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 6, 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 Shopko Stores Operating Co, LLC, DBA Shopko 47, 100 S 66th Street, requesting a class B-112991 liquor license.

James Larson, a District Manager for the Lincoln area Shopko stores, is requesting that he be approved as the manager of the liquor license.

Mr. Larson has not yet completed the required management training.

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

APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL

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

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Hot List: YES / NO	New/Replacing #	
Class Type B	112991	Initial JM

Applicant name Shopko Stores Operating Co., LLC

Trade name Shopko #47

Previous trade name N/A

Contact email address jessica.walske@shopko.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

crim hist reported on application	prints on file per applicant	6-25-15 entered into database AG report sent FM, Enf & Local

Office use only
PAYMENT TYPE CK 3713779
AMOUNT: $400
Received: MM

1500015844

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1. X Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application.

2. X Enclose application fee of $400, check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport

3. X Enclose the appropriate application forms;
   - Individual License (requires insert form 1)
   - Partnership License (requires insert form 2)
   - Corporate License (requires insert form 3a & 3c)
   - Limited Liability Company (LLC) (requires form 3b & 3c)

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CONTROL COMMISSION

4. X If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for.

5. N/A If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. N/A If buying the business of a current liquor license holder:
   a. Provide a copy of the purchase agreement from the seller (must read applicants name).
   b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
   c. Enclose a list of the assets being purchased (furniture, fixtures and equipment).

7. N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).

8. N/A Enclose a list of any inventory or property owned by other parties that are on the premises.

9. N/A For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
   a. For residency enclose proof of registered voter in Nebraska
   b. See guideline for further assistance http://www.lcc.nebraska.gov/brochures.html

10. X Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

11. N/A Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

[illegible], secretary
Signature

5-12-15
Date

① L & W of building

APPLICATION FOR LIQUOR LICENSE
RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS

RETAIL LICENSE(S) Application Fee $400 (non refundable)

- [ ] A BEER, ON SALE ONLY
- [x] B BEER, OFF SALE ONLY
- [ ] C BEER, WINE, DISTILLED SPIRTS, ON AND OFF SALE
- [ ] D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- [ ] I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- [ ] AB BEER, ON AND OFF SALE
- [ ] AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- [ ] IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

- [ ] Class K Catering license (requires catering application form 106) $100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- [ ] Individual License (requires insert form 1)
- [ ] Partnership License (requires insert form 2)
- [ ] Corporate License (requires insert form 3a & 3c)
- [x] Limited Liability Company (LLC) (requires form 3b & 3c)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application

Name Jessica M. Walske Phone number: 920-429-4166

Firm Name Shopko Stores Operating Co., LLC

PREMISES INFORMATION

Trade Name (doing business as) Shopko #47

RECEIVED

Street Address #1 100 S. 66th Street

MAY 15 2015

Street Address #2

City Lincoln County Lancaster #2 Zip Code 68510

NEBRASKA LIQUOR CONTROL COMMISSION

Premises Telephone number 402-489-3887

Business e-mail address jessica.walske@shopko.com

Is this location inside the city/village corporate limits: [x] YES [ ] NO

city

Mailing address (where you want to receive mail from the Commission)

Name Shopko Stores Operating Co., LLC

Street Address #1 PO Box 19060

Street Address #2

City Green Bay State WI Zip Code 54307-9060

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length ____ x width See Exhibit A in feet

Is there a basement? Yes____ No____ If yes, length _____x width _____ in feet

Is there an outdoor area? Yes___ No____ If yes, length____ x width_____ in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

290 X 320

one story building

see attached diagram

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**
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. Include traffic violations. 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
Peter G. Vandenhouten	08/2011	Allouez, WI	OWI	License Revocation
Gary Gibson	1986	Indiana	Minor in Possession	Fine

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number_____
a) Submit a copy of the sales agreement
b) Include a list of alcohol being purchased, list the name brand, container size and how many
c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number_____

4. Are you filing a temporary operating permit (TOP) to operate during the application process?

☐ YES ☒ NO

If yes:
a) Attach temporary operating permit (TOP) (form 125)
b) TOP will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s)_____

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. (All involved persons must be disclosed on application)

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such item(s) and the owner._____

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business
a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Wells Fargo in Lincoln, NE - Gary Gibson, Russell Steinhorst, Peter Vandenhouten

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

See attached listing, Exhibit B.

