



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 10, 2010

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 Walgreens requesting class D liquor licenses.

The following are the requested locations: 2502 North 48<sup>th</sup>, 7045 'O' Street, 8300 Northern Lights Drive.

James Karins has requested that he be approved as the manager of the liquor licenses.

Background information on Mr. Karins will be omitted as he is the currently approved manager of all other Walgreens liquor licenses in the City of Lincoln.

The required training was completed on January 14, 2010.

Stockholder information has been included for your review.

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.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

APR 28 2010

Trade Name (doing business as) Walgreens #01162

Street Address #1 8300 Northern Lights Dr.

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #2

City Lincoln

County Lancaster

Zip Code 68505

Premise Telephone number 402-464-8302

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

Mail address (where you want receipt of mail from the commission)

Name WALGREEN CO., Attn: Katie Radke

Street Address

#1 P.O. Box 901, Deerfield, IL 60015

Street Address

#2 300 Wilmot Road, MS #3301

City Deerfield

State IL

Zip Code 60015

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, 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 in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

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

See Attached Drawing



**APPLICANT INFORMATION**

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

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

APR 28 2010

If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR  
CONTROL COMMISSION

2. Are you buying the business and/or assets of a licensee?

YES  NO

If yes, give name of business and license number \_\_\_\_\_

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
- b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

YES  NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

YES  NO

If yes, list the lender \_\_\_\_\_

5. 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. The store manager's bonus is based on total year end store profits and the landlord may be entitled to a percentage of sales. Shareholders also have financial interest.

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

YES  NO

If yes, list such items and the owner. \_\_\_\_\_

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

YES  NO

If yes, explain. \_\_\_\_\_

**No silent partners**

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

YES  NO

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

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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

NEBRASKA LIQUOR CONTROL COMMISSION

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

Bank of America - Rick Hans

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 rider

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

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:

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 5/31/2080

Deed

Purchase Agreement

14. When do you intend to open for business? Opened 3/24/2005

15. What will be the main nature of business? Retail Drug Store

16. What are the anticipated hours of operation? 8:00am - 10:00pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

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



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NEBRASKA LIQUOR  
CONTROL COMMISSION

**OFFICER ADDRESSES (PREVIOUS 10 YEARS)**

Gregory D. Wasson	1724 Holly Ct., Long Grove, IL 60047	02/1999 – Present
Mark A. Wagner	1127 S. Ridge Rd., Lake Forest, IL 60045 1127 N. Lincoln Avenue, Chicago, IL	05/2001 – Present 1996 - 2003
Margarita E. Kellen	845 Wagner Rd., Glenview, IL 60025	01/1984 – Present
Jason M. Dubinsky	1156 Cherry St., Deerfield, IL 60015 1157 W. Newport Ave, Chicago IL 1322 W. Eddy St, Chciago, IL 77 Park Avenue, Hoboken, NJ	2008 – Present 2003 - 2008 2001 - 2003 2000 - 2001

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NEBRASKA LIQUOR  
CONTROL COMMISSION

LIST OF LIQUOR LICENSES  
FOR JAMES P. KARINS  
CORPORATE MANAGER FOR WALGREEN CO.

