

October 2, 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 B&R Stores, Inc., DBA Super Saver #9, requesting that Matthew Kempston be approved as the manager of the class C-074097 liquor license.

Mr. Kempston was previously approved by Council on November 17, 2009 as the liquor license manager for Super Saver #11. There is no break in service with B&R Stores, Inc. Mr. Kempston has been transferred to Super Saver #9.

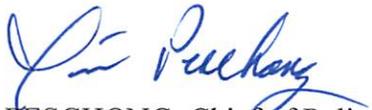
Mr. Kempston completed the required management training on October 9, 2014.

Matthew Kempston's driver history is as follows:

VIOLATE SPEED LIMIT 6-10 MPH OVER (Lancaster Co/LPD)  
Disposition: 7-19-2007, found guilty, fined \$25

NEGLIGENT DRIVING (Lancaster Co/LPD)  
Disposition: 2-17-2005, found guilty, fined \$60

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

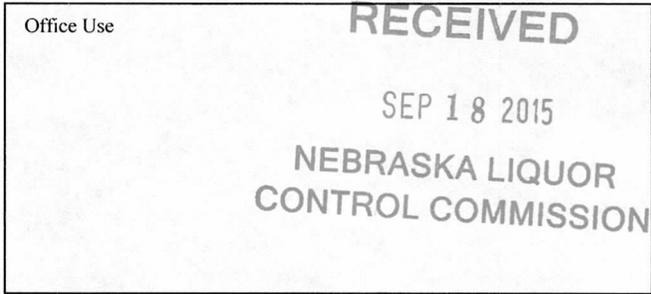


JIM PESCHONG, Chief of Police



**MANAGER APPLICATION  
INSERT - FORM 3c**

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



**MUST BE:**

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. See Form 147 for further information, this form **MUST** be included with your application.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC: B&R STORES, INC.

**Premise information**

Liquor License Number: 074097 Class Type C (if new application leave blank)

Premise Trade Name/DBA: Super Saver #9

Premise Street Address: 2662 Cornhusker Highway

City: Lincoln County: NE Zip Code: 68521

Premise Phone Number: 402-466-7100

Email address: sd09@brstores.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](http://www.lcc.ne.gov/license_search/licsearch.cgi)**

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)



1500021844

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

Last Name: KEMPSTON First Name: MATT MI: J  
 Home Address (include PO Box if applicable): 4910 HAPPY HOLLOW LANE  
 City: LINCOLN County: LANCASTER Zip Code: 68516  
 Home Phone Number: 402-328-8214 Business Phone Number: 402-466-7100  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: LINCOLN, NE  
 Email address: MATTK@BRSTONES.COM

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: Kempston First Name: Becky MI: A  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: York, 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 NEBRASKA | 2005      | 2015    | Lincoln, NE  | 2005      | 2015    |
|                  |           |         |              |           |         |
|                  |           |         |              |           |         |
|                  |           |         |              |           |         |

**MANAGER'S LAST TWO EMPLOYERS**

| YEAR FROM TO |                 | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|--------------|-----------------|------------------|--------------------|------------------|
| 1988         | PRESENT<br>2015 | BIR STONES, INC. | JEM LONCOR         | 402-464-6297     |
|              |                 |                  |                    |                  |

**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 |
|-------------------|------------------------------|--------------------------------|-----------------------|-------------|
|                   |                              |                                |                       |             |
|                   |                              |                                |                       |             |
|                   |                              |                                |                       |             |
|                   |                              |                                |                       |             |
|                   |                              |                                |                       |             |
|                   |                              |                                |                       |             |

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

YES       NO

**IF YES, list the name of the premise(s):**

Super Saver STONES - COLUMBUS AND LINCOLN NEBRASKA

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

**RECEIVED**

SEP 18 2015

**NEBRASKA LIQUOR CONTROL COMMISSION**

4. List the alcohol related training and/or experience (when and where) of the person making application.

\*NLCC Training Certificate Issued: 10-9-2014 Name on Certificate: MATT KEMPSTON

| Applicant Name | Date (mm/yyyy) | Name of program (attach copy of course completion certificate) |
|----------------|----------------|--|
| MATT KEMPSTON  | 10-9-2014      | RHC MANAGEMENT TRAINING  |
| " "            |                | (SENIOR/SENIOR TRAINING PERMIT.)                               |
|                |                | (RB-0038553)   |
|                |                |  |
|                |                |  |
|                |                |  |

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

| Applicant Name / Job Title    | Date of Employment: | Name & Location of Business:                 |
|-------------------------------|---------------------|--|
| MATT KEMPSTON / STORE DORETOR | 2009-2015           | SUPER SAVOR 5440 SOUTH 56TH STREET LINCOLN   |
| " "                           | 2006-2009           | SUPER SAVOR 2662 CORNHUSKER HWY LINCOLN      |
| " "                           | 2001-2006           | SUPER SAVOR 2525 PIONEER LANE RD. LINCOLN NE |
| " "                           | 1999-2001           | SUPER SAVOR 3318 23RD STREET COLUMBUS NE     |
|                               |                     |  |
|                               |                     |  |
|                               |                     |  |
|                               |                     |  |
|                               |                     |  |

5. Have you enclosed Form 147 regarding fingerprints?

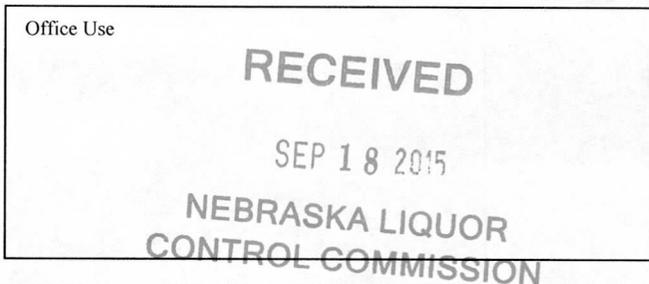
YES  NO

RECEIVED  
 SEP 18 2015  
 NEBRASKA LIQUOR  
 CONTROL COMMISSION



# 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)



①

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.

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

Becky Kempston  
Printed name of spouse asking for waiver

State of Nebraska

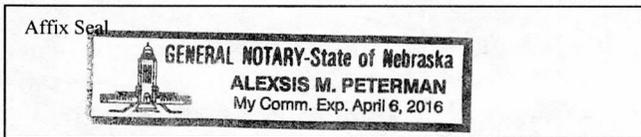
County of Lancaster

August 27, 2015  
date

Alexis M. Peterman  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Becky Kempston  
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.

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

MATT KEMPSTON  
Printed name of applying individual

State of Nebraska

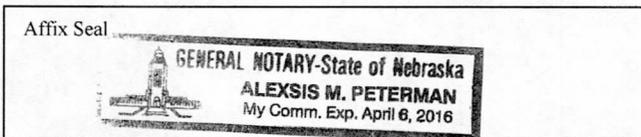
County of Lancaster

August 27, 2015  
date

Alexis M. Peterman  
Notary Public signature

The foregoing instrument was acknowledged before me this

by mat kempston  
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.