

BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF LANCASTER COUNTY, NEBRASKA

CORPORATE MANAGER LIQUOR LICENSE)
APPLICATION OF MICHAEL MCCLELLAND)
IN CONNECTION WITH A CLASS B LIQUOR) RESOLUTION NO. R-19-0034
LICENSE FOR ELY’S SERVICE INC D/B/A)
BRANCHED OAK MARINA, 10001 W. DAVEY)
RD, LANCASTER COUNTY, NEBRASKA)

WHEREAS, Neb. Rev. Stat. § 53-134 (2016 Supp.), provides, in part, that:

The local governing body of any city or village with respect to licenses within its corporate limits and the local governing body of any county with respect to licenses not within the corporate limits of any city or village but within the county shall have the following powers, functions, and duties with respect to retail, craft brewery, microdistillery, and entertainment district licenses . . . (7) Upon receipt from the commission of the notice and copy of application as provided in section 53-131, to fix a time and place for a hearing at which the local governing body shall receive evidence, either orally or by affidavit from the applicant and any other person, bearing upon the propriety of the issuance of a license. Notice of the time and place of such hearing shall be published in a legal newspaper in or of general circulation in such city, village, or county one time not less than seven and not more than fourteen days before the time of the hearing. Such notice shall include, but not be limited to, a statement that all persons desiring to give evidence before the local governing body in support of or in protest against the issuance of such license may do so at the time of the hearing. Such hearing shall be held not more than forty-five days after the date of receipt of the notice from the commission, and after such hearing the local governing body shall cause to be recorded in the minute record of their proceedings a resolution recommending either issuance or refusal of such license. The clerk of such city, village, or county shall mail to the commission by first-class mail, postage prepaid, a copy of the resolution which shall state the cost of the published notice, except that failure to comply with this provision shall not void any license issued by the commission. If the commission refuses to issue such a license, the cost of publication of notice shall be paid by the commission from the security for costs.

WHEREAS, on or about March 25, 2019, the Lancaster County Clerk received from the

Nebraska Liquor Control Commission notice and a copy of the Manager Application of Michael McClelland in connection with a Class B liquor license for Ely's Service Inc d/b/a Branched Oak Marina, 10001 W. Davey Rd, Lancaster County, Nebraska;

WHEREAS, pursuant to the requirements of Neb. Rev. Stat. § 53-134, the Board of County Commissioners of Lancaster County set a time and place for a public hearing on said application, and published in the Lincoln Journal Star, notice of said public hearing as required by law;

WHEREAS, within forty-five days of receipt of said application from the Nebraska Liquor Control Commission, a public hearing was held on April 23, 2019 and April 30, 2019; and

WHEREAS on April 30, 2019, the County Board voted to recommend _____ of said Manager Application;

NOW, THEREFORE, BE IT RESOLVED, by the Board of County Commissioners of Lancaster County, Nebraska, that pursuant to the provisions of Neb. Rev. Stat. § 53-134, it should and hereby does recommend to the Nebraska Liquor Control Commission that said applications for a Manager liquor license be _____ for the above stated location;

AND, BE IT FURTHER RESOLVED, that the Lancaster County Clerk is hereby directed to mail a copy of this Resolution to the Nebraska Liquor Control Commission by United States First Class Mail, postage prepaid, this 30th day of April 2019.

DATED this ____ day of _____, 20 ____.

BY THE BOARD OF COUNTY
COMMISSIONERS OF LANCASTER
COUNTY, NEBRASKA

APPROVED AS TO FORM
this ____ day of _____, 20 ____.

Deputy County Attorney
for PAT CONDON
Lancaster County Attorney



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: Ely's 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

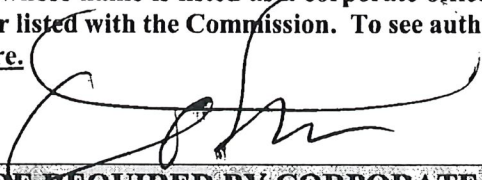
Premise Street Address: 10001 W. Davey Rd

City: Raymond County: Lancaster Zip Code: 68428

Premise Phone Number: 402-783-3311

Premise Email address: branchedoaklake@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 information must be completed below PLEASE PRINT CLEARLY

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: NE

Social Security Numl ---

Date Of Birth: 04-06-1958 Place Of Birth: St. Petersburg, Florida

Email address: _____

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: McClelland Name: Marjorie MI: G

Social Security Num _____

Driver's License Number & State: 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 FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>204 N. Burlington Ave</u>	<u>2009</u>	<u>current 2019</u>			
<u>York NE 68467</u>					

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: MA 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

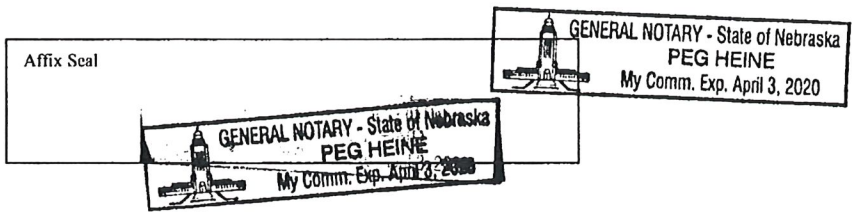
ACKNOWLEDGEMENT

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?