STR#	ADDRESS	JURISDICTION	ST	STATUS	LICENSE NUMBER
3269	705 N BURLINGTON AVE	HASTINGS	NE	APPROVED	
2472	18040 R PLAZA	DOUGLAS COUNTY	NE	LICENSE ISSUED	88622
11203	17909 BURKE ST	DOUGLAS COUNTY	NE	LICENSE ISSUED	88623
11204	20201 MANDERSON STREET	DOUGLAS COUNTY	NE	LICENSE ISSUED	88620
9899	1525 E 23RD STREET	FREMONT	NE	LICENSE ISSUED	88632
3467	1515 W 2ND ST	GRAND ISLAND	NE	LICENSE ISSUED	88629
12538	1230 N WEBB RD	GRAND ISLAND	NE	LICENSE ISSUED	88630
3716	2516 SECOND AVE.	KEARNEY	NE	LICENSE ISSUED	88636
515	2600 S 48TH STREET	LINCOLN	NE	LICENSE ISSUED	86183
2845	5701 VILLAGE BLVD	LINCOLN	NE	LICENSE ISSUED	86154
5874	2630 PINE LAKE RD	LINCOLN	NE	LICENSE ISSUED	86157
11089	5500 RED ROCK LANE	LINCOLN	NE	LICENSE ISSUED	86161
541	1301 O STREET	LINCOLN	NE	LICENSE ISSUED	88616
12405	102 EAST PHILIP AVENUE	NORTH PLATTE	NE	LICENSE ISSUED	88626
5360	5062 S. 155TH ST.	OMAHA	NE	LICENSE ISSUED	86165
5966	2605 S 171ST ST	OMAHA	NE	LICENSE ISSUED	86176
6802	15525 SPAULDING PLAZA	OMAHA	NE	LICENSE ISSUED	86175
13137	13510 Q STREET	OMAHA	NE	LICENSE ISSUED	86180
10502	1030 W 21ST ST	SOUTH SIOUX CITY	NE	LICENSE ISSUED	88639
6884	4000 S 70TH STREET	LINCOLN	NE	PENDING FIRE	
10892	533 SOUTH LINCOLN AVE	YORK	NE	PENDING FIRE	

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation 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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

  
\_\_\_\_\_  
Signature of Applicant Gregory D. Wasson  
President & CEO

  
\_\_\_\_\_  
Signature of Spouse Kimberly R. Wasson

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APR 28 2010

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

NEBRASKA LIQUOR  
CONTROL COMMISSION

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of ~~Nebraska~~ Illinois

County of Lake

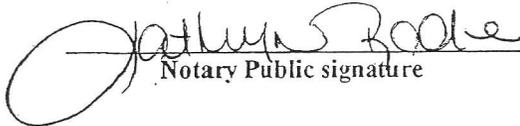
County of Lake

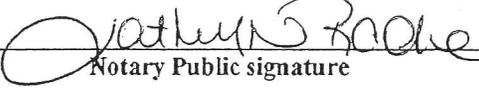
The foregoing instrument was acknowledged before me this 11/2/09 by

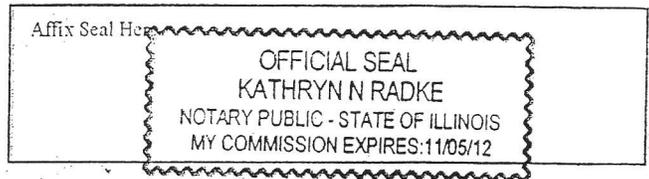
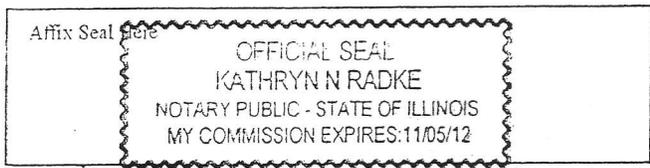
The foregoing instrument was acknowledged before me this 11/2/09 by

Gregory D. Wasson

Kimberly R. Wasson

  
\_\_\_\_\_  
Notary Public signature

  
\_\_\_\_\_  
Notary Public signature



in compliance with the ADA, this manager insert form 3c 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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*[Handwritten Signature]*

