

May 14, 2014

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 9 South Chagrill, 844 South Street requesting that Susantha Weerasinghe be approved as the manager of the class I/K liquor license.

A background investigation was completed with no issues found.

The applicant completed the required training on 3-13-2014.

His 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.

  
JIM PESCHONG, Chief of Police



**Manager's information must be completed below. PLEASE PRINT CLEARLY.**

Last Name: Weerasinghe First Name: Susantha MI: D  
 Home Address (include PO Box if applicable): 1201 Lincoln Mall # 804  
 City: Lincoln County: Lincoln Zip Code: 68508  
 Home Phone Number: 402-416-5047 Business Phone Number: 402-474-9997  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: Grand Junction, Colorado  
 Email address: sus@lincolnpanoramics.com

**Are you married to a spouse who is a resident of Nebraska?**

YES  NO

**Spouse's information must be completed below. PLEASE PRINT CLEARLY.**

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**APPLICANT'S GROUNDED OR RESIDENCING FOR THE PAST 10 YEARS**

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>Lincoln, Nebraska</u>	<u>2003</u>	<u>Present</u>			

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**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	2013	Dinos Eastside Grille	Matt McCarville	402-327-0200
2010	2011	Five Nines Technology Group	Nick Boek	402-817-2630

**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. 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.

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):

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**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

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CONTROL COMMISSION**

