



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 3, 2012

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 Sam's Club, 8480 Andermatt Drive requesting a class D liquor license.

Jonathan Rowe has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jonathan Rowe was born in Grand Island, Nebraska. He attended Central City High School graduating in 2000.

Mr. Rowe has been employed at Sam's Club since 2000.

The required training will be completed.

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.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Sam's Club #4873

Street Address #1 8480 Andermatt Drive

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68526

Premise Telephone number TBD

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

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

Name Sam's West, Inc.

Street Address #1 702 S.W. 8th Street, Dept. 8916

Street Address #2 _____

City Bentonville State AR Zip Code 72716-0500

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

Length 417'-7.5' feet

Width 294'-4' feet

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

See attached floor plan

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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

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
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				NEBRASKA LIQUOR CONTROL COMMISSION

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

YES NO

If yes, give name of business and liquor license number N/A

- 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 to operate during the application process?

YES NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

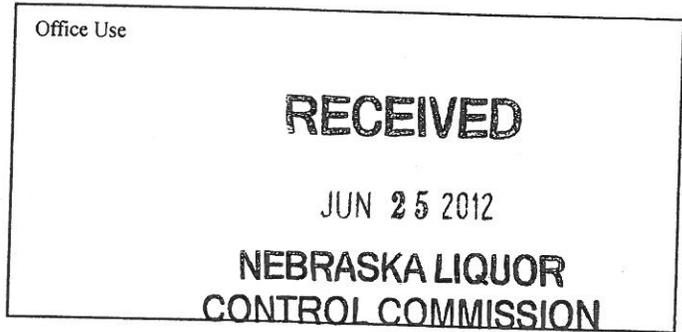
5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) N/A

**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



Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

BC voter reg

Corporation/LLC information

Name of Corporation/LLC: Sam's West, Inc.

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Sam's Club #4873

Premise Street Address: 8480 Andermatt Drive

City: Lincoln State: NE Zip Code: 68526

Premise Phone Number: (402) 328-9277

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

Andrea Lazenby, Assistant Secretary

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE
 Last Name: Rowe First Name: Jonathan MI: W
 Home Address (include PO Box if applicable): 21851 Hilltop Ave
 City: Gretna County: Sarpy Zip Code: 68028
 Home Phone Number: 402-202-2859 Business Phone Number: 402-488-2329
 Social Security Number: _____ Drivers License Number & State _____ NE
 Date Of Birth: _____ Place Of Birth: Grand Island, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES NO spousal

Spouse's information

Spouses Last Name: Rowe First Name: Jana MI: I
 Social Security Number: _____ Drivers License Number & State _____ IA
 Date Of Birth: _____ Place Of Birth: Genoa NE

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
Lincoln NE	2001	2004	Lincoln NE	1999	2004
Ashland NE	2004	2006	Ashland NE	2004	2006
Gretna NE	2006	2010	Gretna NE	2006	2010
Ames IA	2010	2012	Ames IA	2010	2012
Gretna NE	2012	present	Gretna NE	2012	present

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	present	Sam's Club	Stacy Garver	402-202-2859
2001	2001	Sears	Unknown	402-465-3300

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
Jon Rowe	1998	Morrisk County	speeding	
Jon Rowe	2000	Lancaster	speeding	
Jon Rowe	2004?	Cass of Saunders	speeding	
Stop Class was taken for each ticket				
So none show on my record				
any longer				

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.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? YES NO

4. 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)
 YES NO prints on file

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

None

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JUN 25 2012

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CONTROL COMMISSION

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WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
NOV 10 1988
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH 126 - 81

