

**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

Office Use

RECEIVED
JUL 21 2011
NEBRASKA LIQUOR
CONTROL COMMISSION

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
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

RS

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Eagles Fraternal Order 2922

Premise information

Premise License Number: 03693
(if new application leave blank)

Premise Trade Name/DBA: Eagles Fraternal Order 2922

Premise Street Address: 113 W. 5th

City: Lexington Zip Code: 68850

Premise Phone Number: (308) 324-7995

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 McCandless CEO
CORPORATE OFFICER SIGNATURE
(Faxed signatures are accepted)



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.**

*all
read
& T*

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

DUI - between 1962 and 1964

RECEIVED
JUL 21 2011
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

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

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

Date:	Where:

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Neben First Name: Wesley MI: D

Home Address (include PO Box if applicable): 603 20th St

City: Lexington State: Ne Zip Code: 68850

Home Phone Number: 308-324-3979 Business Phone Number: _____

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

Date Of Birth: [REDACTED] Place Of Birth: Eddyville 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: Neben First Name: Ramona MI: D

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

Date Of Birth: [REDACTED] Place Of Birth: Lexington, Ne

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

APPLICANT		SPOUSE	
CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
<u>Lexington Ne</u>	<u>1974 2011</u>	<u>Lexington NE</u>	<u>1974 2011</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>2000 2010</u>	<u>Tenneco Automotive</u>	<u>Vickie Klapperich</u>	<u>308-784-3600</u>
<u>1969 1999</u>	<u>Midway Supply</u>	<u>Carol Philpot</u>	<u>308-785-2833</u>