CITY OF LINCOLN NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

July 9, 2015

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Walgreen Company, DBA Walgreens 11089, 5500 Red Rock Lane, requesting that Renee Snider be approved as the manager of their class D-086161 liquor license.

Ms. Snider completed the required management training on July 9, 2015.

No areas of concern were found.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police

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

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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**

Corporation/LLC information

Name of Corporation/LLC: Walgreen Co.

Premise information

Liquor License Number: 86161 Class Type D (if new application leave blank)

Premise Trade Name/DBA: Walgreens #11089

Premise Street Address: 5500 Red Rock Lane

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: (402) 421-2122

Email address: eric.lyles@walgreens.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

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

1500016425

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

Last Name: Snider First Name: Renee MI:

Home Address (include PO Box if applicable): 11920 W Bram Hill Rd

City: Denton County: Lancaster Zip Code: 68339

Home Phone Number: (402) 617-8559 Business Phone Number: (402) 853-9372

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: West Point, NE

Email address: renee.snider@walgreens.com

Are you married? If yes, complete spouse's information. Even if not married, this must be submitted.

☑ YES ☐ NO

Spouse's Information

Spouses Last Name: Snider First Name: Brandon MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: US Base - Germany

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
Denton, NE	2012	Present	Denton, NE	2012	Present
Lincoln, NE	1998	2012	Lincoln, NE	2007	2012
			Omaha, NE	2005	2007

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1998	Present	Walgreens	Michael Highley	(402) 330-2860
1996	1998	Kohl's	Kim	(402) 484-5200

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
Renee Snider	03/2003	Lincoln, NE	DUI 3rd	probation
Renee Snider	03/1998	Lincoln, NE	DUI 1st	probation
Renee Snider	03/1998	Lincoln, NE	DUI 1st	probation
Renee Snider	08/1999	Lincoln, NE	DU Suspension	7 days jail
Renee Snider	12/1993	West Point, NE	MIP	community service

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

*NLCC Training Certificate Issued: RB-0007033 Name on Certificate: Renee Snider

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Renee Snider	03/2013	Responsible Beverage Service Training
Renee Snider	03/2013	Lincoln Server / Seller permit

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

Experience:

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

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5. Have you enclosed Form 147 regarding fingerprints?

■ 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 LANCASTER

The foregoing instrument was acknowledged before me this 6/24/15 (date) by Renee & Brandon Smith (name of person acknowledged)

Notary Public signature

Affix seal

GENERAL NOTARY-State of Nebraska
CASEY M. AYLWARD
My Comm. Exp. June 8, 2019

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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Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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301 CENTENNIAL MALL SOUTH
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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.

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

Brandon Snider
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

6/24/15
date

The foregoing instrument was acknowledged before me this

by Brandon
name of person acknowledged

Notary Public signature

Affix Seal
GENERAL NOTARY-State of Nebraska
CASEY M. AYLWARD
My Comm. Exp. June 8, 2019

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.

Signature of individual involved with application
(Spouse of individual listed above)

Renee Snider
Printed name of applying individual

State of Nebraska

County of Lancaster

6/24/15
date

The foregoing instrument was acknowledged before me this

by Renee
name of person acknowledged

Notary Public signature

Affix Seal
GENERAL NOTARY-State of Nebraska
CASEY M. AYLWARD
My Comm. Exp. June 8, 2019

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.

FORM 35-4178
Revised 1/2008