

**Pete Ricketts**  
Governor

**STATE OF NEBRASKA**  
**NEBRASKA LIQUOR CONTROL COMMISSION**

**Hobert B. Rupe**  
Executive Director  
301 Centennial Mall South, 5<sup>th</sup> Floor  
P.O. Box 95046  
Lincoln, Nebraska 68509-5046  
Phone (402) 471-2571  
Fax (402) 471-2814 or (402) 471-2374  
TRS USER 800 833-7352 (TTY)  
Web address <http://www.lcc.nebraska.gov/>

5/9/2018

To: CITY CLERK OF LEXINGTON  
Email: PBARUTH@CITYOFLEX.COM  
  
Manager Name: DOUGLAS D. FERREYRA  
Licensee Name: WALMART INC  
Licensee Trade Name: WALMART #637  
License Number: D-62005  
Due Date: Monday, June 25, 2018

I have attached a copy of a new manager application that was submitted to the Nebraska Liquor Control Commission. Please complete the following information below to indicate your recommendation. Send back to Shelah at [shelah.davis@nebraska.gov](mailto:shelah.davis@nebraska.gov) or fax to 402-471-2814. If you have questions concerning this matter, please contact our office at 402-471-2572.

- \_\_\_\_\_ APPROVED
- \_\_\_\_\_ NO LOCAL RECOMMENDATION
- \_\_\_\_\_ DENIED

COMMENTS (YOU MAY ATTACH MINUTES AND/OR ADDITIONAL NOTES):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clerk Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Janice M. Wiebusch**  
Commissioner

**Robert Batt**  
Chairman

*An Equal Opportunity Employer*



**MANAGER APPLICATION  
INSERT - FORM 3c**

Office Use

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.nebraska.gov

**MUST BE:**

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

**Corporation/LLC information**

Name of Corporation/LLC: Walmart Inc.

**Premise information**

Liquor License Number: 022005 Class Type D (if new application leave blank)

Premise Trade Name/DBA: Walmart # 0237

Premise Street Address: 200 Frontier Street

City: Lexington County: Dawson Zip Code: 68850

Premise Phone Number: 402-308-324-7427

Premise Email address: complic@wal-mart.com

**The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. To see authorized officers or members search your license information [here](#).**



**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
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Office Use

**RECEIVED**

APR 24 2018

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE  
PROCESSED**

**MANAGER MUST:**

- Complete all sections of the application. Be sure it is signed by a **member or corporate officer**, corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See **form 147** for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card or print document from **Secretary of State** website with application

Spouse who **will not** participate in the business, **spouse must:**

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the **spouse must:**

- Sign the application
- Fingerprints are required. See **form 147** for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

BARCODE

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

Last Name: Ferreira First Name: Douglas MI: D  
 Home Address: 100 W 16th St.  
 City: Lexington County: Dawson Zip Code: 68850  
 Home Phone Number: 308-641-3001  
 Driver's License Number & State: [REDACTED] Nebraska  
 Social Security Number: [REDACTED]  
 Date Of Birth: [REDACTED] Place Of Birth: Scottsbluff, Nebraska  
 Email address: ddferre.500637.us@Wal-Mart.com

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: Ferreira First Name: Jodi MI: K  
 Social Security Number: [REDACTED]  
 Driver's License Number & State: [REDACTED] Nebraska  
 Date Of Birth: [REDACTED] Place Of Birth: Scottsbluff, Nebraska

**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
Lexington, Nebraska	2015	2018	Gering, Nebraska	2000	2018
Gering, Nebraska	2000	2015			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005	2018	Wal-Mart	Daniel Steele	575-779-6065
2005	2005	Alltel	Thom Brittenham	Unknown

**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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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
Douglas Ferreyra	04/1996	Scottsbluff, NE	Failure to Yield	Diversion

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

4. List the alcohol related training and/or experience (when and where) of the person making application.

\*NLCC Training Certificate Issued: \_\_\_\_\_ Name on Certificate: \_\_\_\_\_

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

\*For list of NLCC Certified Training Programs see [training](#)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

5. Have you enclosed form 147 regarding fingerprints?

YES       NO

**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.

**Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

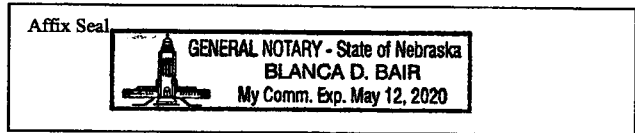
Douglas D. Ferreira Signature of Manager Applicant      Jodi Ferreira Signature of Spouse

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Scotts Bluff The foregoing instrument was acknowledged before me this

April 19, 2018 date by Douglas D. Ferreira NAME OF PERSON BEING ACKNOWLEDGED

Blanca D. Bair  
Notary Public signature



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.

