

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/

RECEIVED

March 25, 2019

To:

Email:	branchedoaklake@gmail.com	I have been I V have
Manager Name:	Michael McClelland	MAR 2 5 2019
Licensee Name:	Ely's Service Inc	LANCASTER COUNTY CLERK
Licensee Trade Name (DBA):	Branched Oak Marina	· · · · · · · · · · · · · · · · · · ·
License Number:	B-043311	
Date Due:	05-09-2019	
Liquor Control Commission. recommendation. Send back to 2814. If you have questions cor	w corporate manager application that was s Please complete the following information o Mary Beth Olson at mary.olson@nebraska ncerning this matter, please contact our office	n below to indicate your <u>a.gov</u> or fax to (402) 471-
APPROVED		
NO LOCAL RECO	MMENDATION	
DENIED		
COMMENTS: (YOU MAY ATTACH	MINUTES AND/OR ADDITIONAL NOTES)	
Clerk Signature:	Date:	
MBO		

COUNTY CLERK OF Lancaster

MANAGER APPLICATION INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571

PHONE: (402) 471-25 FAX: (402) 471-2814

Website: www.lcc.nebraska.gov

Office Use

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MAR 2 5 2019

NEBRASKA LIQUOR CONTROL COMMISSION

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 Sha Branchad Pak Marine
Premise information
Liquor License Number: 043311 Class Type B (if new application leave blank)
Premise Trade Name/DBA: Branched Ook Warına
Premise Street Address: 10001 W. Davey Pd
City: Ray Mand County: Lay Custer. Zip Code: 68428
Premise Phone Number: 462 - 783 - 3311
Premise Email address: branchodoaklak a 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.
SM

SIGNATURE RÉQUIRED BY CORPORATE OFFICER/MANAGING MEMBER

(Faxed signatures are acceptable)

Last Name: McClelland First Name: Michael MI: P
Last Name: McClelland First Name: Michael MI: P Home Address: 204 N. Burlington AVE
City: York County: York Zip Code: 68467
Home Phone Number: 402-366-2150
Driver's License Number & State:
Social Security Number:
Date Of Birth: 04-06-1958 Place Of Birth: St. Petersburg, Florida
Email address:
Spouse's information Spouses Last Name: McClelland First Name: Marjor (e MI: G Social Security Number:
Driver's License Number & State: 11400 1 1
Driver's License Number & State: 1140a 1 1 Date Of Birth: 11-24-1959 Place Of Birth: S. L.C., UT APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS
Driver's License Number & State: 1140a 1 1 Date Of Birth: 11-24-1959 Place Of Birth: S.L.C., UT APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS
Driver's License Number & State: 11400 111 Date Of Birth: 11-24-1959 Place Of Birth: S. L.C., UT APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS APPLICANT CITY & STATE YEAR FROM TO CITY & STATE FROM TO
Driver's License Number & State: 1140a 1 1 Date Of Birth: 11-24-1959 Place Of Birth: S. L.C., UT APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS APPLICANT SPOUSE CITY & STATE YEAR YEAR FROM TO CITY & STATE FROM TO
Driver's License Number & State: 11204 1 1 1 1 1 1 1 1 1

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1986 2019	united Tech. Aeros	pace 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 <u>anyone</u> who is a party to this application, or their spouse, <u>EVER</u> been convicted of or plead guilty to any <u>charge</u>. <u>Charge</u> means <u>any</u> charge <u>alleging</u> 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, <u>include traffic violations</u>. 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
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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
,				

Have very o	r your spouse ever been approved or made application for a liquor license in Nebraska or
any other st	
☐YES	NO
IF YES, lis	t the name of the premise(s):
Do you as	manager, qualify under Nebraska Liquor Control Act (853-131 01) and do you intend to
	a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to n person, the management of the business?

Applicant Name / Joh Title Date of Name & Location of Business
Applicant Name / Job Title Date of Name & Location of Rusiness:
Applicant Name / Joh Title Date of Name & Location of Rusiness
ence: Applicant Name / Joh Title Date of Name & Location of Business:
ience: Applicant Name / Joh Title Date of Name & Location of Rusiness:
Applicant Name / Joh Title Date of Name & Location of Business:
Employment: Name & Eocation of Business.

