

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
TSR USER 800-833-7252 (TTY)
Web Address <http://www.lcc.nebraska.gov/>

March 8, 2019

To: CITY CLERK OF Lexington
Email: camplic@wal-mart.com
Manager Name: Nathan Maerk
Licensee Name: Walmart Inc
Licensee Trade Name (DBA): Walmart 637
License Number: D-062005
Date Due: **04-22-2019**

I have attached a copy of a new corporate manager application that was submitted to the Nebraska Liquor Control Commission. Please complete the following information below to indicate your recommendation. Send back to Mary Beth Olson at mary.olson@nebraska.gov or fax to (402) 471-2814. If you have questions concerning this matter, please contact our office at (402) 471-4893.

_____ APPROVED
_____ NO LOCAL RECOMMENDATION
_____ DENIED

COMMENTS: (YOU MAY ATTACH MINUTES AND/OR ADDITIONAL NOTES)

Clerk Signature: _____ Date: _____

MBO

Janice M. Wiebusch
Commissioner

Bruce Bailey
Chairman

Harry Hoch
Commissioner

**MANAGER APPLICATION
INSERT - FORM 3c**

Office Use

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.nebraska.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 card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: Walmart Inc.

Premise information

Liquor License Number: 62605 Class Type D (if new application leave blank)

Premise Trade Name/DBA: Walmart # 637

Premise Street Address: 200 Frontier St.

City: Lexington County: Dawson Zip Code: 68850

Premise Phone Number: 308-324-7427

Premise Email address: complic@wal-mart.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. To see authorized officers or members search your license information [here](#).



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

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Maerk First Name: Nathan MI: E

Home Address: 4101 NORTH 176th Street

City: Omaha County: Douglas Zip Code: 68116

Home Phone Number: 501-440-6287

Driver's License Number & State: [REDACTED]

Social Security Number: [REDACTED]

Date Of Birth: 3/10/ [REDACTED] Place Of Birth: Vegah, Netherlands

Email address: Nathan.maerk@walmart.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

[X] YES [] NO

Spouse's information

Spouses Last Name: Maerk First Name: Erin MI: M

Social Security Number: [REDACTED]

Driver's License Number & State: [REDACTED]

Date Of Birth: 6/12/ [REDACTED] Place Of Birth: Indiana

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

Table with 6 columns: CITY & STATE, YEAR FROM, YEAR TO, CITY & STATE, YEAR FROM, YEAR TO. Rows include Omaha, Nebraska (2013-2019) and Eagle Mt, Utah (2003-2013).

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1999	2019	Walmart	Kyla Luckie	402-938-0217

I. 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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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

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 [training](#)

Experience:

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

5. Have you enclosed [form 1-47](#) 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. (See §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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.



Signature of Manager Applicant



Signature of Spouse

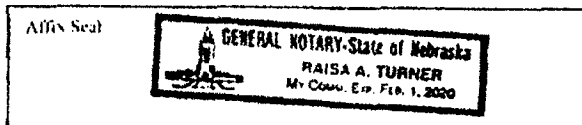
ACKNOWLEDGEMENT

State of Nebraska
County of Douglas The foregoing instrument was acknowledged before me this

5th of March 2019 by Eric Maerk and Nathar. Maerk
date NAME OF PERSON BEING 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.


**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
501 CENTENNIAL MALL, SUITE 111
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE (402) 471-2571
FAX (402) 471-2814
Website: www.lcc.nebraska.gov

Office Use


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 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, represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. The penalty guideline for violation of this affidavit is cancellation of the liquor license.

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



Signature of **NON-PARTICIPATING SPOUSE**
Erin Maerk

Print Name



Signature of **APPLICANT**
Nathan Maerk

Print Name

State of Nebraska, County of Douglas

State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me
this 5th of March 2019 (date)