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

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.nebraska.gov

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. The penalty guideline for violation of this affidavit is cancellation of the liquor license.

I acknowledge that I am the applicant of the non-participating spouse of the individual signing below. I understand that my spouse and I are responsible for compliance with the conditions set out above. If, it is determined that my spouse has violated (§53-125(13)) the commission may cancel or revoke the liquor license.

Jodi Ferreyra  
Signature of **NON-PARTICIPATING SPOUSE**  
Jodi Ferreyra  
Print Name

Douglas D. Ferreyra  
Signature of **APPLICANT**  
Douglas D. Ferreyra  
Print Name

State of Nebraska, County of Scottsbluff

State of Nebraska, County of Scottsbluff

The foregoing instrument was acknowledged before me  
this April 19 2018 (date)

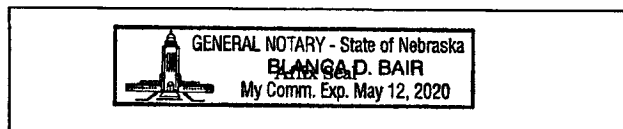
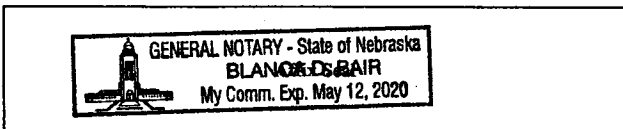
The foregoing instrument was acknowledged before me  
this April 19, 2018 (date)

by Jodi Ferreyra  
Name of person acknowledged  
(Individual signing document)

by Douglas D. Ferreyra  
Name of person acknowledged  
(Individual signing document)

Blanca D. Bair  
Notary Public Signature

Blanca D. Bair  
Notary Public Signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

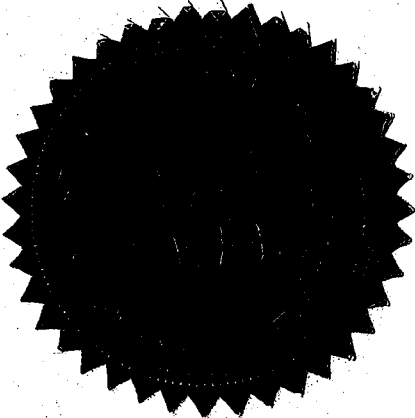


# St. Mary Hospital

Scottsbluff, Nebraska



This Certifies that Douglas Dewayne Ferreyra  
was born to Mr. and Mrs. Albert Ferreyra in this Hospital  
at 4:04 a. m. on Sunday the      day of     



In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer and its Official Seal to be hereunto affixed.

Sister M. Lucy  
Superintendent

Wm. H. Gentry, M. D.  
Attending Physician

# Total History for DOUG FERREYRA




FACILITY 00637  
WIN: 100143794  
UserID: DDFERRE

Report Generated on: 4/19/2018 1:52:04 PM

## Completed Activities

Activity	Complete Date	Score
Alcohol Sales (1.3)	6/1/2012	100
Alcohol Sales (1.1)	5/17/2011	100
<b>Alcohol Sales Training</b>	8/13/2012	N/A
Alcohol Sales Training (2.1)	4/18/2017	80
Alcohol Sales Training (1.7)	5/12/2016	90
Alcohol Sales Training (1.7)	7/16/2015	90
Alcohol Sales Training (1.4)	8/29/2014	100
Alcohol Sales Training (1.3)	8/24/2013	100
Alcohol Sales Training (1.1)	8/13/2012	N/A
<b>Alcoholic Beverage Receiving and Merchandising Acknowledgment</b>	11/2/2014	N/A
Alcoholic Beverage Receiving and Merchandising Acknowledgment (1.0)	11/2/2014	N/A
<b>AML Experience – Manager</b>	4/27/2015	93
AML Experience – Manager (1.2)	11/6/2017	80
AML Experience – Manager (1.1)	1/5/2017	93
AML Experience – Manager (1.0)	2/5/2016	93
AML Experience – Manager (1.0)	4/27/2015	93
<b>AML Intro – Manager</b>	4/27/2015	86
AML Intro – Manager (1.0)	4/27/2015	86
<b>Anti-Money Laundering</b>	7/8/2010	90
<b>AP09 Acknowledgement</b>	5/3/2010	100
<b>AP-09 Authorized Associates</b>	6/12/2012	100
AP-09 Authorized Associates (1.3)	11/6/2017	N/A
AP-09 Authorized Associates (1.0)	1/5/2017	N/A
AP-09 Authorized Associates (1.6)	2/5/2016	100
AP-09 Authorized Associates (1.6)	4/29/2015	100
AP-09 Authorized Associates (1.2)	6/5/2014	100
AP-09 Authorized Associates (1.1)	4/25/2013	100
AP-09 Authorized Associates (1.0)	6/12/2012	100
<b>Associate Routines</b>	2/28/2010	83
<b>Associate Safety (Obsolete)</b>	2/9/1998	100
<b>Associate Termination Payout System</b>	6/24/2009	100


