



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

April 2, 2013

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 Wal-Mart Store # 2432, 2501 Grainger Parkway requesting a class D liquor license.

Alan Matulka has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved liquor license manager.

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) Walmart # 2432

Street Address #1 2501 Grainger Parkway

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68512

Premise Telephone number TBD

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

Handwritten: YES CITY

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

Name Wal-Mart Stores, Inc.

Street Address #1 702 SW 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

Faint, illegible stamps and markings.

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 (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

Wal-Mart Stores, Inc.

Corporation Address: 702 SW 8th Street - Dept 8916

City: Bentonville State: AR Zip Code: 72716-0500

Corporation Phone Number: 479-204-6148 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: Duke First Name: Michael MI: T

Home Address: 16 Pinnacle Drive City: Rogers

State: AR Zip Code: 72758 Home Phone Number: 479-277-2080

Michael T. Duke

Signature of President/CEO

ACKNOWLEDGEMENT

State of Arkansas
County of Benton

The foregoing instrument was acknowledged before me this

February 28, 2013

by Michael Duke
name of person acknowledge

Date
[Signature]

Affix Seal
JULIE MARTIN
Benton County
Commission Number 12390874
Notary Public - Arkansas
My Commission Expires November 14, 2022

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

Last Name: Duke First Name: Michael MI: T

Social Security Number: _____ Date of Birth: _____

Title: President and CEO Number of Shares: 1,192,189

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

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: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

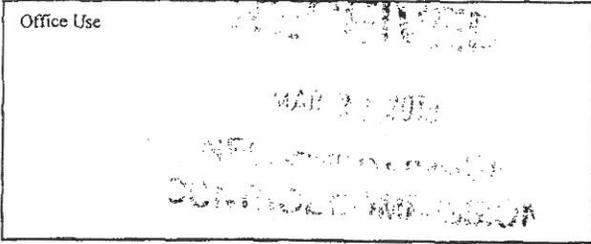
Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

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



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.

[Handwritten Signature]

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

Raymond Todd Harris

Printed name of spouse asking for waiver

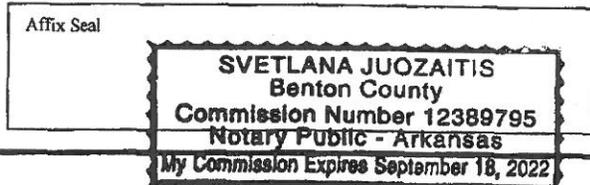
State of Arkansas

County of Benton

2/26/2013
date

The foregoing instrument was acknowledged before me this
by Raymond Todd Harris
name of person acknowledged

[Handwritten Signature]
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Handwritten Signature]

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

Phyllis Harris

Printed name of applying individual

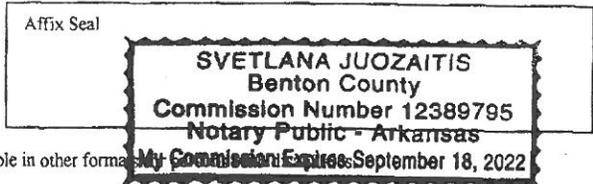
State of Arkansas

County of Benton

2/26/2013
date

The foregoing instrument was acknowledged before me this
by Phyllis Harris
name of person acknowledged

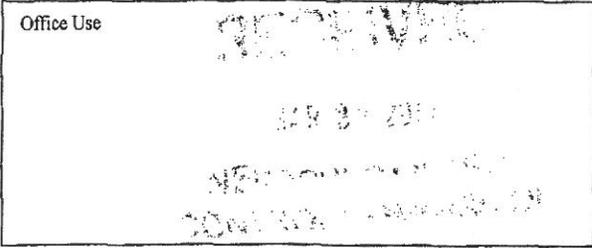
[Handwritten Signature]
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other format. 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



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

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

Daniel Lazenby
Printed name of spouse asking for waiver

State of Arkansas

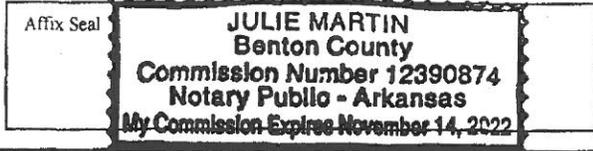
County of Benton

March 25, 2013
date

The foregoing instrument was acknowledged before me this

by Daniel Lazenby
name of person acknowledged

[Signature]
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

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

Andrea Lazenby
Printed name of applying individual

State of Arkansas

County of Benton

March 25, 2013
date

The foregoing instrument was acknowledged before me this

by Andrea Lazenby
name of person acknowledged

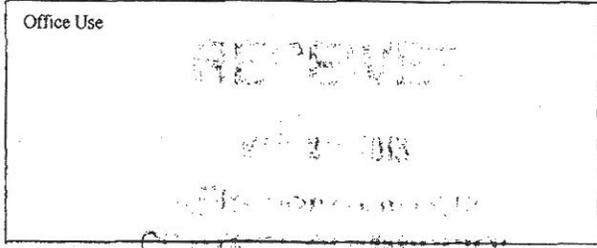
[Signature]
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats. 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



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.

M. Susan Duke

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

M. Susan Duke

Printed name of spouse asking for waiver

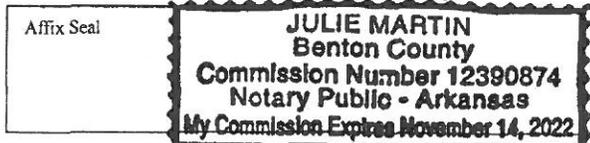
State of Arkansas

County of Benton

February 28, 2013 by M. Susan Duke

[Signature]
Notary Public signature

The foregoing instrument was acknowledged before me this
by M. Susan Duke
name of person acknowledged



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.

Mike Duke

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

Mike Duke

Printed name of applying individual

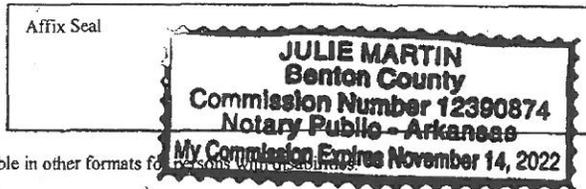
State of Arkansas

County of Benton

February 28, 2013 by Mike Duke

[Signature]
Notary Public signature

The foregoing instrument was acknowledged before me this
by Mike Duke
name of person acknowledged



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.