



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

February 18, 2016

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 39, 4200 S 27th Street, requesting a class B-116257 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 is currently the approved liquor license manager for two Shopko stores in Lincoln.

Mr. Larson completed the required alcohol management training on September 10, 2015.

4200 S 27th Street is within a building/shopping center that is zoned B-1, which requires a Special Permit for the sale of alcohol. There is no record of prior permit approval, nor has the sale of alcohol existed at this location prior to 1994. Applying the criteria for a Special Permit, the proposed licensed premises does not meet the criteria for a 100 foot separation from a residential zoning district. The actual measurement is approximately 40 feet. Therefore, Shopko is not eligible to apply. Without the permit, the premises does not comply with local zoning regulations.

In multi-tenant buildings such as this one, each tenant bay (when separated by walls with separate entrances) is treated as a separate premises. While portions of this building may meet the requirement, some portions, as this one, do not. Other portions of this building have been issued a liquor license because those locations predate 1994, the year alcohol Special Permits were adopted, and they are allowed to continue to operate without a Special Permit.

The application is 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.

A handwritten signature in blue ink, appearing to read "Brian Jackson".

BRIAN JACKSON, Assistant Chief of Police



A nationally accredited law enforcement agency



**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

<p>RECEIVED</p> <p>JAN 14 2016</p> <p>NEBRASKA LIQUOR CONTROL COMMISSION</p>		
Hot List: YES <input type="radio"/> NO <input checked="" type="radio"/>	New/Replacing #	
Class Type <u>B</u>	116257	Initial <u>JM</u>

Applicant name Shopko Stores Operating Co., LLC

Trade name Shopko #39

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 Nebraska Liquor Control Commission.

*crim hist reported
on application
to Mary Messman
2-4-16*

*147
submitted*

*1-22-2016 entered into
database
Ag report sent
1-26-16 FM report sent
2-4-16 NSP report sent
Local report sent*

Office use only PAYMENT TYPE <u>CK 37756760</u> AMOUNT: <u>\$400</u> Received: <u>mm</u>	 1600001863
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FORM 100
REV MAY 2015
PAGE 1

1. XX 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. XX Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport.
3. XX 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)
4. XX 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 (LLC) 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. XX Corporation or Limited Liability Company (LLC) 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.

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JAN 14 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

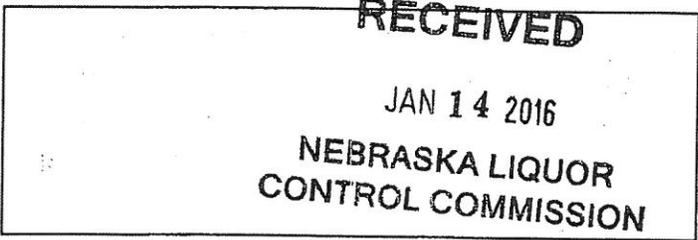
I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature

Date

**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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Website: www.lcc.nebraska.gov/



**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
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, 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)
- Limited Liability Company (LLC) (requires form 3b & 3c)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
COMMISSION WILL BE RESPONSIBLE FOR NOTIFICATION IF YOU HAVE AN ATTORNEY**

Name Jessica Walske Phone number: 920-429-4166

Firm Name Shopko Stores Operating Co., LLC

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PREVIOUS INFORMATION
Trade Name (doing business as) Shopko #39

JAN 14 2016

Street Address #1 4200 South 27th Street

NEBRASKA LIQUOR
CONTROL COMMISSION

Street Address #2

City Lincoln

County Lancaster

#2

Zip Code 68502

68502

Premises Telephone number 402-421-2220

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

Is this location inside the city/village corporate limits:

YES

x

NO

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

Name Jessica M. Walske

Shopko Stores Operating Co LLC

Street Address #1 PO Box 19080

Street Address #2

City Green Bay

State WI

Zip Code 54307

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, 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 See attached x width _____ 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

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, ~~EVEN~~ 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

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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

JAN 14 2016

NEBRASKA LIQUOR CONTROL COMMISSION

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

YES NO

If yes, give name and license number N/A

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) N/A

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)

N/A

No silent partners

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NEBRASKA LIQUOR
CONTROL COMMISSION

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. N/A

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)

N/A

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.

N/A

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
		RECEIVED
		JAN 14 2016

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		NEBRASKA LIQUOR CONTROL COMMISSION

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 November 30, 2029

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-Sat; 9 am - 9 pm : Sun; 9 am- 6 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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		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>

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Signature of Applicant

NEBRASKA LIQUOR CONTROL COMMISSION
Signature of Spouse

✓ Peter G. McMahon

Print Name

Non-Participating

Print Name

Signature of Applicant

Russell L. Steinhorst, SVP, CFO

Print Name

Non-Participating

Print Name

ACKNOWLEDGEMENT

Wisconsin
State of ~~Nebraska~~
County of Brown

The foregoing instrument was acknowledged before me this

1-7-16

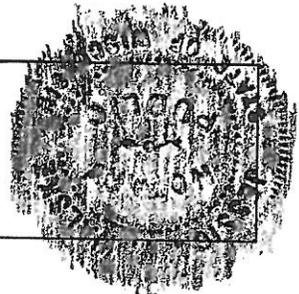
date

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

Notary Public signature

Affix Seal

Per Jessica
email
8-24-16
is notary
expiration
date



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.lcs.ne.gov/pdfs/New%20Application%20Guideline.pdf>