1. CHILD - NAME FIRST MIDDLE LAST Jonathan Wesley Rowe			2. SEX male	3a. DATE OF BIRTH (Month, Day, Year)	3b. HOUR 1:51p M
4a. St. Francis - 2620 W. Faidley		4b. INSIDE CITY LIMITS (Specify Yes or No) yes	4c. CITY, TOWN, OR LOCATION OF BIRTH Grand Island, Ne.		4d. COUNTY OF BIRTH Hall
5a. (Signature) <i>J.P. Reilly M.D.</i>			5b. DATE SIGNED (Month, Day, Year)	5c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
6a. J.P. Reilly, M.D.			6b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 2444 W. Faidley, Grand Island, Ne. 68801		
7a. Registrar - SIGNATURE <i>Marjorie Haubold</i>			7b. DATE RECEIVED BY REGISTRAR MONTH DAY YEAR September 2 1981		
8a. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Marilyn Ruth Weeks			8b. AGE (At time of this birth) 39	8c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Gibbon, Ne.	
9a. RESIDENCE - STATE Nebraska	9b. COUNTY Hall	9c. CITY, TOWN, OR LOCATION, (include zip code) Alda, 68810	9d. INSIDE CITY LIMITS (Specify Yes or No) NO	9e. STREET AND NUMBER Box 20A	
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
10. FATHER - NAME FIRST MIDDLE LAST Wilbur Wesley Rowe			10b. AGE (At time of this birth) 44	10c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Loup City, Ne.	
11. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent)			11b. RELATION TO CHILD		
12a. other informant Marilyn Rowe			12b. mother		

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NEBRASKA LIQUOR CONTROL COMMISSION



Driver and Vehicle Records Division
301 Centennial Mall South, P.O. Box 94789
LINCOLN, NEBRASKA 68509-4789
(402) 471-3918
Fax (402) 471-8694

COMPLETE ABSTRACT OF RECORD

Print Date: 05/25/2012 Page: 01 of 01

JONATHAN W ROWE

Driver License

JONATHAN W ROWE
21851 HILLTOP AVE
GRETNA NE 68028
Resident County: 59
AKA Name: JONATHAN WESLEY ROWE
DOB:
Gender: M Race: W
Height: 6'04" Weight: 230
Eyes: BLU Hair: BR^n
Status: VALID
DOB:

DLN/Permit/ID Card:
Issue County: 59
Restrictions: B
License Class: 0
Issued: 05-18-2012
Expir:
Endorsements:

Previous DLN: II 05-18-2012

----- ADMINISTRATIVE WITHDRAWALS -----

CHANGE STATE OF RECORD SURRENDER 09-08-2010 NE
Eligible: INDEFINITE Reinstated: 05-18-2012
Loc Refer:

*****8R1*****

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CONTROL COMMISSION

This is to certify that the above is a true and correct abstract of the operating record of the above-named individual as contained in our files. Any entry for an accident which may appear above is for statistical purposes only and does not indicate a determination of fault.

Betty Johnson
Betty Johnson
Driver and Vehicle Records Division

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CONTROL COMMISSION

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

SOS Acct # 10016873

Office Use RECEIVED JUN 19 2012 NEBRASKA LIQUOR CONTROL COMMISSION

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 (2 cards per person)
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 (Articles must show barcode receipt by Secretary of States Office)
Name of Registered Agent: CT Corporation System, Lincoln, NE
Name of Corporation that will hold license as listed on the Articles: Sam's West, Inc.

Corporation Address: 702 S.W. 8th Street, Dept. 8916
City: Bentonville State: AR Zip Code: 72716-0500
Corporation Phone Number: 479-204-2233 Fax Number: 479-204-9864
Total Number of Corporation Shares Issued: Approximately 4,614,000,000

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

Last Name: Harbaugh First Name: Patrick MI: Todd
Home Address: 2584 Candlewood Drive City: Fayetteville
State: AR Zip Code: 72703 Home Phone Number: 479-444-0625

[Handwritten Signature]

Todd Harbaugh Signature of President/CEO

AR
State of Nebraska
County of Benton

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this
by Todd Harbaugh
name of person acknowledge

06/18/12
Date

[Handwritten Signature]

