



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/>

May 8, 2014

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

RE: Manager Application Edwin Clark

LICENSE #D-64914

Dear Clerk:

Enclosed is a copy of a manager application for Edwin Clark in connection with the Cenex/ Ampride, 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
402-471-2571

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



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 in the State of Nebraska**
 - ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
 - ✓ **21 years of age or older**
- JK

Corporation/LLC information

Name of Corporation/LLC: All Points Cooperative

Premise information

Liquor License Number: 64914 Class Type D
(if new application leave blank)

Premise Trade Name/DBA: Cenex/Ampride

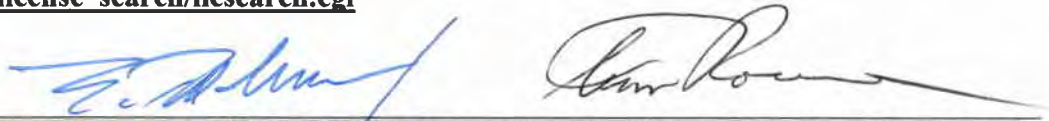
Premise Street Address: 2700 Plum Creek Pkwy

City: Lexington, County: Dawson Zip Code: 68850

Premise Phone Number: 308-324-8003

Email address: tod.clark@allpoints.coop

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



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)



1400009315

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Clark First Name: Edwin MI: T
 Home Address (include PO Box if applicable): 1019 22nd Street
 City: Gothenburg County: Dawson Zip Code: 69138
 Home Phone Number: 308-631-5876 Business Phone Number: 308-537-7141
 Social Security Number: [REDACTED] Drivers License Number & State: [REDACTED]
 Date Of Birth: 6-29-61 Place Of Birth: Seward, NE
 Email address: tod.clark@allpoints.coop

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: Clark First Name: Teresa MI: J
 Social Security Number: [REDACTED] Drivers License Number & State: [REDACTED]
 Date Of Birth: 8-28-62 Place Of Birth: Scottsbluff, NE

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

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

APPLICANT	SPOUSE
CITY & STATE	CITY & STATE
YEAR FROM	YEAR FROM
YEAR TO	YEAR TO
<u>Scottsbluff, NE</u>	
<u>1997</u>	
<u>2012</u>	
<u>"</u>	
<u>2012</u>	
<u>2013</u>	
<u>Gothenburg, NE</u>	
<u>2013</u>	
<u>Present</u>	

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2006	2013	Farmers Corp Elevator	Chris Cullen	308-487-3317
2013	Present	All Points Coop	Tim Rome	308-537-7141

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(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

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CONTROL COMMISSION**

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

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

NONE

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

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience: NONE

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

5. 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

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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.



Signature of Manager Applicant




Signature of Spouse

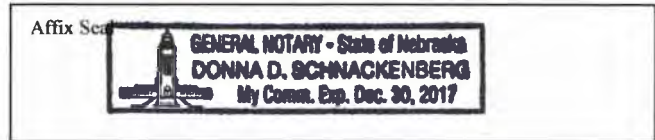
ACKNOWLEDGEMENT

State of Nebraska
County of DAWSON
MARCH 26, 2014
date

The foregoing instrument was acknowledged before me this
by TERESA L CLARK
name of person acknowledged



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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**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

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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.

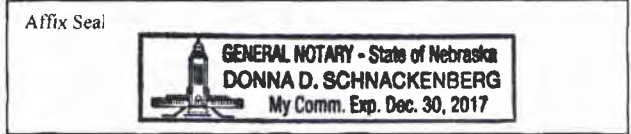
Teresa J. Clark
Signature of spouse asking for waiver
(Spouse of individual listed below)
State of Nebraska

Teresa J. Clark
Printed name of spouse asking for waiver

County of Dawson
4-24-2014
date

The foregoing instrument was acknowledged before me this
by TERESA J CLARK
name of person acknowledged

Donna Schnackenberg
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.

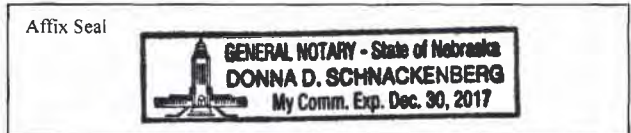
E. Todd Clark
Signature of individual involved with application
(Spouse of individual listed above)
State of Nebraska

E. Todd Clark
Printed name of applying individual

County of Dawson
4-24-2014
date

The foregoing instrument was acknowledged before me this
by E. Todd Clark
name of person acknowledged

Donna Schnackenberg
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.