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
James E. Larson	01/2015	Nebraska Responsible Service Training

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
N/A		

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

☐ Lease: expiration date_____

☒ Deed

☐ Purchase Agreement

14. When do you intend to open for business? Business is opened.

15. What will be the main nature of business? General Merchandise Retailer

16. What are the anticipated hours of operation? Mon-Sun; 8 am - 9 pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
See attached Exhibit C					

If necessary attach a separate sheet.

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.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

Signature of Applicant | **Signature of Spouse**

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Peter K. McMahon, CEO | N/A

Print Name | **Print Name**

Signature of Applicant | **Signature of Spouse**

Russell L. Steinhorst, SVP, CFO | Non-Participating

Print Name | **Print Name**

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Wisconsin
County of Brown

The foregoing instrument was acknowledged before me this

5-13-15
date

by Peter K. McMahon / Russell L. Steinhorst
name of person(S) acknowledged (individual(s) signing)

Jessica M. Walsh
Notary Public signature

Affix Seal

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.

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.

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Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

Signature of Applicant	**Signature of Spouse**
Peter G. Vandenhouten	N/A
Print Name	**Print Name**
Signature of Applicant	**Signature of Spouse**
Gary Gibson VP - Treasurer	Non-Participating
Print Name	**Print Name**

RECEIVED
MAY 15 2015
NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Wisconsin
County of Brown

The foregoing instrument was acknowledged before me this

5-13-15 by Peter G. Vandenhouten / Gary Gibson
date name of person(S) acknowledged (individual(s) signing)

Jessica Walsh
Notary Public signature

Affix Seal

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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

Office Use

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: Shopko Stores Operating Co., LLC

Premise information

Liquor License Number: N/A Class Type B (if new application leave blank)

Premise Trade Name/DBA: Shopko #47

Premise Street Address: 100 S. 66th Street

City: Lincoln County: Lancaster Zip Code: 68510

Premise Phone Number: 402-489-3887

Email address: jessica.walske@shopko.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

Secretary

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

voter reg, signed, BC, prints on file

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

Gender: (X) MALE ( ) FEMALE

Last Name: Larson First Name: James MI: E.

Home Address (include PO Box if applicable): 17212 U. Street

City: Omaha County: Douglas Zip Code: 68135

Home Phone Number: 402-896-9232 Business Phone Number: 402-572-5395

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Norfolk Ne.

(X) YES ( ) NO - spousal

Spouses Last Name: LARSON First Name: MARY JO MI: A

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Algona, Iowa

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha Ne	1998	Present	OMAHA, NE	1998	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2012	2014	Shopko	Bill Young	402-572-5395
1976	2012	Pamida	Bill Young	not active

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.

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NEBRASKA LIQUOR CONTROL COMMISSION

( ) YES (X) 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 (X) NO

IF YES, list the name of the premise.

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? (X) YES ( ) NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the **Nebraska State Patrol for $38.00 per person**)

(X) YES ( ) NO prints on file 3-10-2014

5. List any alcohol related training and/or experience (when and where).

My Training - Drug + Alcohol Policy @ Shopko 8-8-2012

District Manager of Ne. stores @ Shopko June 2012 → present.

~~Spouse~~

Prints on file for James Larson as of 2014

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.

James E. Larson
Signature of Manager Applicant

Mary Jo Larson
Signature of Spouse

ACKNOWLEDGEMENT

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

15th day of March 2014 by James E Larson and MaryJo Larson
date name of person acknowledged

Notary Public signature

Affix Seal

GENERAL NOTARY-State of Nebraska
SAMANTHA A. LEWIS
My Comm. Exp. November 13, 2016

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
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

[redacted]

Mary J. Larson
Signature of spouse asking for waiver
(Spouse of individual listed below)

Mary Jo Larson
Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

3-1-14
date

Georgia G. Anderson
Notary Public signature

The foregoing instrument was acknowledged before me this

by Mary Jo Larson
name of person acknowledged

Affix Seal

GENERAL NOTARY - State of Nebraska
GEORGIA G. ANDERSON
My Comm. Exp. May 20, 2016