Signature of Applicant

Mark A. Wagner  
Executive Vice President

*[Handwritten Signature]*

Signature of Spouse

Mimi Jung Wagner

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APR 28 2010

NEBRASKA LIQUOR CONTROL COMMISSION

Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ Illinois

County of LAKE

County of LAKE

The foregoing instrument was acknowledged before me this 11/02/2009 by

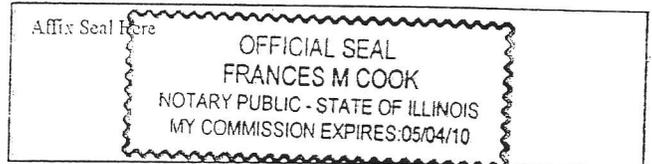
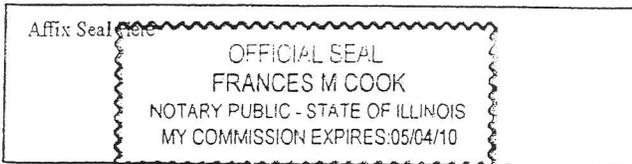
The foregoing instrument was acknowledged before me this 11/02/2009 by

Mark A. Wagner

Mimi Jung Wagner

*[Handwritten Signature]*  
Notary Public signature

*[Handwritten Signature]*  
Notary Public signature



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Margarita E. Kellen  
 Signature of Applicant      Margarita E. Kellen  
 Assistant Secretary

Kevin Mathis Kellen  
 Signature of Spouse      Kevin Mathis Kellen

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\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Spouse      APR 28 2010

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Spouse      NEBRASKALIQUOR CONTROL COMMISSION

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Spouse

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Spouse

State of ~~Nebraska~~ Illinois  
 County of LAKE

County of LAKE

The foregoing instrument was acknowledged before me this 29<sup>th</sup> Oct 2009 by

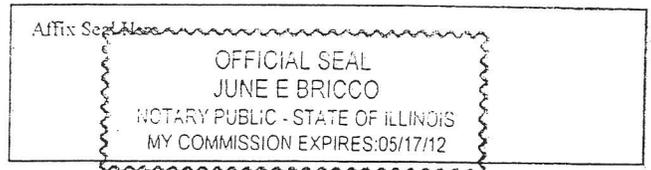
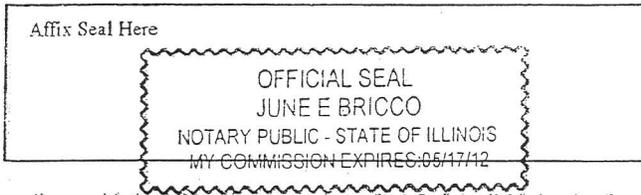
The foregoing instrument was acknowledged before me this 29<sup>th</sup> Oct 2009 by

Margarita E. Kellen

Kevin Mathis Kellen

June E. Brizzo  
 Notary Public signature

June E. Brizzo  
 Notary Public signature



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Jason M. Dubinsky  
Signature of Applicant      Jason M. Dubinsky  
Treasurer

Jennifer Dubinsky  
Signature of Spouse      Jennifer Dubinsky  
**RECEIVED**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse      APR 28 2010

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse      **NEBRASKA LIQUOR CONTROL COMMISSION**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of ~~Nebraska~~ Illinois  
County of Lake

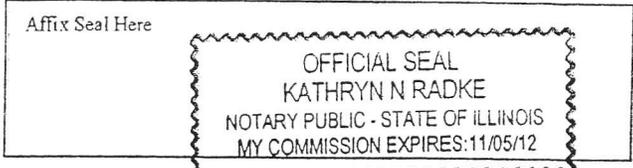
County of Lake

The foregoing instrument was acknowledged before me this 11/11/09 by

The foregoing instrument was acknowledged before me this 11/11/09 by

Jason M. Dubinsky  
Kathryn Radke  
Notary Public signature

Jennifer Dubinsky  
Kathryn Radke  
Notary Public signature



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**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](http://www.lcc.ne.gov)

Office Use  
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APR 28 2010  
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 an 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.

*Kimberly R. Wasson*  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Kimberly R. Wasson  
Printed name of spouse asking for waiver

State of Illinois  
County of Lake  
11/2/09  
date

The foregoing instrument was acknowledged before me this

by Kimberly R. Wasson

*Kathryn Radke*  
Notary Public signature

Affix Seal  
OFFICIAL SEAL  
KATHRYN N RADKE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 11/05/12

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.