Nebraska Voter Registration Application

PLEASE PRINT		For Office Use Only		Voter# 1668436
1. Are you a citizen of the United States of America? (✓) Yes () No 2. Are you at least 18 years of age, or will you be 18 years of age on or before the 1st Tuesday following the 1st Monday in November of this year? (✓) Yes () No				
IF YOU CHECKED "NO" IN RESPONSE TO EITHER OF THE QUESTIONS ABOVE: DO NOT COMPLETE THIS FORM.				
3. Personal Information			Email Address: _____ Private: <input type="checkbox"/>	
Last Name Clark	First Name Edwin	Middle Name Tod	Suffix	Maiden Name (optional)
Nebraska Drivers Lic. # ; if none last 4 digits SS # ██████████	Date of Birth 6/29/1961	Place of Birth (Optional) Seward, Ne	Phone Number (Optional) () Unlisted 308-631-5876 (Home) (Work)	
If changing your registration in this county, is it a () Party change () Name change () Address change				
If Previously Registered: Name:		Address: 1101 Larkspur Ct, Scottsbluff, NE 69361		
4. Current Residence Address: 1019 22nd St, Gothenburg, NE 69138				
Postal Address if different than residence:				
School Dist: SD24GO	County: Dawson	Inside City limits () Yes () No, if no Section/Township/Range		
Or directions from nearest town:				
5. Party Affiliation: Republican				
Note: If you wish to vote in both partisan and non-partisan primary elections for state and local offices, you must designate a political party on the registration application. If you register non-partisan (independent) you will receive only the non-partisan ballots for state and local offices at the primary elections, unless you designate a preference at the polling place in which case you will receive partisan ballots for only the congressional race to vote in that primary election.				
Applicant's Oath: To the best of my knowledge and belief, I declare under penalty of election falsification that: I live in the State of Nebraska at the address provided in this application; I have not been convicted of a felony or, if convicted, it has been at least two years since I completed my sentence for the felony, including any parole term; I have not been officially found to be non compos mentis (mentally incompetent); and I am a citizen of the United States. IMPORTANT: Any registrant who signs this application knowing that any of the information on the application is false shall be guilty of a Class IV felony under section 32-1502 of the statutes of Nebraska. The penalty for such is up to 5 years imprisonment, a fine of up to \$10,000.00 or both.				
6. Applicant's Signature _____		Date Applicant Signed _____		
(Full name or mark If unable to sign, include name & address of person providing assistance)				
7. Registration taken by _____		Date Election Office Received _____		

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MAR 28 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

Nebraska Voter Registration Application

PLEASE PRINT		For Office Use Only		Voter# 1668436
1. Are you a citizen of the United States of America? (✓) Yes () No 2. Are you at least 18 years of age, or will you be 18 years of age on or before the 1st Tuesday following the 1st Monday in November of this year? (✓) Yes () No				
IF YOU CHECKED "NO" IN RESPONSE TO EITHER OF THE QUESTIONS ABOVE: DO NOT COMPLETE THIS FORM.				
3. Personal Information			Email Address: _____ Private: <input type="checkbox"/>	
Last Name Clark	First Name Edwin	Middle Name Tod	Suffix	Maiden Name (optional)
Nebraska Drivers Lic. # ; if none last 4 digits SS # ██████████	Date of Birth 6/29/1961	Place of Birth (Optional) Seward, Ne	Phone Number (Optional) () Unlisted 308-631-5876 (Home) (Work)	
If changing your registration in this county, is it a () Party change () Name change () Address change				
If Previously Registered: Name:			Address: 1101 Larkspur Ct, Scottsbluff, NE 69361	
4. Current Residence Address: 1019 22nd St, Gothenburg, NE 69138				
Postal Address if different than residence:				
School Dist: SD24GO	County: Dawson	Inside City limits () Yes () No, if no Section/Township/Range		
Or directions from nearest town:				
5. Party Affiliation: Republican				
Note: If you wish to vote in both partisan and non-partisan primary elections for state and local offices, you must designate a political party on the registration application. If you register non-partisan (independent) you will receive only the non-partisan ballots for state and local offices at the primary elections, unless you designate a preference at the polling place in which case you will receive partisan ballots for only the congressional race to vote in that primary election.				
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6. Applicant's Signature _____			Date Applicant Signed _____	
(Full name or mark. If unable to sign, include name & address of person providing assistance)				
7. Registration taken by _____			Date Election Office Received _____	

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NEBRASKA LIQUOR
CONTROL COMMISSION