

**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

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MAY 27 2008

Corporate manager, including their spouse, are required to adhere to the following requirements **NEBRASKA LIQUOR CONTROL COMMISSION**

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

JC



Name of Corporation/LLC: Mid Plains Food & Lodging, Inc.



Premise License Number: D - 47407

Premise Trade Name/DBA: Conoco Travel Plaza

Premise Street Address: 2607 Plum Creek Pkwy

City: Lexington

State: NE

Zip Code: 68850

Premise Phone Number: 308-324-0250



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



0800010530

Manager information must be completed below. PLEASE PRINT CLEARLY.

Gender: MALE FEMALE

Last Name: Moore First Name: Jeffrey MI: D

Home Address (include PO Box if applicable): 3520 Timothy Ct

City: North Platte State: NE Zip Code: 69101

Home Phone Number: 308-532-8739 Business Phone Number: 308-532-3090

Social Security Number: 508-94-1256 Drivers License Number & State: H12027036 NE

Date Of Birth: 06/22/1975 Place Of Birth: North Platte, NE

YES NO

Spouse information:

Spouses Last Name: Moore First Name: Ryan
MI: A

Social Security Number: 505-96-8743 Drivers License Number & State: H12067525 NE

Date Of Birth: 11/14/1975 Place Of Birth: Holdrege, NE

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

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
North Platte, NE	1998	2008	North Platte, NE	1998	2008

MANAGER'S LIST OF EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2003	Dana F Cole & Co, CPA's	Robert J Meyer	308-534-7655
1998	2000	Western Nebraska National Bank [Ⓢ]	Mary Gerdes	308-532-3800

[Ⓢ] This company is no longer in business. It was purchased by Wells Fargo Bank.

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Manager and spouse must review and answer the questions below.

PLEASE PRINT CLEARLY

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NEBRASKA LIQUOR CONTROL COMMISSION

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.**

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

Jeffrey Moore - 5 traffic violations (4 approximately in 1993-1995, 1 approximately in 2004)

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

PRINTS ENCLOSED

RECEIVED

PERSONAL OATH AND CONSENT TO INVESTIGATION

NEBRASKA LIQUOR CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned 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.

Jeffrey D. Moore
Signature of Manager Applicant

Rayan A. Moore
Signature of Spouse

State of Nebraska

County of Lincoln

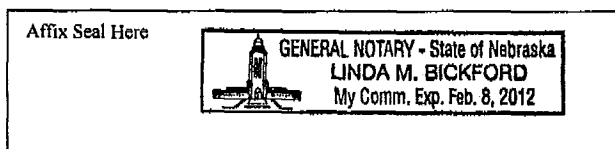
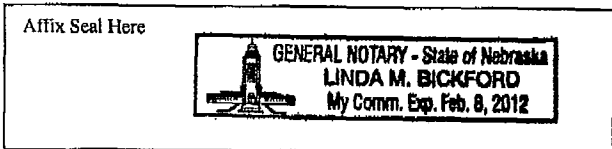
County of Lincoln

The foregoing instrument was acknowledged before me this 5-22-08 by

The foregoing instrument was acknowledged before me this 5-22-08 by

Jeffrey D. Moore
Linda M. Bickford
Notary Public signature

Rayan A. Moore
Linda M. Bickford
Notary Public signature



In compliance with the ADA, this manager insert form 3c 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**

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CONTROL COMMISSION

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 or profit 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 or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Ryan A Moore
Signature of spouse asking for waiver
(Spouse of individual listed below)

Ryan A Moore
Printed name of spouse asking for waiver

State of Nebraska

County of Lincoln

5-22-08
date

The foregoing instrument was acknowledged before me this

by Ryan A Moore
name of person acknowledged

Linda M. Bickford
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
LINDA M. BICKFORD
My Comm. Exp. Feb. 8, 2012

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

Jeffrey Moore
Signature of individual involved with application
(Spouse of individual listed above)

Jeffrey Moore
Printed name of applying individual

State of Nebraska

County of Lincoln

5-22-08
date

The foregoing instrument was acknowledged before me this

by Jeffrey Moore
name of person acknowledged

Linda M. Bickford
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
LINDA M. BICKFORD
My Comm. Exp. Feb. 8, 2012

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.

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NEBRASKA LIQUOR
CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Stanley J. Cooper
STANLEY J. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

DATE OF ISSUANCE
SEP 12 1991
LINCOLN, NEBRASKA

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
Bureau of Vital Statistics 128 - 75 11200
CERTIFICATE OF LIVE BIRTH

1. CHILD - NAME FIRST MIDDLE LAST Jeffrey Don Moore		DATE OF BIRTH (MONTH, DAY, YEAR) June 22, 1975		2. HOUR 6:44 p.m.
3. SEX Male	4. THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single	5. IF NOT SINGLE BIRTH - GIVE FIRST, SECOND, THIRD, ETC. (SPECIFY)		6. COUNTY OF BIRTH Lincoln
7. CITY, TOWN, OR LOCATION OF BIRTH North Platte		8. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	9. HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) North Platte Memorial Hospital	
10. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Carol Mae Thomson		11. AGE (AT TIME OF THIS BIRTH) 28	12. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska	
13. RESIDENCE - STATE Nebraska	14. COUNTY McPherson	15. CITY, TOWN, OR LOCATION, ZIP CODE Tryon, 69167	16. INSIDE CITY LIMITS (SPECIFY YES OR NO) No	17. STREET AND NUMBER Tryon, NE
18. FATHER - NAME FIRST MIDDLE LAST Donald Eugene Moore		19. AGE (AT TIME OF THIS BIRTH) 30	20. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska	
21. INFORMANT - NAME OR SIGNATURE Mrs. Donald Eugene Moore			22. RELATION TO CHILD Mother	
23. CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. SIGNATURE <i>Dwight Larson</i>		24. DATE SIGNED (MONTH, DAY, YEAR) 7-9-75	25. ATTENDANT - M.D., D.O., OTHER (SPECIFY) N.D.	
26. SIGNATURE OF CERTIFIER - NAME (TYPE OR PRINT) Dwight Larson, M.D.		27. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 421 South Chestnut, North Platte, NE 69101		
28. REGISTRAR - SIGNATURE <i>Vergil B. Baker</i>		29. DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR 7 11 75		