*Gregory D. Wasson*  
Signature of individual involved with application  
(Spouse of individual listed above)

Gregory D. Wasson  
Printed name of applying individual

State of Illinois  
County of Lake  
11/2/09  
date

The foregoing instrument was acknowledged before me this

by Gregory D. Wasson  
name of person acknowledged

*Kathryn Radke*  
Notary Public signature

Affix Seal  
OFFICIAL SEAL  
KATHRYN N RADKE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 11/05/12

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.

**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.loc.ne.gov](http://www.loc.ne.gov)

Office Use  
**RECEIVED**  
APR 28 2010  
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 (§ 3-125(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.

*Mimi Jung Wagner*  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Mimi Jung Wagner  
Printed name of spouse asking for waiver

State of Illinois

County of LAKE

The foregoing instrument was acknowledged before me this

11/02/2009  
date

by Mimi Jung Wagner  
name of person acknowledged

*Frances M Cook*  
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. It is determined that the above individual has violated (§ 3-125(13)) of the Commission may cancel or revoke the liquor license.

*Mark A. Wagner*  
Signature of individual involved with application  
(Spouse of individual listed above)

Mark A. Wagner  
Printed name of applying individual

State of Illinois

County of LAKE

The foregoing instrument was acknowledged before me this

11/02/2009  
date

by Mark A. Wagner  
name of person acknowledged

*Frances M Cook*  
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.

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
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Office Use  
**RECEIVED**  
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NEBRASKA LIQUOR  
CONTROL COMMISSION

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Kevin M. Kellen  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Kevin Mathis Kellen  
Printed name of spouse asking for waiver

State of Illinois

County of LAKE

The foregoing instrument was acknowledged before me this

10/29/2009  
date

by Kevin Mathis Kellen  
name of person acknowledged

June E. Bracco  
Notary Public signature

Affix Seal  
OFFICIAL SEAL  
JUNE E BRICCO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES:05/17/12

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.

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

Margarita E. Kellen  
Printed name of applying individual

State of Illinois

County of LAKE

The foregoing instrument was acknowledged before me this

10/29/2009  
date

by Margarita E. Kellen  
name of person acknowledged

June E. Bracco  
Notary Public signature

Affix Seal  
OFFICIAL SEAL  
JUNE E BRICCO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES:05/17/12

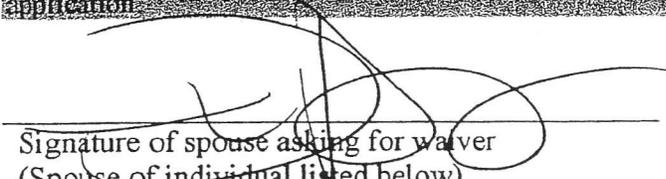
In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**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](http://www.lcc.ne.gov)

Office Use  
**RECEIVED**  
APR 28 2010  
NEBRASKA LIQUOR  
CONTROL COMMISSION

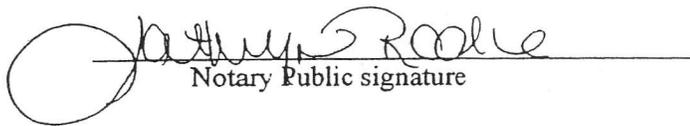
I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have an interest directly or indirectly in the operation or profit of the business (8-23-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write 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)

Jennifer Dubinsky  
Printed name of spouse asking for waiver

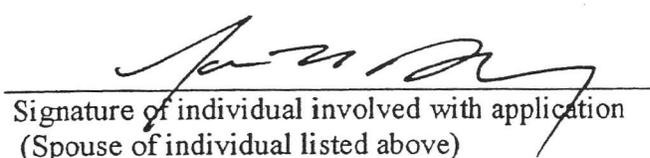
State of Illinois  
County of Lake  
11/11/09  
date

