

Pete Ricketts
Governor

STATE OF NEBRASKA
NEBRASKA LIQUOR CONTROL COMMISSION

Robert 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/>

April 24, 2019

To: CITY CLERK OF LEXINGTON
Email: BAILEY.NOLAN@WALMART.COM
Manager Name: SHAWNA KNOTT
Licensee Name: WALMART 637
Licensee Trade Name (DBA): WALMART INC
License Number: D-062005
Date Due: 06-10-2019

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: 02005 Class Type: D (If new application leave blank)

Premise Trade Name/DBA: Walmart #1037

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)

Applicant Information

Last Name: Knott First Name: Shauna MI: D
 Home Address: 10110 E. 14th Street
 City: Kearney County: Buffalo Zip Code: 68847
 Home Phone Number: 308-379-7883
 Driver's License Number & State: Nebraska [REDACTED]
 Social Security Number: [REDACTED]
 Date Of Birth: [REDACTED] Place Of Birth: Grand Island, NE
 Email address: sdknott@hotmail.com

Are you married, divorced, widowed, or separated?

YES NO

Spouse Information

Spouse's Last Name: Knott First Name: Timothy MI: R
 Social Security Number: [REDACTED]
 Driver's License Number & State: Nebraska [REDACTED]
 Date Of Birth: [REDACTED] Place Of Birth: Grand Island, NE

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
Kearney, NE	2018	Current	Kearney, NE	2018	Current
Sidney, NE	2016	2018	Sidney, NE	2016	2018
Fremont, NE	2014	2016	Fremont, NE	2014	2016
Lincoln, NE	2008	2014	Lincoln, NE	2008	2014

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2003	2019	Walmart	Mike Graddy	308-236-6263
1999	2001	Walmart	Terry Holcomb	308-381-0333

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, 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):

Walmart in Sidney, Nebraska

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: 8/11/2017 Name on Certificate: Shauna D. Knott

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Shauna D. Knott	08/2017	Responsible Beverage Service Training
Shauna D. Knott	02/2018	Alcohol Sales Training - GLMS
Shauna D. Knott	01/2019	Alcohol Sales Training - GLMS

*For list of NLCC Certified Training Programs see [training](#)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Shauna Knott / Store Manager	8/16 - 12/18	Walmart, Sidney, NE
Shauna Knott / Co-Manager	12/14 - 8/16	Walmart, Fremont, NE
Shauna Knott / Assistant Manager	7/08 - 12/14	Walmart, Lincoln, NE
Shauna Knott / Assistant Manager	12/04 - 7/08	Walmart, Grand Island, NE
Shauna Knott / Store Manager	12/18 - Current	Walmart, Lexington, NE

5. Have you enclosed form 147 regarding fingerprints?

YES NO

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.

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.

Shawna Knott
Signature of Manager Applicant

[Signature]
Signature of Spouse

ACKNOWLEDGEMENT

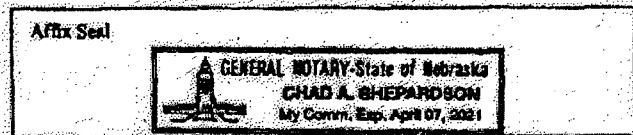
State of Nebraska
County of Buffalo

The foregoing instrument was acknowledged before me this

April 10, 2019
date

by Shawna P. Knott
NAME OF PERSON BEING ACKNOWLEDGED

Chad A. Sheparson
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.

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

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



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/NSP
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: _____

Name of Person Bring Fingerprinted: Shawna D. Knott

Date of Birth: [REDACTED] **Last 4 SSN:** [REDACTED] **Date fingerprints were taken:** 4/17/18

Location where fingerprints were taken: Nebraska State Patrol

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

Shawna D. Knott
SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
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Office Use

TK 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.

SK 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]
Signature of **NON-PARTICIPATING SPOUSE**

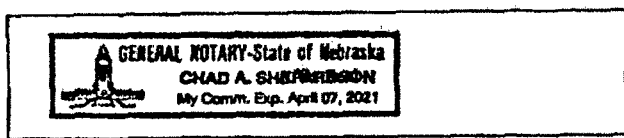
Timothy Knott
Print Name

State of Nebraska, County of Buffalo

The foregoing instrument was acknowledged before me
this April 10, 2019 (date)

by Timothy R. Knott
Name of person acknowledged
(Individual signing document)

[Signature]
Notary Public Signature



[Signature]
Signature of **APPLICANT**

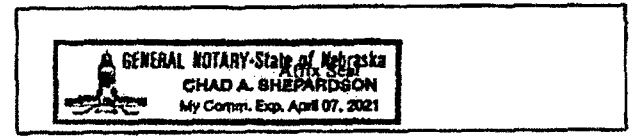
Shawna Knott
Print Name

State of Nebraska, County of Buffalo

The foregoing instrument was acknowledged before me
this April 10, 2019 (date)

by Shawna P. Knott
Name of person acknowledged
(Individual signing document)

[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.

