

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 4088, 2502 N 48th Street, requesting that Renee Snider be approved as the manager of their class D-088735 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.

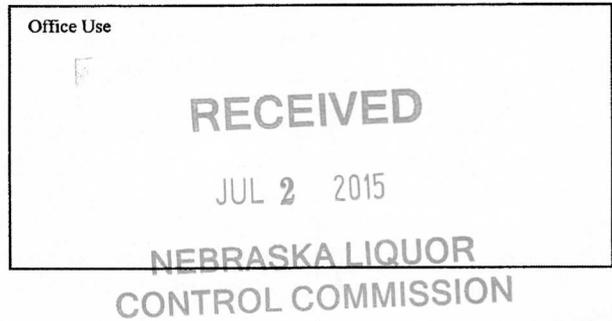


JIM PESCHONG, Chief of Police



**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



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: 88735 Class Type D (if new application leave blank)

Premise Trade Name/DBA: Walgreens #04088

Premise Street Address: 2502 N. 48th St.

City: Lincoln County: Lancaster Zip Code: 68504

Premise Phone Number: (402) 466-1424

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)

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 Beam 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 information. Even if a pet or child has been 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 HISTORIC RESIDENCES FOR THE PAST TEN (10) YEARS
 APPLICANT SPOUSE**

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>Denton, NE</u>	<u>2012</u>	<u>Present</u>	<u>Denton, NE</u>	<u>2012</u>	<u>Present</u>
<u>Lincoln, NE</u>	<u>1998</u>	<u>2012</u>	<u>Lincoln, NE</u>	<u>2007</u>	<u>2012</u>
			<u>Omaha, NE</u>	<u>2005</u>	<u>2007</u>

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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	DUI 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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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.

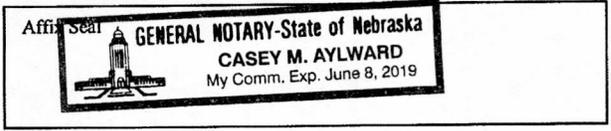
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

[Signature] Signature of Manager Applicant [Signature] Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska Lincoln County of Lincoln The foregoing instrument was acknowledged before me this 6/24/15 date by Renee & Braden Skide name of person acknowledged

[Signature] 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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**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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Office Use

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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]
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

The foregoing instrument was acknowledged before me this

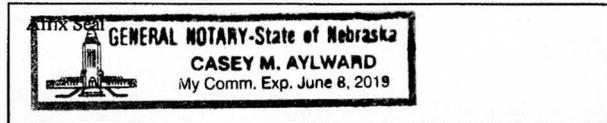
6/24/15
date

by

Brandon

name of person acknowledged

[Signature]
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.

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

Renee Snider

Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

6/24/15
date

by

Renee

name of person acknowledged

[Signature]
Notary Public signature



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