

**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 16 2012
**NEBRASKA LIQUOR
CONTROL COMMISSION**

JR

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**

Corporation/LLC information

Name of Corporation/LLC: Bosselman Pump & Pantry, Inc.

Premise information

Premise License Number: B-13010

(if new application leave blank)

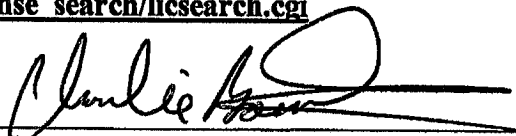
Premise Trade Name/DBA: Pump & Pantry #21

Premise Street Address: 210 E 6TH ST

City: Lexington State: NE Zip Code: 68850

Premise Phone Number: 308-324-6464

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



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)



Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE
 Last Name: Fausch First Name: Brian MI: T
 Home Address (include PO Box if applicable): 1404 Meadow RD
 City: Grand Island County: Hall Zip Code: 68803
 Home Phone Number: 308-258-1639 Business Phone Number: 308-381-2800
 Social Security Number: [REDACTED] Drivers License Number & State: [REDACTED]
 Date Of Birth: 08/17/72 Place Of Birth: Red Cloud, 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: Fausch First Name: Lori MI: L
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: 12/18/73 Place Of Birth: _____

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

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Grand Island, NE	2009	Present	Grand Island, NE	2009	present
Gretna, NE	2007	2009	Gretna, NE	2007	2009
Grand Island, NE	2002	2007	Grand Island, NE	2002	2007

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	present	Bosselman Administrative Services, Inc.	Charles D. Bosselman, Jr.	308-381-2800
2008	2009	Lutz & Co.	Ron Nebbia	402-496-8800

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
Brian Fausch	1992	Lincoln, NE	DUI	

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.

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).

Responsible Beverage Service Training, July 2012, Grand Island, NE

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.

Brian Fausch

Signature of Manager Applicant

Lori Fausch

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Hall

The foregoing instrument was acknowledged before me this

7-3-12

date

by Brian Fausch Lori Fausch

name of person acknowledged

Ann Sukraw-Lutz

Notary Public signature

Affix Seal



GENERAL NOTARY - State of Nebraska
ANN SUKRAW-LUTZ
My Comm. Exp. January 22, 2016

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.ne.gov

Office Use

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.

Lori Fausch
Signature of spouse asking for waiver
(Spouse of individual listed below)

Lori Fausch
Printed name of spouse asking for waiver

State of NE

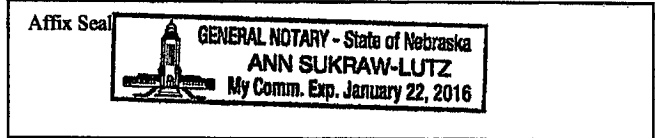
County of Hall

The foregoing instrument was acknowledged before me this

7-3-12
date

by Lori Fausch
name of person acknowledged

Ann Sukraw-Lutz
Notary Public signature



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.

Brian Fausch
Signature of individual involved with application
(Spouse of individual listed above)

Brian Fausch
Printed name of applying individual

State of NE

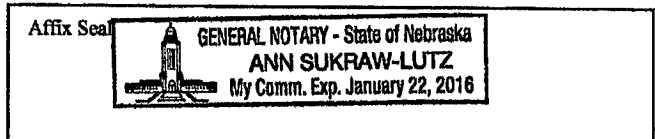
County of Hall

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by Brian Fausch
name of person acknowledged

Ann Sukraw-Lutz
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.



Search Your Voter Registration Information



Search Your Polling Place



Search Your Provisional Ballot



Search Your Absentee Ballot

Registrant Detail

Name	Brian Fausch
Party	Republican
Polling Place	14 014 Peace Lutheran Church 1710 N North Road Grand Island, NE 68803

Districts

District Name	District Type
Grand Island Public Schools	School District
Central Com College Dist 4	Community College District
Central Com College At Large	Community College District
U.S. Congressional District 3	U.S. Congressional District
Appeals Court Judge Dist 5	Judge of Appeals Court Dist.
County Judge Dist 9	Judge of County Court Dist.
District Judge, Dist 9	Judge of District Court Dist.
Supreme Court Judge Dist 5	Judge of Supreme Court Dist.
Legislative District 34	Legislative District
Central Platte NRD SubD 7	Natural Resources District
Nebraska PPD SubD 3	Public Power District
PSC District 5	Public Service Comm District
Board of Regents District 6	Board of Regents
ESU 10 District 4	ESU District
Supervisor District 2	County Board (Commis./Superv)
Gr Island City Council Ward 1	City Council (Ward)
GI School Board Ward A	School Board Ward
Mayor of Grand Island	Mayor
NW Advisory Board	School Board Ward
State Board of Education Dist6	State Board of Education

[Información en español](#)

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