne.gov>; David A. Derbin <DDerbin@lancaster.ne.gov>; David R. Cary <dcary@lincoln.ne.gov>; Greg R. Topil <gtopil@lincoln.ne.gov>; Jenifer T. Holloway <JHolloway@lancaster.ne.gov>; Josh D. Clark <JClark@lancaster.ne.gov>; Justin L. Daniel <jdaniel@lincoln.ne.gov>; Kelsey A. Varisco <KVarisco@lincoln.ne.gov>; Ken D. Schroeder <kschroeder@lancaster.ne.gov>; Robert K. Simmering <RSimmering@lincoln.ne.gov>; Steve S. Henrichsen <shenrichsen@lincoln.ne.gov>; Terry A. Kathe <tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>
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