



**Pete Ricketts**  
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/>

April 17, 2015

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

RE: Manager Application Zebulun Knackstedt

LICENSE #D-62005

Dear Clerk:

Enclosed is a copy of a manager application for Zebulun T. Knackstedt, 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  
402-471-2571

encl.

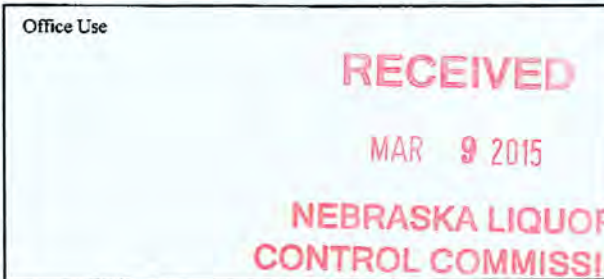
**Janice M. Wiebusch**  
Commissioner

**Robert Batt**  
Chairman

**Bruce Bailey**  
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)



**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. See Form 147 for further information, this form **MUST** be included with your application.**
- ✓ **21 years of age or older**

JR

**Corporation/LLC information**

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

**Premise information**

Liquor License Number: 062005 Class Type D (if new application leave blank)

Premise Trade Name/DBA: Walmart #637

Premise Street Address: 200 Frontier Street

City: Lexington County: Dawson Zip Code: 68850

Premise Phone Number: 308-324-7427

Email address: amelia.schembra@walmart.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. 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)



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



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

Last Name: Knackstedt First Name: Zebulun MI: T  
 Home Address (include PO Box if applicable): 42829 Road 751  
 City: Elwood County: Dawson (18) Zip Code: 68937  
 Home Phone Number: [REDACTED] Business Phone Number: 308-324-7427  
 Social Security Number: [REDACTED] Drivers License Number & State: [REDACTED]  
 Date Of Birth: May 18, [REDACTED] Place Of Birth: Westminster, Colorado  
 Email address: ztknack.s00637.us@wal-mart.com

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: Knackstedt First Name: Alisha MI: R  
 Social Security Number: [REDACTED] Drivers License Number & State: [REDACTED]  
 Date Of Birth: March 18, [REDACTED] Place Of Birth: Denver, Colorado

**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
Elwood, Nebraska	2014	2015			
Snyder, Colorado	2003	2014			

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 NEBRASKA LIQUOR  
 CONTROL COMMISSION

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	Present	Walmart Stores Inc	Merle Axford	308-236-6263
1999	2000	Great Western Trick Riders	Zeb Knackstedt	970-380-9081

**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
Zebulun Knackstedt	01/1997	Parker, Colorado	Underage Consumption of Alcohol	Plea

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**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: \_\_\_\_\_ Name on Certificate: \_\_\_\_\_

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](http://www.lcc.ne.gov/traininginfo.html)

Experience:

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

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CONTROL COMMISSION

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.

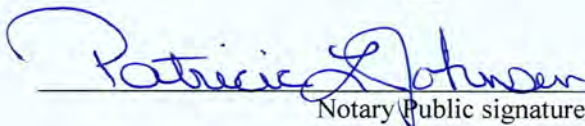
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

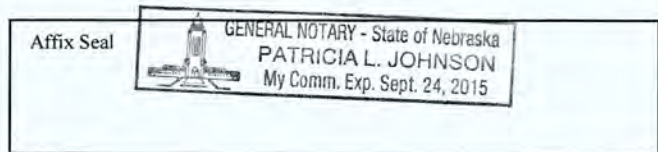
  
\_\_\_\_\_  
Signature of Manager Applicant

  
\_\_\_\_\_  
Signature of Spouse

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Dawson The foregoing instrument was acknowledged before me this  
2-17-15 date by Zebulun Knackstedt  
name of person acknowledged

  
\_\_\_\_\_  
Notary Public signature

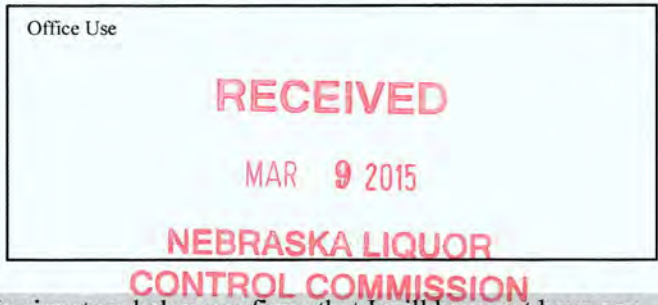


In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

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MAR 9 2015  
**NEBRASKA LIQUOR CONTROL COMMISSION**

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



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.

*Alisha Knackstedt*  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Alisha Knackstedt  
Printed name of spouse asking for waiver

State of Nebraska

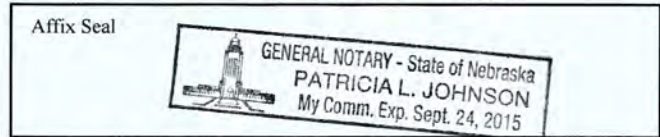
County of Dawson

The foregoing instrument was acknowledged before me this

2-17-2015  
date

by Alisha Knackstedt  
name of person acknowledged

*Patricia L. Johnson*  
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.

*Zebulun Knackstedt*  
Signature of individual involved with application  
(Spouse of individual listed above)

Zebulun Knackstedt  
Printed name of applying individual

State of Nebraska

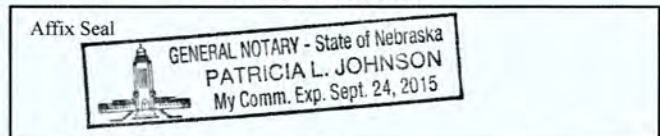
County of Dawson

The foregoing instrument was acknowledged before me this

2-17-2015  
date

by Zebulun Knackstedt  
name of person acknowledged

*Patricia L. Johnson*  
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.