



Dave Heineman
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

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

FILED

MAR - 5 2008

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

Admin. d
RHC
complete

March 3, 2008

LINCOLN CITY CLERK
555 S 10TH ST
LINCOLN NE 68508 3993

Dear Clerk:

Enclosed is a copy of a manager application for **Matthew Prusa** in connection with Whitehead Oil Co dba U Stop Convenience Shop, located at 942 S 27th, Lincoln NE.

Please present this application for manager to your Council and send us the results of their action.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Jenilyn A Cash
Licensing Division

jc
encl.

cc: file

LPD APPROVED - RHC complete
RLF 843

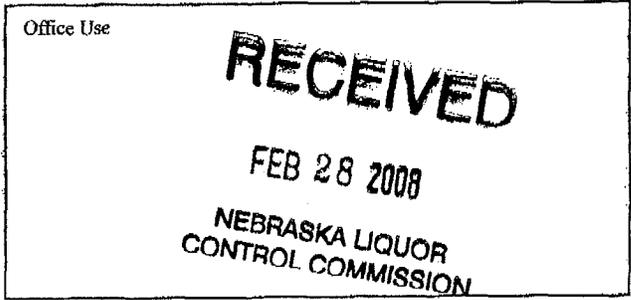
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

Pat Thomas
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.ne.gov



Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

je

Corporation/LLC information

Name of Corporation/LLC: Whitehead Oil Company

Premise information

Premise License Number: B 20039

Premise Trade Name/DBA: U-Stop Convenience Shop

Premise Street Address: 942 S. 27th St.

City: Lincoln

State: NE

Zip Code: 68510

Premise Phone Number: 402-477-8990

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Mark A. Whitehead

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



0800004281

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Prusa First Name: Matthew MI: M

Home Address (include PO Box if applicable): 1711 Hardwood St. Apt. 1

City: Lincoln State: NE Zip Code: 68502

Home Phone Number: 402-440-8956 Business Phone Number: 402-477-8990

Social Security Number: 506-21-3727 Drivers License Number & State: NE G02153725

Date Of Birth: 10-10-1972 Place Of Birth: Lincoln, NE

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: First Name:

MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth:

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

APPLICANT			SPOUSE		
CITY & STATE	YEAR		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, NE	1999	2008			
Kansas City, MO	1998	1999			

MANAGER'S LAST TWO EMPLOYERS

YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
2002	2008	Whitehead Oil Company	Brian Makovicka	402-435-3509
2000	2002	Papa John's Pizza	Jesse Hoffman	402-420-7272

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

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. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO If yes, please explain below or attach a separate page.

see attached

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

YES NO

PRINTS ENCLOSED

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.

Matthew Prusa

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lincoln

County of _____

The foregoing instrument was acknowledged before me this Wednesday, 2/2/08 by

The foregoing instrument was acknowledged before me this _____ by

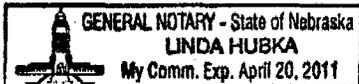
Matthew Prusa

Linda Hubka

Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.



LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

RECEIVED

FEB 28 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "***END OF LISTING***" does not appear at the bottom of this report, then this list is not complete.

FOR: MATTHEW M PRUSA , Male, DOB: 10-10-1972

Date of listing: 02-25-2008

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 05-18-1991	for (M)DRIVING UNDER INFLUENCE, FIRST OFFENSE	Case 91-045094
Disposed 09-20-1991	as (M)DRIVING UNDER INFLUENCE, FIRST OFFENSE	Cit# LA245246
FOUND GUILTY 1 YEARS PROBATION		
CONVICTION SET ASIDE		

*** END OF LISTING ***

Alliant Diagnostics, Inc.
951 Broken Sound Parkway NW
Suite 190
Boca Raton, FL 33487
Phone: (561) 826-8000
Fax: (561) 826-8001
www.alliantdiagnostics.com

Requested By:
Whitehead Oil Company
2537 Randolph Street
Lincoln, NE 68510
Phone: 402-435-3509
Fax: 402-435-5881

Applicant Information

Name: **PRUSA, MATTHEW M** Address: 1711 HARWOOD
SSN: ***-**-3727 APT #1
DOB: 10/10/1972 LINCOLN, NE 68502
Position:
Acct Code:
Status: **COMPLETED** Preferred Delivery Method: E-Mail

3 of 3 Orders have been completed. (100.00%)

Packages Ordered
SSN/NATL

Order Summary

Verification Type Detail	Order Verification Status			FLAGGED/ Discrepancy
	Order ID	Pending / In Progress	Completed	
Social Security Verification	13020279	[]	[x]	[]
National Criminal Database	13020280	[]	[x]	[]

Request from: Alliant Diagnostics, Inc.
Request by: Whitehead Oil Company

Name: PRUSA, MATTHEW M
SS#: ***-**-3727
Profile No: 2008022543989189

Order Detail

Packages Ordered
SSN/NATL

Order: 13020278

Services Ordered
Social Security Verification

Order: 13020279

Result:
3 Subjects Found.