Report execution time: 51.5 second(s)

 Reply all |  Delete Junk | 




ne-support@egov.com



Reply all | 

Yesterday, 10:55 PM

Doug Ferreyra - DDFERRE.s00637 

Inbox

To help protect your privacy, some content in this message has been blocked. To re-enable the blocked features, click here.

To always show content from this sender, click here.



Action Items

[Feedback](#)

Secretary of State  
**Online Voter Registration**

**Thank you** - Please keep this receipt for your records

**Confirmation Number**

0000123005

#### **Additional Order Information**

#### **Dear Voter Registration Applicant:**

Thank you for registering to vote on the Nebraska Secretary of State's Online Voter Registration website.

You may use your confirmation number to track the status of your voter registration submission by calling your local county election office.

You should receive your voter registration card in the mail within 1-2 weeks. However, during peak registration times, it may take up to 3 weeks to receive your card.

Should you have any questions or concerns, contact your county election official listed here: <http://www.sos.ne.gov/elec/clerks.html>.

**SUBMISSION OF FINGERPRINTS /  
PAYMENT OF FEES TO NSP-CID**

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.nebraska.gov

DATE RECEIVED	
Office Use Only	
Class: <u>D</u>	License #: <u>02005</u>

Applicant Name: Walmart Inc.  
(Corporation, LLC, Partnership or Individual)

Trade Name: Walmart # 037  
(Doing Business As)

479-277-9892  
Phone Number

complic@wal-mart.com  
Contact E-mail Address

**DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- See Application Requirement Guide for listing of Fingerprint Requirements found on our website under "Licensing" tab in "Applicant Guidelines".
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP.
- Fee payment of **\$45.25 per person** **MUST** be made **DIRECTLY** to the Nebraska State Patrol;  
It is recommended to make payment through the **NSP PayPort** online system at [www.ne.gov/go/nsp](http://www.ne.gov/go/nsp)  
Or a check made payable to **NSP** can be mailed directly to the following address:  
**\*\*\*Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License\*\*\***  
The Nebraska State Patrol – CID Division  
3800 NW 12<sup>th</sup> Street  
Lincoln, NE 68521
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;  
*Applicant(s) will not have cards to include with license application.*
- Fingerprints taken at local law enforcement offices will be released to the applicants;  
*Fingerprint cards should be submitted with the application.*

**Please complete information on the following pages for EACH person fingerprinted.**

1. Name: Douglas Ferreyra Date of Birth: [REDACTED] Last 4 SSN: [REDACTED]  
Date fingerprints were taken: 4/19/18 Location where fingerprints were taken: Local PD  
How was payment made to NSP?  NSP PAYPORT  CASH  CHECK SENT TO NSP Ck # \_\_\_\_\_

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_  
Date fingerprints were taken: \_\_\_\_\_ Location where fingerprints were taken: \_\_\_\_\_  
How was payment made to NSP?  NSP PAYPORT  CASH  CHECK SENT TO NSP Ck # \_\_\_\_\_

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_  
Date fingerprints were taken: \_\_\_\_\_ Location where fingerprints were taken: \_\_\_\_\_  
How was payment made to NSP?  NSP PAYPORT  CASH  CHECK SENT TO NSP Ck # \_\_\_\_\_

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES

4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_  
Date fingerprints were taken: \_\_\_\_\_ Location where fingerprints were taken: \_\_\_\_\_  
How was payment made to NSP?  NSP PAYPORT  CASH  CHECK SENT TO NSP Ck # \_\_\_\_\_

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES

***Applicant Notification and Record Challenge:*** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR, 16.34.

I hereby certify that fees of \$45.25 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Andrea Lazenby Title: Asst. Secretary

Signature: [Handwritten Signature] Date: 4/19/18