My Commission Expires August 25, 2020

Affix Seal

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

Last Name: Harbaugh First Name: Patrick MI: Todd *signed prints*
Social Security Number: 1 Date of Birth: _____ **RECEIVED**
Title: President Number of Shares _____ JUN 19 2012 *Spousal*
Spouse Full Name (indicate N/A if single): Deatra Harbaugh **NEBRASKA LIQUOR CONTROL COMMISSION**
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Harris First Name: Phyllis MI: _____ *signed*
Social Security Number: _____ Date of Birth: _____
Title: SR VP Number of Shares _____ *Spousal*
Spouse Full Name (indicate N/A if single): Raymond T Harris
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Davis First Name: Jeff MI: _____ *signed*
Social Security Number: _____ Date of Birth: _____
Title: TRE Number of Shares _____ *Spousal*
Spouse Full Name (indicate N/A if single): Eloise Davis
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Cottrel First Name: Lori MI: _____ *signed*
Social Security Number: _____ Date of Birth: _____
Title: Sec Number of Shares 0 *Spousal*
Spouse Full Name (indicate N/A if single): Stephane Cottrel
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)

Last Name: Thrasher First Name: Amy MI: _____

signed

Social Security Number: _____ Date of Birth: _____ RECEIVED

Title: Sec Number of Shares _____ JUN 19 2012

Spouse Full Name (indicate N/A if single): _____ NEBRASKA LIQUOR CONTROL COMMISSION
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Lazenby First Name: Andrea MI: M

signed

Social Security Number: _____ Date of Birth: _____

Title: Sec Number of Shares _____

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

spousal

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: _____

corp. info

AFFIDAVIT

Sam's West, Inc. is a wholly owned-subsiidiary of Wal-Mart Stores, Inc. Wal-Mart Stores, Inc. stock is publicly traded on the New York Stock Exchange with 11 billion shares authorized and approximately 3,413,949,164 shares issued and outstanding as of January 31, 2012. No individual directly owns more than 1% of the issued and outstanding stock.

Amy Thrasher
Amy Thrasher
Assistant Secretary

STATE OF ARKANSAS)
)
COUNTY OF BENTON)

Sworn to and subscribed before me this 25th day of May, 2012, by **Amy Thrasher.**

My commission expires 7/28/2020.

Chris Heen
Notary Public

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CONTROL COMMISSION

Articles

ARTICLES OF INCORPORATION

OF

SAM'S WEST, INC.

99 JAN 29 PM 12: 52

SHARON FRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

BY R

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CONTROL COMMISSION

ARTICLE 1 - NAME

The name of the corporation is Sam's West, Inc.

ARTICLE 2 - DURATION

The life of the corporation shall be perpetual and the corporation shall continue until its dissolution.

ARTICLE 3 - PURPOSE

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the Arkansas Business Corporation Act.

ARTICLE 4 - CAPITAL STOCK

The aggregate number of shares of stock that the corporation shall have authority to issue is 10,000. All of such shares shall be of the par value of \$.10 per share, shall be of the same class and shall be designated as "Common Stock." No holder of any of the shares shall be entitled to the preemptive right to acquire additional or treasury shares, except as shall be stated by the Board of Directors in the resolution issuing such stock. The corporation shall not commence business until consideration of at least \$300 has been received for issuance of shares.

ARTICLE 5 - INCORPORATOR

The name and address of the sole incorporator is:

NAME

ADDRESS

Allison D. Garrett

Wal-Mart Stores, Inc.
702 SW 8th Street
Bentonville, AR 72716

Articles

ARTICLE 6 – REGISTERED AGENT

The registered office of the corporation in the State of Arkansas is to be at 120 East Fourth Street, Little Rock, Arkansas 72201. The name of the registered agent is Corporation Service Company.