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

128--

CHILD - NAME FIRST: Shawna MIDDLE: Dawn LAST: [REDACTED]			SEX Female	DATE OF BIRTH (Month, Day, Year) [REDACTED]	HOUR 12:15 PM
HOSPITAL - NAME (If not in hospital, give street and number) Lutheran Memorial Hospital		INSIDE CITY LIMITS (Specify Year or No.) Yes	CITY, TOWN, OR LOCATION OF BIRTH Grand Island, Nebr.		COUNTY OF BIRTH Hall
I certify that the above information concerning this child is true to the best of my knowledge and belief. (Signature) <i>[Signature]</i>			DATE SIGNED (Month, Day, Year) [REDACTED]	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER M.D.	
CERTIFIER - NAME AND TITLE (Type or print) Dr. S. Husen			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 908 N. Howard, Grand Island, NE 68801		
REGISTRAR - SIGNATURE <i>[Signature]</i>			DATE RECEIVED BY REGISTRAR MONTH: March DAY: 17 YEAR: 2018		
MOTHER - MAIDEN NAME FIRST: [REDACTED] MIDDLE: [REDACTED] LAST: [REDACTED]			AGE (At time of this birth) 35	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Plainview, Nebraska	
RESIDENCE - STATE Nebr.	COUNTY Hall	CITY, TOWN, OR LOCATION (Specify Year or No.) Calro, NE 68824	INSIDE CITY LIMITS (Specify Yes or No.) Yes	STREET AND NUMBER [REDACTED]	
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
FATHER - NAME FIRST: [REDACTED] MIDDLE: [REDACTED] LAST: [REDACTED]			AGE (At time of this birth) 31	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Grand Island, Nebraska	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent) <i>[Signature]</i>					RELATION TO CHILD Mother

