

**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  
TSR USER 800-833-7252 (TTY)  
Web Address <http://www.lcc.nebraska.gov/>

September 4, 2019

To: CITY CLERK OF LEXINGTON  
Email: FRIEWE@WILKO.COM  
Manager Name: JAMES RIEWE  
Licensee Name: MID PLAINS FOOD & LODGING INC  
Licensee Trade Name (DBA): FAT DOGS LEXINGTON  
License Number: D-047407  
Date Due: **10-21-2019**

I have attached a copy of a new corporate manager application that was submitted to the Nebraska Liquor Control Commission. Please complete the following information below to indicate your recommendation. Send back to Mary Beth Olson at [mary.olson@nebraska.gov](mailto:mary.olson@nebraska.gov) or fax to (402) 471-2814. If you have questions concerning this matter, please contact our office at (402) 471-4893.

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

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

---

---

---

---

---

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

MBO

**Janice M. Wiebusch**  
*Commissioner*

**Bruce Bailey**  
*Chairman*

**Harry Hoch**  
*Commissioner*

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

Last Name: Riewe First Name: James MI: K

Home Address: 107 North Elder Ave.

City: North Platte County: Lincoln Zip Code: 69101

Home Phone Number: 308-539-2843

Driver's License Number & State: [REDACTED]

Social Security Number: [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: Boise, Idaho

Email address: jriewe@wilko.com

**Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)**

YES  NO

**Spouse information**

Spouses Last Name: Riewe First Name: Lori MI: A

Social Security Number: [REDACTED]

Driver's License Number & State: NE [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: Valerline, 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
North Platte, Ne	2009	2019			

**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:**

- ✓ 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: Mid Plains Food & Lodging, Inc

**License Information**

Liquor License Number: 047407 Class Type D (if new application leave blank)

Premise Trade Name/DBA: Fat Dogs Lexington

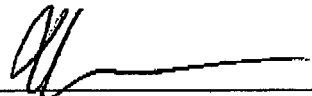
Premise Street Address: 2607 Plum Creek Pkwy

City: Lexington County: Dawson Zip Code: 68850

Premise Phone Number: 308-532-3090 ext 4

Premise Email address: jriewe@wilkco.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'S LAST TWO EMPLOYERS**

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2015	2019	Wilkinson Development	Mark Wilkinson	308-530-0714
2005	2015	Shanko Stores Inc	Tom Abbott	308-534-2441

**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

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):

\_\_\_\_\_

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: 37073 Name on Certificate: Jim Riewe

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
James K. Riewe	08/2019	Nebraska Alcohol Server/Seller Certification
James K. Riewe	02/2017	Nebraska On-Premises Responsible Serving

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
James K. Riewe Director	2015-2019	Fat Dogs C-Stores - Nebraska
James K. Riewe Co-Mgr	2007-2008	Wal-Mart - Mitchell, S.D.
James K. Riewe Str. Mgr	2005-2007	Wal-Mart - Sioux City, IA
James K. Riewe Co-Mgr	2003-2005	Wal-Mart - Sioux Falls, S.D. (East)
James K. Riewe Asst. Mgr	2001-2003	Wal-Mart - Sioux Falls, S.D. (West)

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.*

James K. Rewe  
Signature of Manager Applicant

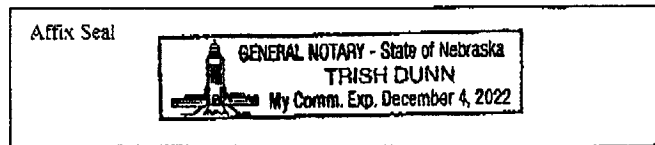
Lori A. Rewe  
Signature of Spouse

ACKNOWLEDGEMENT

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

8/14/19 date by James & Lori Rewe  
NAME OF PERSON BEING ACKNOWLEDGED

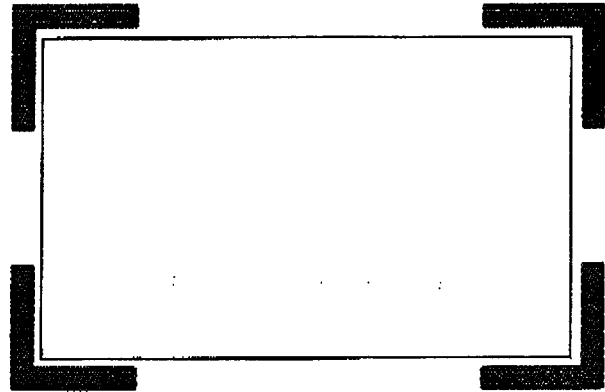
[Signature]  
Notary Public signature



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.