ARTICLE 7 – INITIAL DIRECTORS

The number of directors constituting the initial Board of Directors is one. Thereafter, the number of directors constituting the Board of Directors shall be fixed by or in accordance with the Bylaws of the corporation. The following person shall serve as the director of the corporation until the first annual meeting of stockholders of the corporation and until one or more successors are duly elected and qualified:

<u>NAME</u>	<u>ADDRESS</u>
David D. Glass	Wal-Mart Stores, Inc. 702 SW 8 th Street Bentonville, AR 72716

ARTICLE 8 – BYLAWS

The Board of Directors shall adopt the initial Bylaws of the corporation. The power to alter, amend or repeal the Bylaws or adopt new Bylaws, subject to the right of the stockholders to adopt, amend or repeal the Bylaws, is vested in the Board of Directors.

ARTICLE 9 – DIRECTOR LIABILITY

To the fullest extent permitted by the Arkansas Business Corporation Act, as the same may be amended from time to time, a director or former director of the corporation shall not be personally liable to the corporation or its stockholders for monetary damages for breach of fiduciary duty as a director. No repeal, amendment or modification of this Article, whether direct or indirect, shall eliminate or reduce its effect with respect to any act or omission of a director or former director of the corporation prior to such repeal, amendment or modification.

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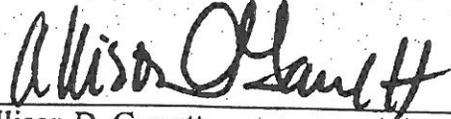
NEBRASKA LIQUOR
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Articles

ARTICLE 10 - AMENDMENTS

The corporation reserves the right to amend, alter, change or repeal any provision contained in the Articles of Incorporation in the manner now or hereafter prescribed by law, and all rights and powers conferred herein on stockholders, directors and officers are subject to this reserved power.

IN WITNESS WHEREOF, I have hereunto set my hand this 26th day of January 1999.



Allison D. Garrett
Incorporator

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NEBRASKA LIQUOR
CONTROL COMMISSION