SSN is valid. Issued in Nebraska (Issued In Year 1988)

PAUL L BLOMSTEDT

SSN: 506213727 DOB: -- Age:
Address: 8320 MAIN ST
OMAHA, NE 68127-3726
DOUGLAS County
05/2007 to 01/2008

MATTHEW M PRUSA

SSN: 506213727 DOB: 10-10-1972 Age: 35
Address: 2217 E ST
LINCOLN, NE 68510-2921
LANCASTER County
03/1993 to 01/2008

MATTHEW M PRUSA

SSN: 506213727 DOB: -- Age:
Address: 1143 S 176TH ST
APT 3
LINCOLN, NE 68520-9444
LANCASTER County
09/2002 to 11/2002

This product is a locator index that may be used exclusively to identify potential previous names and addresses the applicant may have used and to obtain the applicant's date of birth and verify the applicant's Social Security Number. The results of a search shall not be used directly for the purpose of making employment decisions. However, the results may be used to broaden the scope of employment related background checks to include additional jurisdictions and names beyond those that the applicant disclosed and to narrow the background check by including the applicant's date of birth in those cases where this information is not obtained from the applicant. The results of these expanded background checks may be used for making employment decisions in accordance with the FCRA and applicable state and local statutes. Important: The Public Records and commercially available data sources used in this system may have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. This system should not be relied upon as definitively accurate.

MMV20-I1408

National Criminal Database

Order: 13020280

Result:
Search Control Number: 81487
Jurisdictions Searched: ALL

Additional Names: 1
PAUL L BLOMSTEDT

Received: 02/25/2008
Completed: 02/25/2008

2 of 5

02/25/2008
2008022543989189

RECEIVED
FEB 28 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

Request from: Alliant Diagnostics, Inc.
Request by: Whitehead Oil Company

Name: PRUSA, MATTHEW M
SS#: ***-**-3727
Profile No: 2008022543989189

Services Ordered
National Criminal Database

Additional Services: Address History by SSN

Additional Services Results:

MATTHEW M PRUSA					
ADDRESS	CITY	STATE	ZIPCODE		
2217 E ST	LINCOLN	NE	68510	09/01/2004	
S 1143 176TH ST 3	LINCOLN	NE	68520	09/01/2002	
E 204 43RD ST	KANSAS CITY	MO	64111		
PAUL L BLOMSTEDT					
ADDRESS	CITY	STATE	ZIPCODE		
8320 MAIN ST	OMAHA	NE	68127	05/01/2007	

RECEIVED
FEB 28 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

Criminal Search Results

No Results Found!

There were no results found for the following jurisdictions:

End of Report

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

02/25/2008

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND
 HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 Bureau of Vital Statistics

72 19135

CERTIFICATE OF LIVE BIRTH ¹²⁵⁻ P-620 BIRTH NUMBER

1. CHILD - NAME FIRST MIDDLE LAST Matthew Mark Prusa			DATE OF BIRTH (MONTH, DAY, YEAR) October 10, 1972		TIME 4:50 P.M.
2. SEX Male	3. THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single	4. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		5. COUNTY OF BIRTH Lancaster	
6. CITY, TOWN, OR LOCATION OF BIRTH Lincoln, Nebraska		7. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	8. HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Bryan Memorial Hospital		
9. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Lynn Marie Bourak		10. AGE (AT TIME OF THIS BIRTH) 19	11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Columbus, Nebr.		
12. RESIDENCE - STATE Nebraska	13. COUNTY Lancaster	14. CITY, TOWN, OR LOCATION, ZIP CODE Lincoln	15. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	16. STREET AND NUMBER 1842 So. 42nd 68506	
17. FATHER - NAME FIRST MIDDLE LAST Thomas Leonard Prusa			18. AGE (AT TIME OF THIS BIRTH) 18	19. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) West Point, Nebr.	
20. INFORMANT - NAME OF SIGNATURE Lynn Marie Prusa			21. DATE SIGNED (MONTH, DAY, YEAR)		22. ATTENDANT - M.D., N.D., OTHER (SPECIFY) M.D.
23. SIGNATURE <i>[Signature]</i>		24. MAKING ADDRESS 735 So. 56th Lincoln, Nebr.		25. DATE RECEIVED BY LOCAL REGISTRAR (MONTH) OCT 24 1972	
26. REGISTRAR - SIGNATURE <i>[Signature]</i>					

RECEIVED

FEB 28 2008

NEBRASKA LIQUOR
 CONTROL COMMISSION

RECEIVED

FEB 10 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

CERTIFICATE OF COMPLETION RESPONSIBLE HOSPITALITY COUNCIL MANAGEMENT TRAINING

This certificate is awarded to

Matthew Prusa

For completing the Hospitality Insider Training January 10, 2008

RESPONSIBLE HOSPITALITY COUNCIL

[Handwritten Signature]
Signature _____ Date 1-10-2008

Signature _____ Date _____



RESPONSIBLE HOSPITALITY COUNCIL