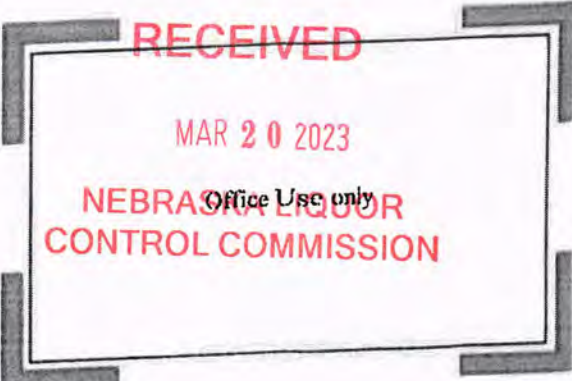


**MANAGER APPLICATION
FORM 103**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
EMAIL: lcc.frontdesk@nebraska.gov
WEBSITE: www.lcc.nebraska.gov

License Class: D

License Number:
116274



MANAGER MUST:

- Be at least 21-years of age
 - Complete all sections of the application.
 - Form must be signed by a **member or corporate officer**
 - Include Form 147 -Fingerprints are required
 - Provide a copy of one of the following: US birth certificate, US Passport or naturalization papers
 - Be a resident of the state of Nebraska and be a registered voter in the State of Nebraska,
 - Spouse who **will** participate in the business, the **spouse must meet the same requirements as the manager applicant:**
- Spouse who **will not** participate in the business
- Complete the Spousal Affidavit of Non Participation (Form 116). **Be sure to complete both halves of this form.**

CORPORATION/LLC INFORMATION

Name of Corporation/LLC: Country Partners Cooperative

PREMISES INFORMATION

Premises Trade Name/DBA: Cenex Ampride

Premises Street Address: 2700- Plum Creek Pkwy

City: Lexington County: Dawson Zip Code: 68850

Premises Phone Number: 308-324-8003

Premises Email address: admin@countrypartnerscoop.com

inside

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

The individual whose name is listed as a corporate officer or managing member as reported or listed with the Commission.



0400
0019

MANAGER INFORMATION

Last Name: Wagner ** Spouse* First Name: Christopher MI: M

Home Address: 2215 Avenue L

City: Gothenburg County: Dawson Zip Code: 69138-2534

Home Phone Number: 308 529 8766

Driver's License Number: [REDACTED]

Social Security Number: [REDACTED]

Date of Birth: [REDACTED] Place of Birth: Dodge City, KS

Email address: CWagner @ countryPartners Coop. 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: Wagner First Name: Shanda MI: Y

Social Security Number: [REDACTED]

Driver's License Number: [REDACTED]

Date of Birth: [REDACTED] Place of Birth: Colby, KS

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
<u>Great Bend KS</u>	<u>2020</u>	<u>2023</u>			
<u>Garden City KS</u>	<u>2018</u>	<u>2020</u>			
<u>Ulyesses, KS</u>	<u>2001</u>	<u>2018</u>			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2020	2022	Great Bend Coop	None was ceo	620 793 3531
2006	2020	Garden City Coop	John McClelland	620 275 6161

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
Chris Wagner	Unknown	Unknown	Speeding ticket	

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.

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Chris Wagner	3/23	Hospitality exam.com

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Chris Wagner / CEO	1/2/23	Country Partners Cooperative

5. Have you enclosed Form 147 regarding fingerprints?


YES NO

PERSONAL OATH AND CONSENT OF INVESTIGATION
SIGNATURE PAGE – PLEASE READ CAREFULLY

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. 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.*

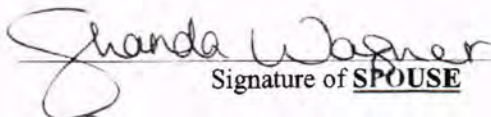
Must be signed by applicant and spouse.



Signature of **APPLICANT**

Chris Wagner

Printed Name of **APPLICANT**



Signature of **SPOUSE**

Shanda Wagner

Printed Name of **SPOUSE**

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

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PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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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/nsppayport
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
4600 Innovation Drive
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 the 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.

****Please Submit this form with your completed application to the Liquor Control Commission****

Trade Name Country Partners Cooperative
Name of Person Being Fingerprinted: Christopher Michael Wegner
Date of Birth: [REDACTED] Last 4 SSN: [REDACTED]
Date fingerprints were taken: 1/23/23
Location where fingerprints were taken: North Platte
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 REQUIRED OF PERSON BEING FINGERPRINTED

**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
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Website: www.lcc.nebraska.gov



sw 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.

sw 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.

Shanda Wagner
Signature of **NON-PARTICIPATING SPOUSE**

Chris Wagner
Signature of **APPLICANT**

Shanda Wagner
Print Name

Chris Wagner
Print Name

State of Nebraska, County of Dawson

State of Nebraska, County of Dawson

The foregoing instrument was acknowledged before me
this March 7, 2023 (date)

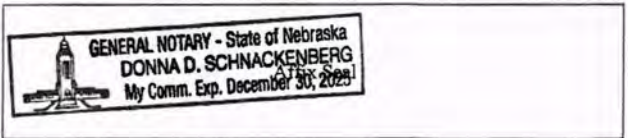
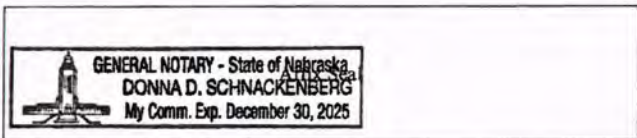
The foregoing instrument was acknowledged before me
this March 7, 2023 (date)

by Shanda Wagner
Name of person acknowledged
(Individual signing document)

by Chris Wagner
Name of person acknowledged
(Individual signing document)

Donna D. Schnackenberg
Notary Public Signature

Donna D. 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.

Certificate of Completion

This is to certify that

Chris Wagner

has successfully completed the following
HOSPITALITYexam.com course and examination
Course Name: Nebraska Alcohol Server/Seller Certification



Edward D McLean, Administrator
www.HOSPITALITYexam.com

Date: 03/27/2023

Expiration: 03/27/2026

Certificate #: 146714