← 295

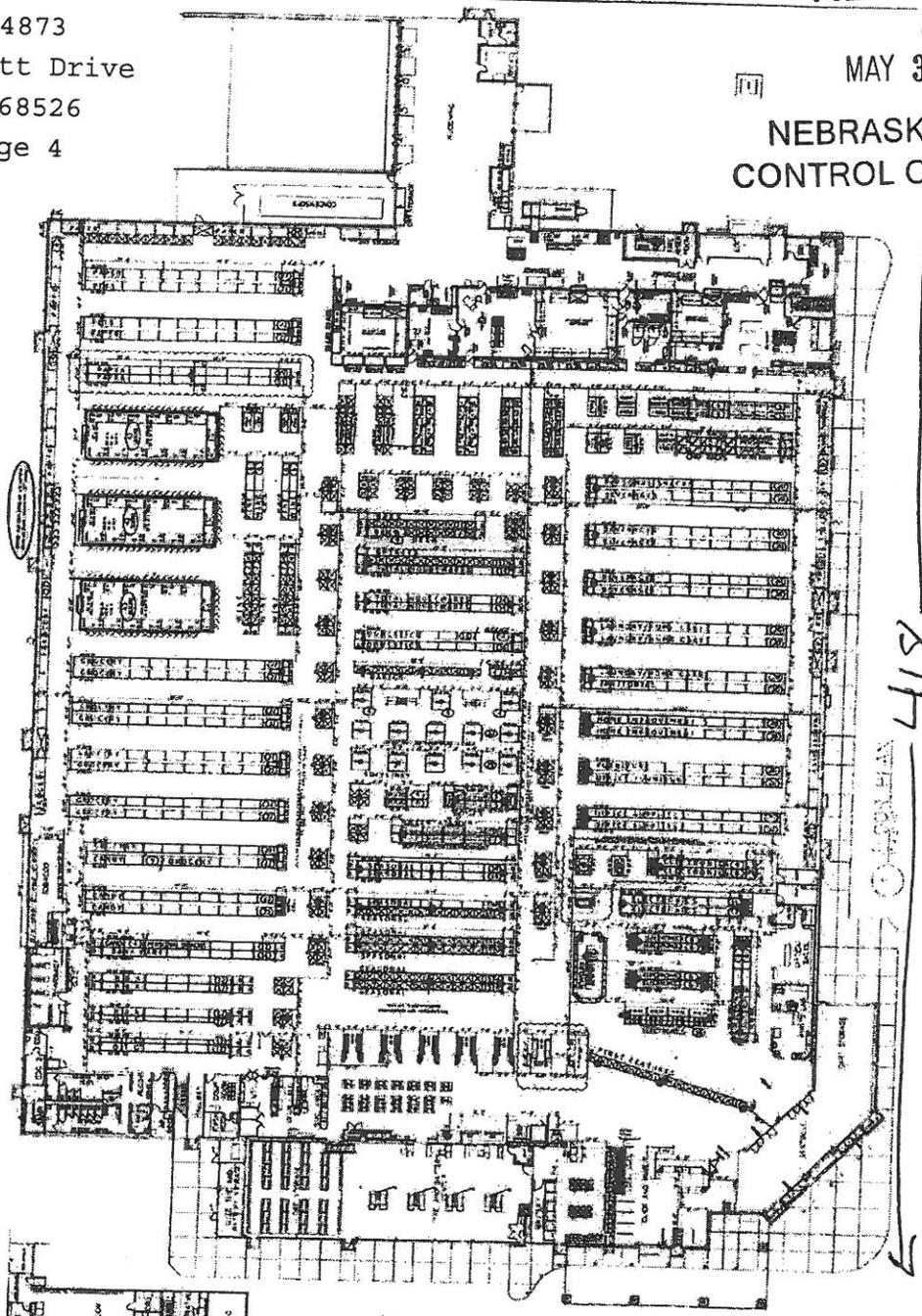
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Sam's Club #4873
8480 Andermatt Drive
Lincoln, NE 68526
Form 100, Page 4

MAY 30 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

one story building
approx 295 x 418



418
SECTION PLAN



100' GRL MEZZANINE FLOOR COUNT	2,250' LINE'S
HEATED AREA	130,085
FIRE AND BATTERY CENTER	3,110' SQ
COFFEE TALKS	627' SQ
LOBBY BALLS	N/A
PHARMACY DRUG TRAIL CANOPY	N/A

ALL 144 INCH HIGH STEEL BEAMS ARE TO BE ORDERED FOR HEAVY CAPACITY LOADS.

REVISIONS

2012 SCOPE OF WORK

NO.	DATE	BY	DESCRIPTION
1	04-25-2011	SC	ISSUED FOR PERMITS ONLY THE STRUCTURAL CONDITIONS SHOWN APPLY TO STEEL DECK PROJECT REPORT OF THE DESIGNER

NO.	CATEGORY	DATE	DESCRIPTION
1	MECHANICAL		
2	ELECTRICAL		
3	PLUMBING		
4	CONCRETE		
5	WOODWORK		
6	PAINT		
7	GLASS		
8	IRONWORK		
9	STEEL		
10	FOUNDATION		
11	GENERAL		
12	MECHANICAL		
13	ELECTRICAL		
14	PLUMBING		
15	CONCRETE		
16	WOODWORK		
17	PAINT		
18	GLASS		
19	IRONWORK		
20	STEEL		
21	FOUNDATION		
22	GENERAL		

PRELIMINARY

THIS PLAN IS FOR MECHANICAL LAYOUT ONLY BY CONTRACTOR FOR CHECK AND SCALE DRAWING ONLY.

LEGEND

PRELIMINARY DESIGN COPY III

Do Not see the Club to this plan.

4873 LINCOLN, NE

136,085

Sam's Club

THIS IS THE PRELIMINARY