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 D. M. Signature of Manager Applicant

Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska County of	The foregoing instrument was acknowledged before me this
/ 3-19-19	by Michael PMoclelland Marjorie Modelland
date	NAME OF PERSON BEING ACKNOWLEDGED
7/2	GENERAL NOTARY - State of Nebraska
Notary Public signature	Affix Scal PEG HEINE My Comm. Exp. April 3, 2020
	GENERAL NOTARY - State of Nebraska PEG HEINE
	My Comm. Exp. Amb & 2000

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 <u>MUST</u> be made <u>DIRECTLY</u> to the Nebraska State Patrol; It is recommended to make payment through the NSP PayPort online system at <u>www.ne.gov/go/nsp</u> Or a check made payable to <u>NSP</u> 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.

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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 Counter
How was payment made to NSP? □NSP PAYPORT □CASH □CHECK SENT TO NSP CK # 8/4 My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES □
Michel P. Mª Call
SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

FORM 147 REV MAY 2018

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

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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.
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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 # 8 15
My fingerprints are already on file with the commission – fingerprints completed for a previous
application less than 2 years ago? YES
MISOM esta
SIGNATURE REQUIRED OF PERSON BEING FINGER PRINTED

FORM 147 REV MAY 2018

CERTIFIED COPY

I MEREBY CERTIFY THE COPY REPRODUCED BELOW TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS OF THE STATE OF FLORIDA, 'DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, AT JACKSONVILLE, FLORIDA.

(NOT VALID UNLESS THE SEAL OF THE STATE OF FLORIDA. DEPARTMENT OF MEALTH AND REHABILITATIVE SERVICES, IS APPERED.)

JUN 2 3 1978

Tueselt H. Williams,

DEPARTMENT OF HEALTH AND REHABILITATIVE

BINIVICE

CERTIFIC STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	CATE OF LIVE BIRTH NO. 109- '58 - 030645
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i city town and and and	CODE NO. CITY, TOWN, OR LOCATION
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MOUND PARK HOSPITA	1 3411 66 - AVENUE North
(IS PLACE OF BIRTH INSIDE CITY LIMITS) YES NO [IS RESIDENCE INSIDE CITY LIMITS! /. IS RESIDENCE ON A FARM!
S NAME Net	YES □ NO □ 62-53 YES □ NO □
(Type or print)	
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Kelly Turner	O14,4144
(402) 362-7759 County Clerk	*faxe-
York County Clerk	Return Service Requested 19 MAR 201
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York, Ne 68467	
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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, Kelsev

From: Monet J. McCullen

Sent: Tuesday, March 26, 2019 7:58 AM

To: Amy L. Shandera <<u>AShandera@lancaster.ne.gov</u>>; Barbi M. Loschen <<u>bloschen@lancaster.ne.gov</u>>; David A. Derbin <<u>DDerbin@lancaster.ne.gov</u>>; David R. Cary <<u>dcary@lincoln.ne.gov</u>>; Greg R. Topil <<u>gtopil@lincoln.ne.gov</u>>; Jenifer T.

Holloway < JHolloway@lancaster.ne.gov >; Josh D. Clark < JClark@lancaster.ne.gov >; Justin L. Daniel

<idaniel@lincoln.ne.gov</p>
; Kelsey A. Varisco <</p>
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 <tale >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

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 <blookshen@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 402.441.7485

Office of the Sheriff Lancaster County

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

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 <idaniel@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 < idaniel@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

<<u>KVarisco@lincoln.ne.gov</u>>; 'Kahler, Dan' <<u>dan.kahler@nebraska.gov</u>>

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 >

Subject: FW: Manager application - Michael McClelland

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 < <u>idaniel@lincoln.ne.gov</u>>

Subject: FW: Manager application - Michael McClelland

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

From: Monet J. McCullen

Sent: Tuesday, March 26, 2019 7:58 AM

To: Amy L. Shandera <<u>AShandera@lancaster.ne.gov</u>>; Barbi M. Loschen <<u>bloschen@lancaster.ne.gov</u>>; David A. Derbin <<u>DDerbin@lancaster.ne.gov</u>>; David R. Cary <<u>dcary@lincoln.ne.gov</u>>; Greg R. Topil <<u>gtopil@lincoln.ne.gov</u>>; Jenifer T.

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Hello,

Kelsey

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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.

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<shenrichsen@lincoln.ne.gov>; Terry A. Kathe <tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>

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Monét McCullen County Clerk's Office 402.441.7485