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[Handwritten Signature]

Signature of Applicant

Peter G. Vandenhouten

Print Name

[Handwritten Signature]

Signature of Applicant

Gary Gibson

Print Name

Signature of Spouse

NEBRASKA LIQUOR CONTROL COMMISSION

Non-Participating

Print Name

[Blank Signature Line]

Signature of Spouse

Non-Participating

Print Name

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Wisconsin
County of Brown

The foregoing instrument was acknowledged before me this

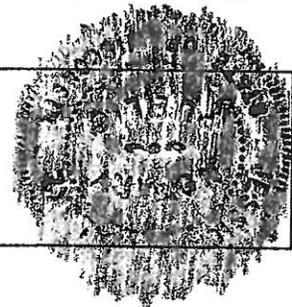
1-7-16

date

by Peter G. Vandenhouten / Gary Gibson
name of person(s) acknowledged (individual(s) signing)

[Handwritten Signature]
Notary Public signature

Affix Seal



Per Jessica 8-24-16 is notary expiration date

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.

**SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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

RECEIVED DATE RECEIVED JAN 14 2016 NEBRASKA LIQUOR CONTROL COMMISSION Office Use Only	
Class: <u>B</u>	License #: <u>116257</u>

Applicant Name: **Shopko Stores Operating Co., LLC**

(Corporation, LLC, Partnership or Individual)

Trade Name: **Shopko #39**

(Doing Business As)

(920) 429 - 2211

Phone Number

jessica.walske@shopko.com

Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
Fingerprint cards should be submitted with the application.
- Fee payment of **\$28.75 per person** must be made directly to the NSP;
You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
or checks made payable to NSP should be mailed directly to the following address:
The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
Include a list of names covered by your payment to insure proper application of payment.
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

Please complete information on the following pages for EACH person fingerprinted.

1. Name: Peter K. McMahon Title: CEO
prints on file 10-2-2014 *OK*

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

2. Name: Russell L. Steinhorst Title: SVP-CFO
prints on file 10-2-2014 *not required*

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

3. Name: Peter G. Vandenhouten Title: SVP Secretary
no prints on file *not required*

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

4. Name: Gary L. Gibson Title: Treasurer
no prints on file *not required*

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

5. Name: James Larson Title: District Manager
prints on file 5-1-2014 *OK*

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

6. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

7. Name: _____ Title: _____

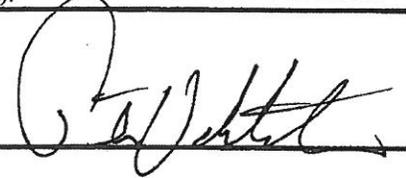
How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

8. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

I hereby certify that fees of \$28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Peter Vandenhouten Title: SVP Secretary

Signature:  Date: 12-16-15

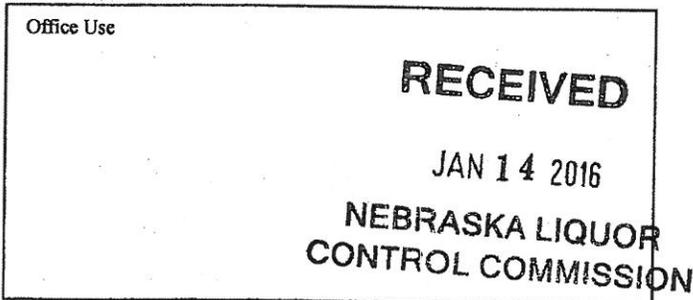
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NEBRASKA LIQUOR CONTROL COMMISSION

**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: Shopko Stores Operating Co., LLC

License Information

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

Premise Trade Name/DBA: Shopko #39

Premise Street Address: 4200 South 27th Street

City: Lincoln County: Lancaster Zip Code: 56802

Premise Phone Number: 402-421-2220

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

Jessica Walske, Secretary

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

BC, voter reg, 147, signed

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Larson First Name: James MI: E

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

City: Omaha County: Douglas #1 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

Email address: james.larson@shopko.com

Are you married? If yes, complete spouse information (even if a marital affidavit has been submitted)

YES

NO

* spouse

Spouse's Information

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

APPLICANT & SPOUSE MUST LIST RESIDENCES FOR THE PAST TEN (10) YEARS
APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha, Nebraska	1998	Present	Omaha, Nebraska	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	N/A

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):

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

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
James E Larson	02-06-2015	RBST

*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:
District Manager	2012 - Present	Several Nebraska Shopko Locations

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

prints on file 5-1-2014

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

January 30, 2016
date

The foregoing instrument was acknowledged before me this

by James E Larson & Mary Jo Larson
name of person acknowledged

Sherrill Bach
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
GEORGIA G. ANDERSON
My Comm. Exp. May 20, 2018