[redacted]

James E. Larson
Signature of individual involved with application
(Spouse of individual listed above)

James E. Larson
Printed name of applying individual

State of Nebraska

County of Douglas

3-1-14
date

Georgia G. Anderson
Notary Public signature

The foregoing instrument was acknowledged before me this

by James E. Larson
name of person acknowledged

Affix Seal

GENERAL NOTARY - State of Nebraska
GEORGIA G. ANDERSON
My Comm. Exp. May 20, 2016

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

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

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

Office Use

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

1) **All officers, directors and stockholders must be listed**
2) **President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.**
3) **Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License Form 100 (even if a spousal affidavit has been submitted)**

Attach copy of Articles of Incorporation (must show electronic stamp or barcode receipt by Secretary of States Office)

Name of Registered Agent: CT Corporation

Name of Corporation that will hold license as listed on the Articles

Shopko Stores Operating Co., LLC

Corporation Address: 700 Pilgrim Way; PO Box 19060

City: Green Bay State: WI Zip Code: 54307

Corporation Phone Number: 920-429-2211 Fax Number 920-429-7089

Total Number of Corporation Shares Issued: 0

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: McMahon First Name: Peter MI: K

Home Address: 4550 Algonquin Trail City: Green Bay

State: WI Zip Code: 54313 Home Phone Number: 920-429-2211

Signature of President/CEO

State of ~~Nebraska~~ Wisconsin
County of Brown

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this

6-19-15 **by** Peter K McMahon
Date **name of person acknowledge**

Affix Seal

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Shopko Holding Co., LLC First Name: _____ MI: _____ controlling corp

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 100%

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Last Name: McMahon First Name: Peter MI: K signed

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Leila McMahon – spousal

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0%

Last Name: Steinhorst First Name: Russell MI: L signed

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Kerri E. Steinhorst – spousal

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0%

Last Name: Vandenhouten First Name: Peter MI: G signed

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 0%

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Gibson First Name: Gary MI: L signed

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): Susan Gibson – Spousal

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 0%

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single):

Spouse Social Security Number: Date of Birth:

Percentage of member ownership

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single):

Spouse Social Security Number: Date of Birth:

Percentage of member ownership

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single):

Spouse Social Security Number: Date of Birth:

Percentage of member ownership

Is the applying Limited Liability Company controlled by another corporation/company?

☒ YES ☐ NO

see attached

If yes, provide the following:

1) Name of corporation Shopko Holding ~~Corporation~~ Company, LLC
2) Supply an organizational chart of the controlling corporation named above
3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: February Ending Date: January

Is this a Non Profit Corporation?

☐ YES ☒ NO

If yes, provide the Federal ID #._____

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

Print Form

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
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED
MAY 15 2015
NEBRASKA LIQUOR CONTROL COMMISSION

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)

Leila McMahon
Printed name of spouse asking for waiver

State of Wisconsin

County of Brown

9-25-14
date

The foregoing instrument was acknowledged before me this

by Leila McMahon
name of person acknowledged

Affix Seal

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

Peter McMahon
Printed name of applying individual

State of Wisconsin

County of Brown

9-25-14
date

The foregoing instrument was acknowledged before me this

by Peter McMahon
name of person acknowledged

Affix Seal

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.

FORM 35-4178
Revised 1/2008

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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

Kerri Steinhorst
Printed name of spouse asking for waiver

State of Wisconsin

County of Brown

6-2-15
date

The foregoing instrument was acknowledged before me this

by Kerri Steinhorst
name of person acknowledged

Affix Seal

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

Russell Steinhorst
Printed name of applying individual

State of Wisconsin

County of Brown

6-2-15
date

The foregoing instrument was acknowledged before me this

by Russell L. Steinhorst
name of person acknowledged

Affix Seal

Notary Public signature

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FORM 35-4178
Revised 1/2008

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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