The foregoing instrument was acknowledged before me this  
by Jennifer Dubinsky  
name of person acknowledged

  
\_\_\_\_\_  
Notary Public signature

Affix Seal  
**OFFICIAL SEAL  
KATHRYN N RADKE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 11/05/12**

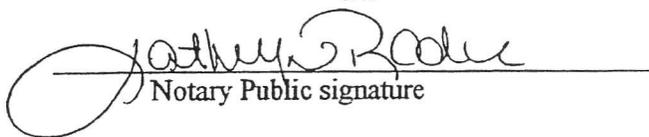
I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. It has been determined that the above individual has violated (8-23-125(13)) and the Commission may cancel or revoke the liquor license.

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

Jason M. Dubinsky  
Printed name of applying individual

State of Illinois  
County of Lake  
11/11/09  
date

The foregoing instrument was acknowledged before me this  
by Jason M. Dubinsky  
name of person acknowledged

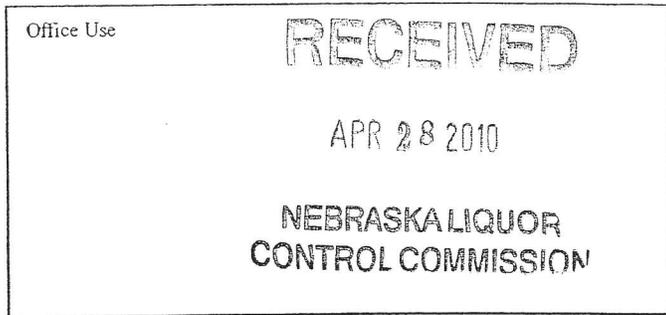
  
\_\_\_\_\_  
Notary Public signature

Affix Seal  
**OFFICIAL SEAL  
KATHRYN N RADKE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 11/05/12**

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.

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



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

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

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

Name of Registered Agent: The Prentice-Hall Corporation System, Inc.

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

Walgreen Co.

Corporation Address: P.O. Box 901

City: Deerfield State: IL Zip Code: 60015

Corporation Phone Number: 847-527-4617 Fax Number 847-368-6690

Total Number of Corporation Shares Issued: 1,025,400,000

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

Last Name: Wasson First Name: Gregory MI: D.

Home Address: 1724 RFD Holly Court City: Long Grove

State: IL Zip Code: 60047 Home Phone Number: 847-914-2500

Handwritten signature of Gregory D. Wasson

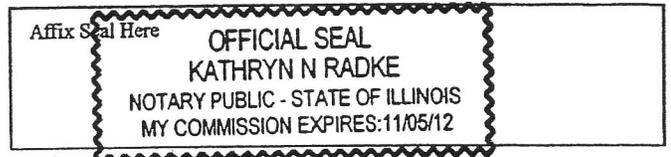
Signature of president

State of ~~Nebraska~~ Illinois County of Lake

The foregoing instrument was acknowledged before me this

11/2/09 date by Gregory D. Wasson name of person acknowledged

Handwritten signature of Kathryn N Radke, Notary Public signature



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List names of all officers, directors and stockholders including spouses. (Even if a spousal affidavit has been submitted)

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Wasson First Name: Gregory MI: D

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President & CEO Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Kimberly R. Wasson

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Wagner First Name: Mark MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Executive Vice President Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Dubinsky First Name: Jason MI: M

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Treasurer Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Kellen First Name: Margarita MI: E.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Assistant Secretary Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

See Attached Corporate Rider - Walgreen Co. is a publicly held company. To our knowledge no one person or corporation owns as much as 5% of company stock

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ APR 28 2010

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the applying Corporation controlled by another Corporation?

YES

NO

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If yes, provide the name of corporation and supply an organizational chart

NEBRASKA LIQUOR  
CONTROL COMMISSION

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

Starting Date: September 1, 2009 Ending Date: August 31, 2010

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.

