

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

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JUN 14 2011
NEBRASKA LIQUOR CONTROL COMMISSION
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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) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

RS

Name of Corporation/LLC: Walmart Stores Inc

Premise License Number: #62005

(if new application leave blank)

Premise Trade Name/DBA: Walmart Supercenter #637

Premise Street Address: 200 Frontier St

City: Lexington State: NE Zip Code: 68850

Premise Phone Number: 308-327-7427

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Lori Cottrell, Assistant Secretary



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Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Buescher First Name: Darin

Home Address (include PO Box if applicable): 519 Kennedy Dr

City: Grand Island County: Hall Zip Code: 68803

Home Phone Number: 308-384-2968 Business Phone Number: 308-384-2968

Social Security Number: [REDACTED] Drivers License Number & State: [REDACTED] NE

Date Of Birth: [REDACTED] Place Of Birth: Sidney, 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: Buescher First Name: Lisa MI: A

Social Security Number: [REDACTED] Drivers License Number & State: [REDACTED] NE

Date Of Birth: [REDACTED] Place Of Birth: Wahoo, NE

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
Grand Island, NE	2006	2011	Grand Island, NE	2006	2011
Fremont, NE	2004	2006	Fremont, NE	2004	2006
Grand Island, NE	2002	2004	Grand Island, NE	2002	2004
miles city, MT	1999	2002	miles city, MT	1999	2002

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.

[Handwritten Signature]

Signature of Manager Applicant

Risa A Buescher

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Hall

May 19th, 2011
date

The foregoing instrument was acknowledged before me this

by Darin & Risa Buescher
name of person acknowledged

Christine E. Sorge

Notary Public signature

Affix Seal



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.