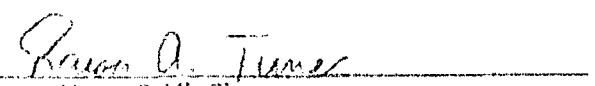
The foregoing instrument was acknowledged before me
this 5th of March 2019 (date)

by Raisa A. Turner

Name of person acknowledged
(Individual signing document)

by Raisa A. Turner

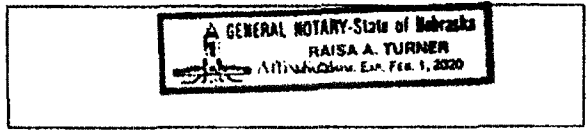
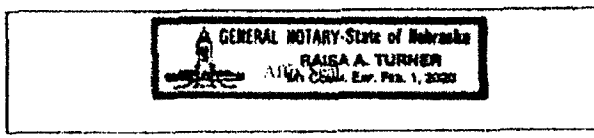
Name of person acknowledged
(Individual signing document)



Notary Public Signature



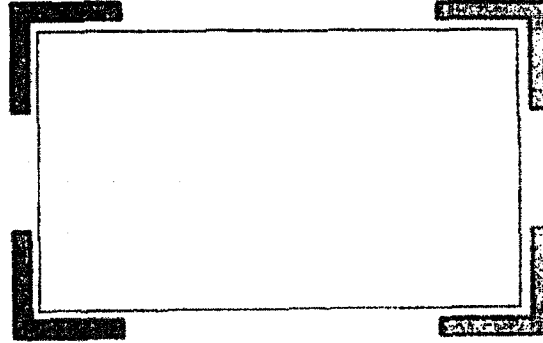
Notary Public Signature



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.

**PRIVACY ACT STATEMENT/
SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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301 CENTENNIAL MALL SOUTH
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PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.legtechprod.com



THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED:

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE
- Fee payment of \$45.25 per person MUST be made DIRECTLY to the Nebraska State Patrol:
It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/psp
Or a check made payable to NSP can be mailed directly to the following address:
Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License
The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521

- Fingerprints taken at NSP LIVESCAN locations will be forwarded to NSP – CID
Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices may be released to the applicants:
Fingerprint cards should be submitted with the application.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR. 16.34.

Trade Name: Walmart

Name of Person Bring Fingerprinted: Nathan Maerk

Date of Birth: 3/19 Last 4 SSN: [REDACTED] Date fingerprints were taken: 3/5/19

Location where fingerprints were taken: NSP Omaha

How was payment made to NSP?
 NSP PAYPORT CASH CHECK SENT TO NSP CK # _____
My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

[Signature]
SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

2/20/2019

SumTotal

Walmart

Certificate of Completion

This is to certify completion
of

Alcohol Sales

NATHAN MAERK
Associate

1/20/2012
Date

2/20/2019

SumTotal

Walmart

Certificate of Completion

This is to certify completion
of


Alcohol Sales (1.3)

NATHAN MAERK
Associate

1/20/2012
Date

THIS IS YOUR NEW POLLING PLACE INFORMATION / ACKNOWLEDGEMENT OF REGISTRATION CARD. This card replaces any previous card you may have received. Please discard any old cards to avoid confusion. Please review your name, address, and political party listed below. If you find errors, please contact us immediately. Remember to re-register every time you move, change your name, or change parties.

You do not need to present this card in order to vote, however, it will help ensure you are voting at your correct location and in the correct precinct. If you have any questions, please contact us at (402) 444-VOTE (6683). You may also visit the Election Commission website at www.votedouglascounty.com. The website contains sample ballots and information regarding early voting, candidates, offices, and elected officials.

VOTER INFORMATION			
Name:	Nathan Eric Maerk	 3626365	
Address:	4101 N 176th St Omaha NE 68116		
Polling Place:	Manchester Elementary School Foyer 2750 North H W S Cleveland Blvd. Omaha NE 68116 All Voters Use Main Entrance	Party:	R
		Ward:	07
		Precinct:	14
		Ballot Type:	01
		Date Issued:	1/27/2017

DISTRICT INFORMATION			
U.S. House of Rep	2	Legislature	04
City Council	7	Bd of Regents	8
NRD	5	MUD	Yes
OPPD	1	ESU	3-1
Public Sys Comm	3	Supreme Court	2
Appeals Court	2	School District	Elkhorn #10
		Mayor	Omaha
		State Bd of Ed	8
		Metro CC	3
		Learning Community	6
		County Comm	7

★ POLLS ARE OPEN ON ELECTION DAY FROM 8:00 A.M. TO 8:00 P.M. ★