Susan Gibson
Printed name of spouse asking for waiver

State of Wisconsin

County of Brown

6-2-15
date

The foregoing instrument was acknowledged before me this

by Susan Gibson
name of person acknowledged

Affix Seal

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

Gary Gibson
Printed name of applying individual

State of Wisconsin

County of Brown

6-2-15
date

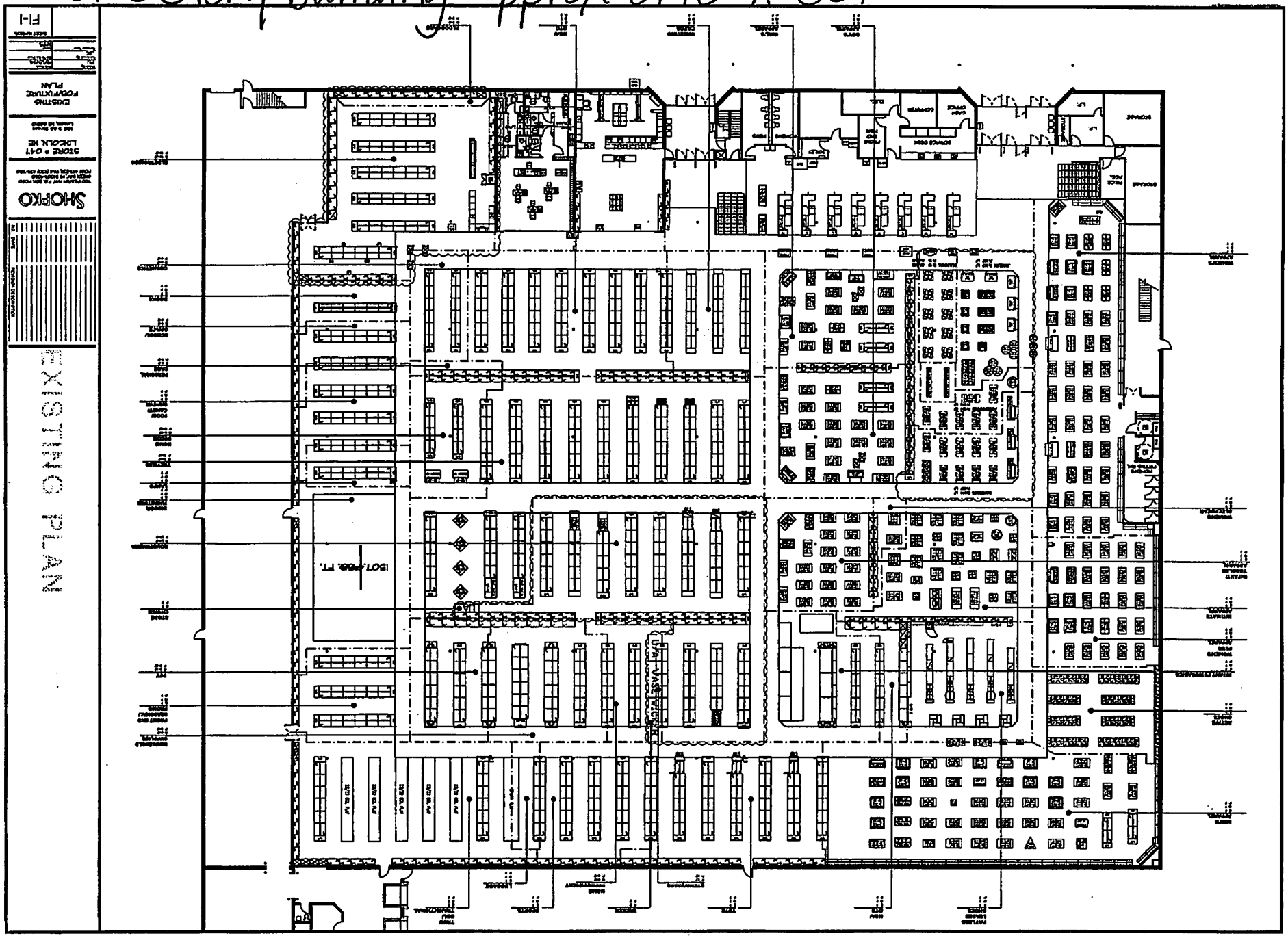
The foregoing instrument was acknowledged before me this

by Gary Gibson
name of person acknowledged

Affix Seal

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.

FORM 35-4178
Revised 1/2008

one story building approx 290 x 320