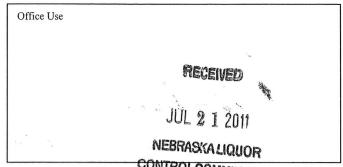
MANAGER APPLICATION **INSERT - FORM 3c**

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 spouse, are required to adhere to the following requirements If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport

Corporation/Limited Liability Corporation (LLC) information

- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older

Premise Phone Number:

6) Applicant may be required to take a training course

corporation (===) in corporation (===)		
Name of Corporation/LLC: <u>Fagles Fraternal</u>	Order 2922	*(
Premise information		
Premise License Number: 03693 (if new application leave blank)		
Premise Trade Name/DBA: Eagles Fraterna		
Premise Street Address: 113 W. 5th		
City: <u>Levington</u>	Zip Code: 68	350

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.

Wm me Candless CEO

CORPORATE OFFICER SIGNATURE

(Faxed signatures are accep⁺⁻¹⁻¹-)



1.	READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.				
Pall Pall	to any charge. Charge malaw; a violation of a local occurred and the year and this application. If more	ty to this application, or their spouse, EVE leans any charge alleging a felony, misdem I law, ordinance or resolution. List the nated month of the conviction or plea. Also list than one party, please list charges by explain below or attach	neanor, violation of a federal or state ture of the charge, where the charge st any charges pending at the time of ach individual's name. a separate page.		
			NEBRASKALIQUOR NEBRASKALIQUOR		
			NEBRASICALIQUON NEBRASICALIQUON CONTROL COMMISSION		
2.	Have you or your spouse state? IF YES , list the nature of the state?		For a liquor license in Nebraska or any other		
3.	Do you, as a manager, ha Liquor Control Act (§53-	ave all the qualifications required to hold a -131.01)	Nebraska Liquor License? Nebraska		
	YES]NO			
4.		red fingerprint cards and PROPER FEES to the Nebraska State Patrol for \$38.00 p	with this application? (The check or money per person)		
	YES	NO			
5.		experience (when and where)	aska?		
Date	:	Where:			

Manager's information must be complete Gender: MALE	ed below PLEASE FEMALE	PRINT CLEARLY				
Last Name: Neben Home Address (include PO Box if applic		st Name: Wes		MI: 		
City: Lexing ton Home Phone Number: 305-324- Social Security Number:	StateBusin	ness Phone Number:_ers License Number &	Zip Code:			
Date Of Birth: Are you married? If yes, complete spouse		Of Birth: Eda				
YES NO		*				
Spouse's information Spouse's Information Spouses Last Name: Neben First Name: Ramona MI: D Social Security Number Drivers License Number & State: Date Of Birth: Place Of Birth: Lekington, Ne						
APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS APPLICANT SPOUSE						
Lexington Ne	YEAR FROM TO	city & star Lexington		YEAR FROM TO		
MANAGER'S LAST TWO EMPLOYERS						
MAN	JAGER'S LAST TV	VO EMPLOVERS				
YEAR NAME OF E		NAME OF SUPERS Vickie Klapp Carol Phil		CPHONE NUMBER		

Form 3c