**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](http://www.lcc.ne.gov)

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required**

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/limited liability Corporation (LLC) information**

Name of Corporation/LLC:

**Premise information**

Premise License Number:   
(if new application leave blank)

Premise Trade Name/DBA:

Premise Street Address:

City:  Zip Code:

Premise Phone Number:

**The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.**

*Margaret Kellen*

**CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)**



Manager's information must be completed below. PLEASE PRINT CLEARLY. NEBRASKA LIQUOR CONTROL COMMISSION

Gender:  MALE  FEMALE

Last Name: Karins First Name: James MI: P

Home Address (include PO Box if applicable): 4601 Browning Ct.

City: Lincoln State: NE Zip Code: 68516

Home Phone Number: 402-421-6468 Business Phone Number: 402-464-4800

Social Security Number:                      Drivers License Number & State:                     

Date Of Birth:                      Place Of Birth: Baltimore, Maryland

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: Karins First Name: Melanie MI: L

Social Security Number:                      Drivers License Number & State:                     

Date Of Birth:                      Place Of Birth: West Palm Beach, FLA

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2000	2009	Lincoln, NE	2000	2009
Bullwin, Mo	1999	2000	Bullwin, Mo	1999	2000

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1989	2009	Walgreens	Jeff Bruncteau	612-722-8558

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

APR 28 2010

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

NEBRASKA LIQUOR CONTROL COMMISSION

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.

Empty rectangular boxes for providing details of charges.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES  NO See attached list

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES  NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES  NO Already on file

5. Do you have any experience in selling alcohol in the State of Nebraska?  
If so list training and/or experience (when and where)

Date:	Where:
1/14/2010	Responsible Hospitality Council

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.

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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NEBRASKA LIQUOR CONTROL COMMISSION

*James P. Karins*

Signature of Manager Applicant

*Melanie L. Karins*

Signature of Spouse

State of Nebraska

County of Lancaster

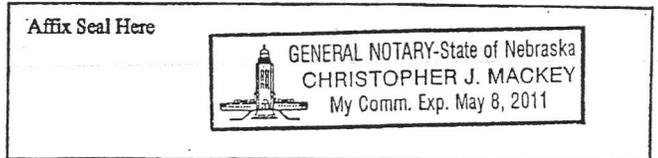
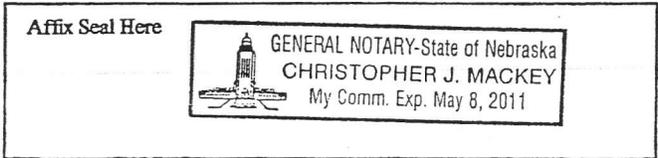
County of Lancaster

The foregoing instrument was acknowledged before me this Nov 10th 2009 by James P. Karins

*Christopher J. Mackey*  
Notary Public signature

The foregoing instrument was acknowledged before me this Nov 10th 2009 by Melanie L. Karins

*Christopher J. Mackey*  
Notary Public signature



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

Revised 9/2008

# 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](http://www.lcc.ne.gov)

Office Use  
**RECEIVED**  
APR 28 2010  
NEBRASKA LIQUOR CONTROL COMMISSION

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 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.

Melanie L. Karins  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Melanie L. Karins  
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

Nov 10th 2009  
date

Christopher J. Mackey  
Notary Public signature

The foregoing instrument was acknowledged before me this  
by Melanie L. Karins  
name of person acknowledged

Affix Seal  
GENERAL NOTARY-State of Nebraska  
CHRISTOPHER J. MACKEY  
My Comm. Exp. May 8, 2011

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.

James P. Karins  
Signature of individual involved with application  
(Spouse of individual listed above)

James P. Karins  
Printed name of applying individual

State of Nebraska

County of Lancaster

Nov 10th 2009  
date

Christopher J. Mackey  
Notary Public signature

The foregoing instrument was acknowledged before me this  
by James P. Karins  
name of person acknowledged

Affix Seal  
GENERAL NOTARY-State of Nebraska  
CHRISTOPHER J. MACKEY  
My Comm. Exp. May 8, 2011

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.