Lisa Poff
3081236-1333
Election Commissioner
PO Box 1270
Kearney, NE 68848-1270

Return Service Requested

Post First Class
U.S. Postage
PAID
Kearney, NE
68847
Permit No. 518



Acknowledgement & Verification of Registration

IMPORTANT INFORMATION ON BACK

CUT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

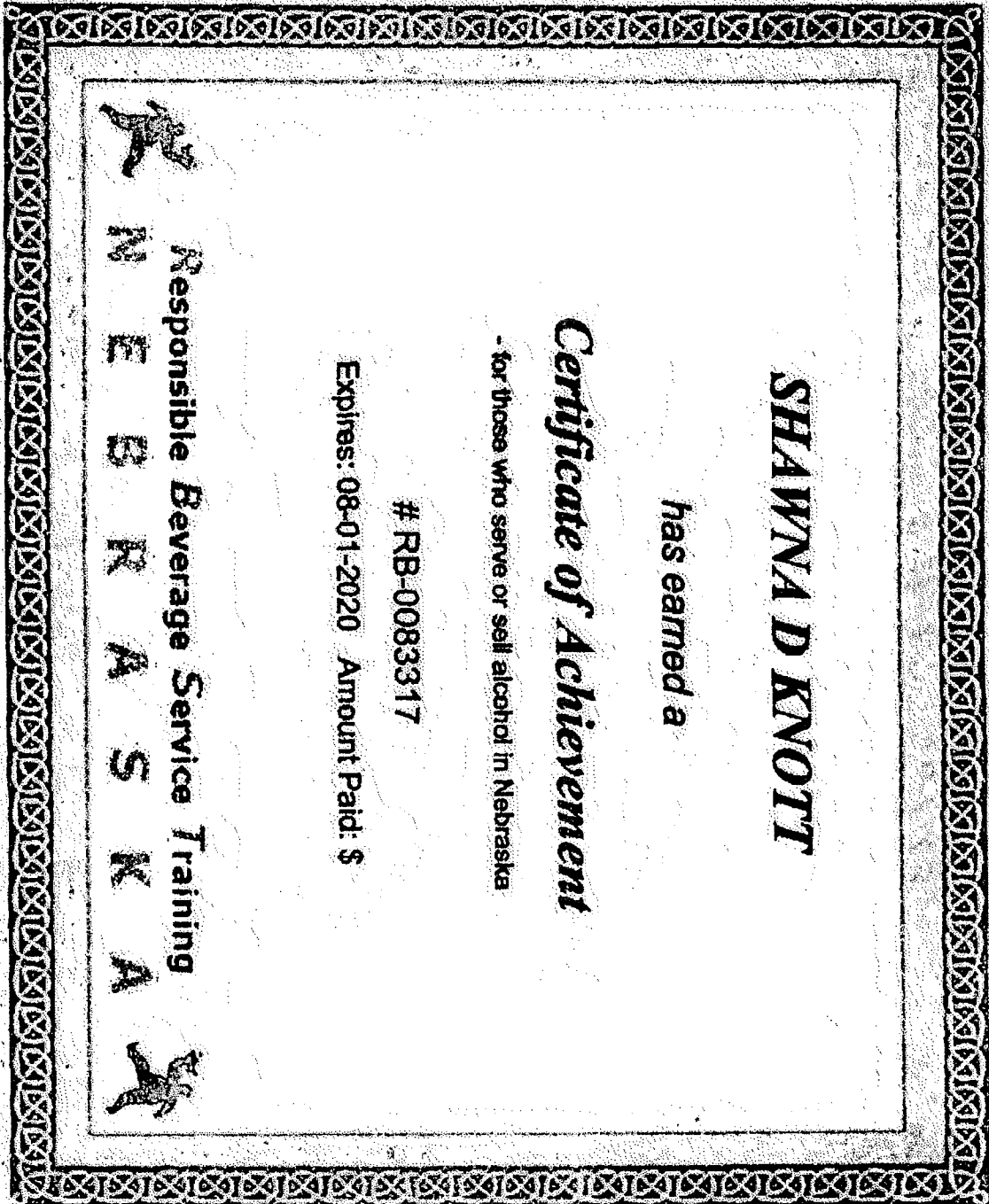
Precinct: 14 American Legion
Polling Place: Party: REP
14 American Legion/Bingo Hall
1223 Central Ave
Kearney
U.S. Congressional District 3
Commissioner Dist 2
Legislative District 37
Kearney Public Schools

Buffalo County, State of Nebraska

283779
Shawna D Knott
1016 E 14th St
Kearney, NE 68847

IP1 68847





SHAWNA D KNOTT

has earned a

Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

RB-0083317

Expires: 08-01-2020 Amount Paid: \$



Responsible Beverage Service Training
M E B R A S K A



4/10/2019

SumTotal



Certificate of Completion

This is to certify completion
of

Alcohol Sales Training (2.4)

SHAWNA KNOTT
Associate

1/22/2019
Date

Important Message:
If you have recently moved, please use the Polling Place feature. Locate Your Polling Place with the street and city address of your new/current residence.

[HOME](#)

[REGISTRATION INFORMATION](#)

[POLLING PLACE](#)

[PROVISIONAL BALLOT](#)

[ABSENTEE BALLOT](#)

[Select Language](#)

Registrant Search Information

Registrant Detail

Name: Shawna D Knott
Party: Republican
Polling Place: 14 American Legion/Bingo Hall
1223 Central Ave
Kearney, NE 68847

Districts

DISTRICT NAME

Central Com College Dist 3
U.S. Congressional District 3
Kearney City
Commissioner Dist 2
ESU 10 District 6
Appeals Court Judge Dist 6
County Judge Dist 9
District Judge, Dist 9
Supreme Court Judge Dist 6
Legislative District 37
Central Platte NRD SubD 5
Nebraska PPD SubD 3
PSC District 5
Board of Regents District 6
Kearney Public Schools
State Board of Education Dist6

DISTRICT TYPE

Community College District
U.S. Congressional District
City Council (Ward)
County Board (Commis./Superv)
ESU District
Judge of Appeals Court Dist.
Judge of County Court Dist.
Judge of District Court Dist.
Judge of Supreme Court Dist.
Legislative District
Natural Resources District
Public Power District
Public Service Comm District
Board of Regents
School District
State Board of Education

[Voter View Mobile](#)

[Registration Information](#) [Polling Place](#) [Provisional Ballot](#) [Absentee Ballot](#)

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© Voter View 3.3.1480.0