

**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](http://www.lcc.ne.gov)

Office Use  
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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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

*Last  
Finger  
Printed  
11/07*

Corporation/LLC information

Name of Corporation/LLC: Bosselman Inc

Premise information

Premise License Number: B 13010

Premise Trade Name/DBA: Pump & Pantry #21

Premise Street Address: 210 E 6th St

City: Lexington State: NE Zip Code: 68850

Premise Phone Number: 308-324-6464

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.

*Charles D. Bosselman*

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender:  MALE  FEMALE

Last Name: Linder First Name: Joleen

NEBRASKA LIQUOR CONTROL COMMISSION

Home Address (include PO Box if applicable): 1106 Miller St

City: Holdrege State: NE Zip Code: 68949

Home Phone Number: 308-991-1846 Business Phone Number: 308-390-2351

Social Security Number: Drivers License Number & State: G37000666 NE

Date Of Birth: 11-18-53 Place Of Birth: Manhattan KS

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 FROM TO		CITY & STATE	YEAR FROM TO
Holdrege NE		1981	Prsnt		

MANAGER'S LAST TWO EMPLOYERS				
YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1981	1994	Power Mart Inc	Self	308-991-1846
1994	2000	Licensed Child Care Provider	Self	308-991-1846

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.

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Crossing Left of Center - 1995 or 1996 - Buffalo County NE

**NEBRASKA LIQUOR CONTROL COMMISSION**

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

Pump & Pantry #s 23,27,39,40,41,14,30,24

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

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PERSONAL OATH AND CONSENT OF INVESTIGATION

NEBRASKA LIQUOR CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and spouse of applicant who makes the above and foregoing application that said application has been read and that the contents of 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.

Joleen D Linder
Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Hall

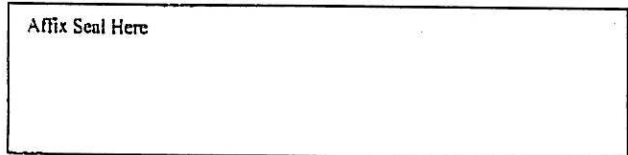
County of

The foregoing instrument was acknowledged before me this Sept. 28, 2009 by

The foregoing instrument was acknowledged before me this by

Joleen Linder
Rita Melcher
Notary Public signature

Notary Public signature



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.