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NEBRASKA LIQUOR  
COMMISSION

BALTIMORE CITY HEALTH DEPARTMENT  
NOTIFICATION OF BIRTH REGISTRATION

This certifies that there is on file in  
the Bureau of Vital Records of the  
Baltimore City Health Department  
a record of the birth of

NAME OF CHILD James Patrick Karins  
DATE OF BIRTH \_\_\_\_\_ SEX Male File No. 65



Robert E. Farber, M.D.  
COMMISSIONER OF HEALTH  
AND  
REGISTRAR OF VITAL RECORDS

PLEASE SEE OTHER SIDE FOR RECORD OF INOCULATIONS

NEBRASKA

www.dmv.state.ne.us Class

OPERATORS LICENSE

License No: BOB

Endrs: Rest:

M: Ht 510 Wt 175 Issued 04-13-2007  
Eyes BRO Hair BLK Expires 04-15-2012

JAMES P. KARINS  
1601 BROWNING CT  
LINCOLN NE 68516



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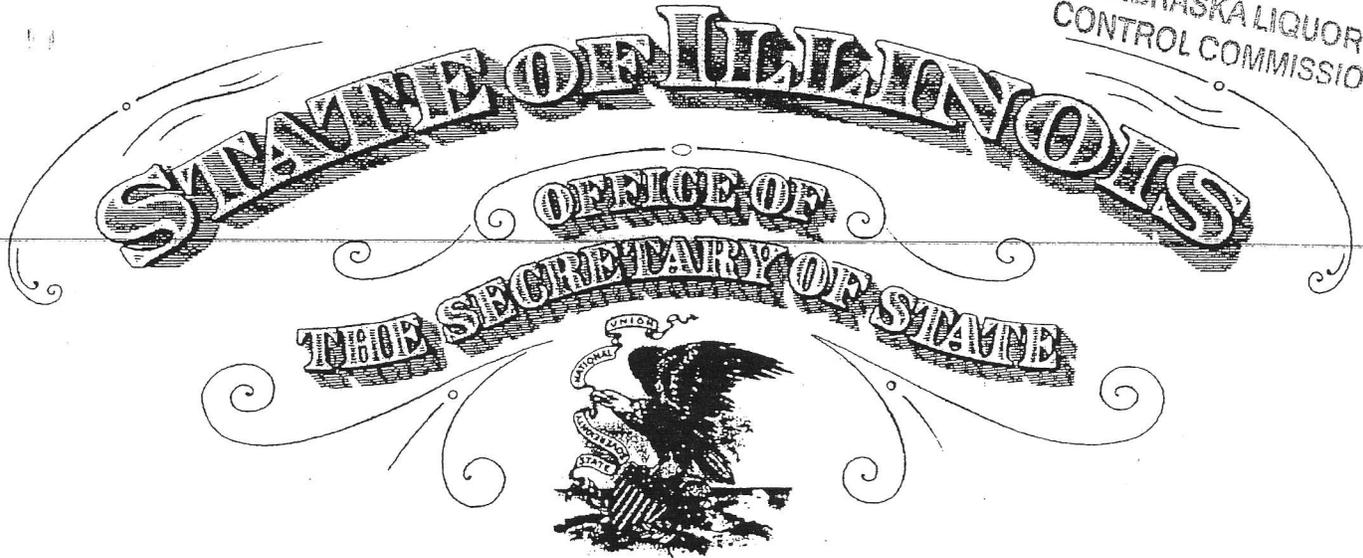
NEBRASKA LIQUOR  
CONTROL COMMISSION

File Number

1084-348-1

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APR 28 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



**In Testimony Whereof,** I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of JANUARY A.D. 2009

*Jesse White*