**PRIVACY ACT STATEMENT/  
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



**THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED:**

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

- FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE
- 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 LIVESCAN 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 may be released to the applicants;  
*Fingerprint cards should be submitted with the application.*

*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.*

Trade Name: Fat Dogs

Name of Person Bring Fingerprinted: James Riewe

Date of Birth [REDACTED] Last 4 SSN [REDACTED] Date fingerprints were taken: 8-20-19

Location where fingerprints were taken: North Platte: Troop 0 Headquarters

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

James Riewe

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

**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

LAR 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.

LAR 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.

Lori A. Riewe  
Signature of **NON-PARTICIPATING SPOUSE**  
Lori A. Riewe  
Print Name

James Riewe  
Signature of **APPLICANT**  
James Riewe  
Print Name

State of Nebraska, County of Lincoln

State of Nebraska, County of Lincoln

The foregoing instrument was acknowledged before me  
this 8/14/19 (date)

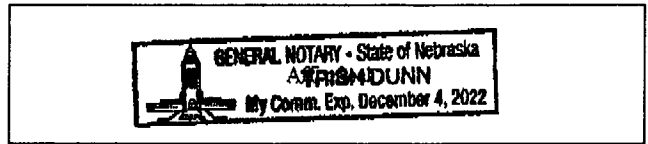
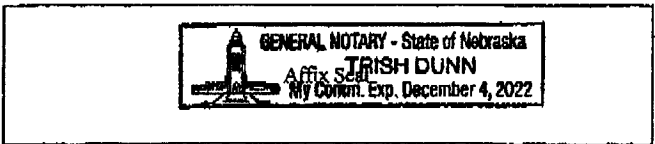
The foregoing instrument was acknowledged before me  
this 8/14/19 (date)

by LORI RIEWE  
Name of person acknowledged  
(Individual signing document)

by JAMES RIEWE  
Name of person acknowledged  
(Individual signing document)


[Signature]  
Notary Public Signature

[Signature]  
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.



<p>Precinct: 09 North Platte Precinct 9 Polling Place: Party: REP Messiah Lutheran Church - 9th 2700 West A Enter in the West Door for 9th Precinct North Platte U.S. Congressional District 3 Legislative District 42 Commissioner - Dist 1 NP City Council Ward 3 North Platte SD #1 - Ward 3</p>	<p>Lincoln County State of Nebraska</p> <p>3510232 James K Riewe 107 N Elder Ave North Platte, NE 69101</p> 
---	--





# Certificate of Completion

This is to certify that

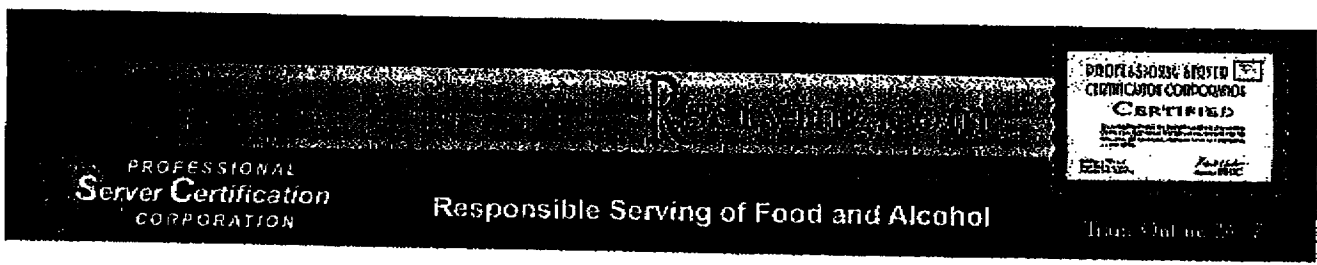
**jim riewe**

has successfully completed the following  
**HOSPITALITYexam.com course and examination**

**Course Name:** Nebraska Alcohol Server/Seller Certification

Edward D McLean, Administrator  
www.HOSPITALITYexam.com

**Date:** 08/15/2019  
**Expiration:** 36 Months  
**Certificate #:** 37073  
**Birth Date:** [REDACTED]



# Nebraska On-Premises Responsible Serving

This certificate confirms that

## Jim Riewe

has successfully passed the Professional Server Certification Corporation (PSCC) course of study and has demonstrated the skill level and knowledge necessary to act as a responsible alcohol server.

Certificate #: PSCC10000272S42  
Award Date: 02-25-2017  
Expiration Date: 02-24-2020

*Robert V. Graham*  
Robert Graham, President/CEO