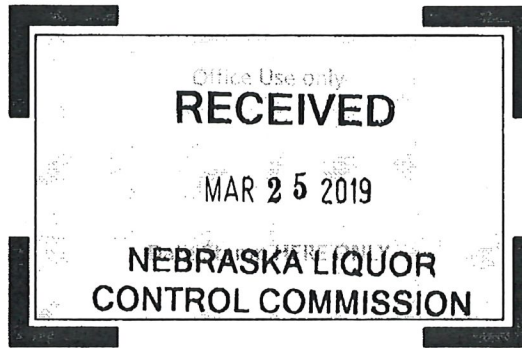
NSP PAYPORT CASH CHECK SENT TO NSP CK # 814

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
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
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Or a check made payable to NSP can be mailed directly to the following address:
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Fingerprint cards should be submitted with the 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 # 815
My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

CERTIFIED COPY

I HEREBY 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 HEALTH AND REHABILITATIVE SERVICES, IS AFFIXED.)

JUN 23 1978

Everett H. Williams, Jr.
STATE REGISTRAR FOR VITAL STATISTICS
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		CERTIFICATE OF LIVE BIRTH		BIRTH NO. 109-'58-030645	
FLORIDA				REGISTRAR'S NO.	
1. PLACE OF BIRTH a. COUNTY <i>Pinellas</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Florida</i>		b. COUNTY <i>Pinellas</i>	
3. CITY, TOWN, OR LOCATION <i>St Petersburg</i>		4. CODE NO. <i>62-10</i>	5. CITY, TOWN, OR LOCATION <i>St Petersburg Pinellas Park</i>		
6. NAME OF HOSPITAL (If not in hospital, give street address) <i>Round Park Hospital</i>		7. STREET ADDRESS <i>3411 66th Avenue North</i>		8. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
9. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		10. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
11. NAME (Type or print) First: <i>Michael</i> Middle: <i>Patrick</i> Last: <i>McClelland</i>					
12. SEX <i>Male</i>		13. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		14. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>	
15. DATE Month: <i>April</i> Day: <i>6</i> Year: <i>1958</i>					
16. NAME First: <i>Walter</i> Middle: <i>Harlow</i> Last: <i>McClelland</i>		17. BIRTHPLACE (State or foreign country) <i>Oregon</i>		18. USUAL OCCUPATION <i>Salesman and Manager of Western Florida</i>	
19. AGE (At time of this birth) <i>38</i> YEARS		20. BIRTHPLACE (State or foreign country) <i>California</i>		21. COLOR OR RACE <i>White</i>	
22. MARRIAGE First: <i>Carolyn</i> Middle: <i>Evelyn</i> Last: <i>Ramirez</i>		23. AGE (At time of this birth) <i>30</i> YEARS		24. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? <i>1</i> b. How many OTHER children were born alive but are now dead? <i>NONE</i> c. How many fetal deaths (fetuses born dead at ANY time after conception)? <i>NONE</i>	
25. INFORMANT <i>Mrs. Carolyn McClelland</i>		26. SIGNATURE <i>Everett H. Williams, Jr.</i>		27. ADDRESS <i>St. Petersburg, Florida</i>	
28. BY LOCAL REG. <i>R 10 1958</i>		29. REGISTRAR'S SIGNATURE <i>Emily B. Kren</i>		30. DATE SIGNED <i>April - 9 - 1958</i>	
		31. DATE ON WHICH GIVEN NAME ADDED		32. BY (Registrar)	

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

OMAHA

Return Service Requested 19 MAR 2015



Acknowledgement & Verification of Registration

IMPORTANT INFORMATION ON BACK

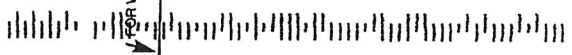
DETACH AT PERFORATION AND KEEP ENTIRE BOTTOM PORTION

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

3710643
Michael P McClelland
204 N Burlington Ave
York, NE 68467

FOR WALLET SIZE • FOLD HERE



1. PLACE OF BIRTH a. COUNTY Salt Lake		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) STATE Utah		b. COUNTY Salt Lake	
b. CITY, TOWN, OR LOCATION Salt Lake City		CITY, TOWN, OR LOCATION Murray			
c. NAME OF HOSPITAL OR INSTITUTION Salt Lake General Hospital		STREET ADDRESS 1297 Bullion St.		SCHOOL DIST.	
4. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		7. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME (Type or print) First Middle Last Marjorie Grace Butcher		4. SEX a. THIS BIRTH Fe. SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>	
6. DATE OF BIRTH Month Day Year November 24, 1959		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		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 total deaths (includes born dead at ANY time after conception)? 6	
17. INFORMANT'S SIGNATURE <i>[Signature]</i>		18. MOTHER'S MAILING ADDRESS 1297 Bullion St. Murray, Utah			
19. DATE RECD. BY LOCAL REG. JAN 11 1960		20. REGISTRAR'S SIGNATURE <i>[Signature]</i>		18a. ATTENDANT AT BIRTH M. D. <input type="checkbox"/> O. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
18b. SIGNATURE <i>[Signature]</i>		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 [] [] []
 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: 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>
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

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>

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 <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.

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>
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