

**Dave Heineman**  
Governor

# STATE OF NEBRASKA

**NEBRASKA LIQUOR CONTROL COMMISSION**

**Hobert B. Rupe**

*Executive Director*

301 Centennial Mall South, 5th 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.ne.gov/>

December 19, 2012

LEXINGTON CITY CLERK  
PO BOX 70  
406 E 7TH ST  
LEXINGTON NE 68850 0070

RE: Walmart Store 637  
LICENSE #D-62005

Dear Clerk:

Enclosed is a copy of a manager application for Matthew Holeton in connection with the Walmart Store 637 located in Lexington.

Please present this application for manager to your City/Village Council or County Commissioners and send us the results of their action.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline Rodriguez".

Jacqueline Rodriguez  
Licensing Division  
NEBRASKA LIQUOR CONTROL COMMISSION  
402-471-2572

encl.

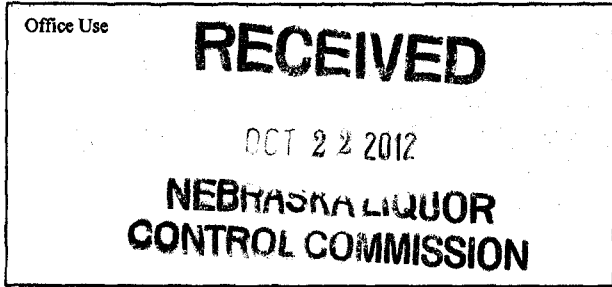
**Janice M. Wiebusch**  
*Commissioner*

**Robert Batt**  
*Chairman*

**William F. Austin**  
*Commissioner*

**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](http://www.lcc.ne.gov)



Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Name of Corporation/LLC: Wal-Mart Stores, Inc.

Premise License Number: D-62005

(if new application leave blank)

Premise Trade Name/DBA: Walmart #637

Premise Street Address: 200 Frontier Street

City: Lexington

State: NE

Zip Code: 68850

Premise Phone Number: (308) 324-7427

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. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

*Amy Thrasher*

Amy Thrasher, Assistant Secretary

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

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1200023155

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

Gender:  MALE  FEMALE

Last Name: Holeton First Name: Matthew MI: W

Home Address (include PO Box if applicable): 2409 Ave L

City: Gothenburg County: Dawson Zip Code: 69138

Home Phone Number: 402-616-1623 Business Phone Number: 308-324-7427

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

Date Of Birth: [REDACTED] Place Of Birth: Council Bluffs IA

**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: Holeton First Name: Heather MI: A

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

Date Of Birth: [REDACTED] Place Of Birth: Council Bluffs, IA

**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
2409 Avenue L Gothenburg, NE	2012 <del>09</del> year	2012	Edwards, CO	2005	2006
5205 S Pitkin Ct Centennial CO	2010	2012	Beatrice, NE	2004	2005
Bellevue, NE	2006	2010	Council Bluffs, IA	2000	2004

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**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2001	Henry Well	Paul Rollins	
1999	2000	PR Enterprise	Phil Aeed	

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. 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.

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.**

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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. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the **Nebraska State Patrol for \$38.00 per person**)  
 YES  NO

5. List any alcohol related training and/or experience (when and where).

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**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.

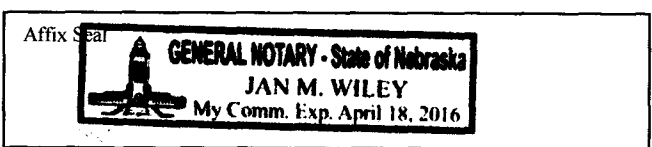
Matthew W. Holton  
Signature of Manager Applicant

Heather Holton  
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska  
County of Dawson The foregoing instrument was acknowledged before me this  
10-10-12 date by Matthew W Holton name of person acknowledged

J M Wiley  
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.

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Print Form

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.ne.gov

Office Use
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NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have 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.

[Signature]
Signature of spouse asking for waiver
(Spouse of individual listed below)

Heather Holeton
Printed name of spouse asking for waiver

State of NE
County of Dawson

The foregoing instrument was acknowledged before me this
December 18, 2012
by Heather Holeton
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
PAMELA A. SLACK
My Comm. Exp. August 17, 2018

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.

[Signature]
Signature of individual involved with application
(Spouse of individual listed above)

Matthew Holeton
Printed name of applying individual

State of Nebraska
County of Dawson

The foregoing instrument was acknowledged before me this
12-18-12
by Matthew W. Holeton
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
SHARON F. STEINBERGER
My Comm. Exp. Oct. 3, 2013

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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FORM 35-1178
Revised 1/2008

DEC 18 2012

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