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

I, the undersigned, being a duly qualified and acting Notary Public in and for the State of Nebraska, do hereby certify that the foregoing instrument was acknowledged before me this _____ day of _____, 2016, by _____, the owner of the above described premises, and _____, the spouse of the owner, in my presence. I, the undersigned, being a duly qualified and acting Notary Public in and for the State of Nebraska, do hereby certify that the foregoing instrument was acknowledged before me this _____ day of _____, 2016, by _____, the owner of the above described premises, and _____, the spouse of the owner, in my presence. I, the undersigned, being a duly qualified and acting Notary Public in and for the State of Nebraska, do hereby certify that the foregoing instrument was acknowledged before me this _____ day of _____, 2016, by _____, the owner of the above described premises, and _____, the spouse of the owner, in my presence.

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

Mary Jo Larson
Printed name of spouse asking for waiver

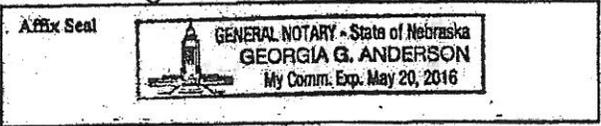
State of Nebraska

County of Douglas

January 30, 2016
date

The foregoing instrument was acknowledged before me this _____ day of _____, 2016, by Mary Jo Larson
name of person acknowledged

Georgia G. Anderson
Notary Public signature



I, the undersigned, being a duly qualified and acting Notary Public in and for the State of Nebraska, do hereby certify that the foregoing instrument was acknowledged before me this _____ day of _____, 2016, by _____, the owner of the above described premises, and _____, the spouse of the owner, in my presence. I, the undersigned, being a duly qualified and acting Notary Public in and for the State of Nebraska, do hereby certify that the foregoing instrument was acknowledged before me this _____ day of _____, 2016, by _____, the owner of the above described premises, and _____, the spouse of the owner, in my presence.

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

James E Larson
Printed name of applying individual

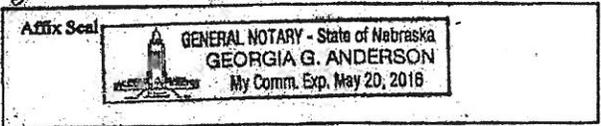
State of Nebraska

County of Douglas

January 30, 2016
date

The foregoing instrument was acknowledged before me this _____ day of _____, 2016, by James E Larson
name of person acknowledged

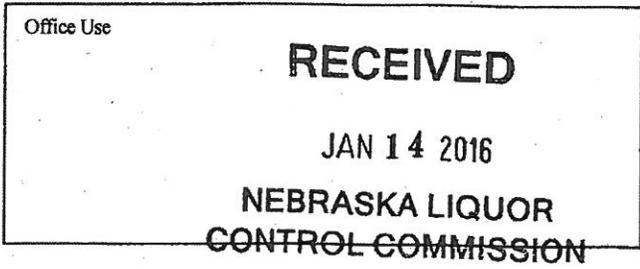
Georgia G. Anderson
Notary Public signature



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.

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

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



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members 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)

Name of Registered Agent: CT Corporation

Name of Limited Liability Company: Shopko Stores Operating Co., LLC

LLC Address: 700 Pilgrim Way; PO Box 19060

City: Green Bay State: WI Zip Code: 54307

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

Name of Managing/Contact Member: Peter K. McMahon
Name and information of contact member must be listed on following:

Last Name: McMahon First Name: Peter MI: Kenneth

Home Address: 4550 Algonquin Trail City: Green Bay

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

Signature of Managing/Contact Member

Wisconsin
State of ~~Nebraska~~
County of Brown

ACKNOWLEDGEMENT

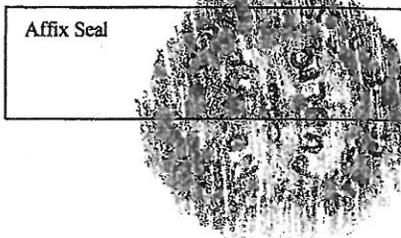
The foregoing instrument was acknowledged before me this

by Peter K. McMahon
name of person acknowledged

1-7-16
Date

Date

Affix Seal



*Per email
from Jessica
Notary expires
on 8-24-2018*

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

Last Name: McMahon First Name: Peter MI: K

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Leila McMahon *SPOUSE

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0%

Last Name: Steinhorst First Name: Russell MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Kerri E Steinhorst *SPOUSE

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0%

Last Name: Vandenhouten First Name: Peter MI: G

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%

Last Name: Gibson First Name: Gary MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Susan Gibson *SPOUSE

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0%

Is the applicant a Limited Liability Company controlled by another corporation company?

YES

NO

If yes, complete controlling corporation insert form 185

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 #. N/A

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.

**CONTROLLING CORPORATION
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.nebraska.gov

Office Use

RECEIVED

JAN 14 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

Attach copy of Articles as filed with the Nebraska Secretary of State, §5-126

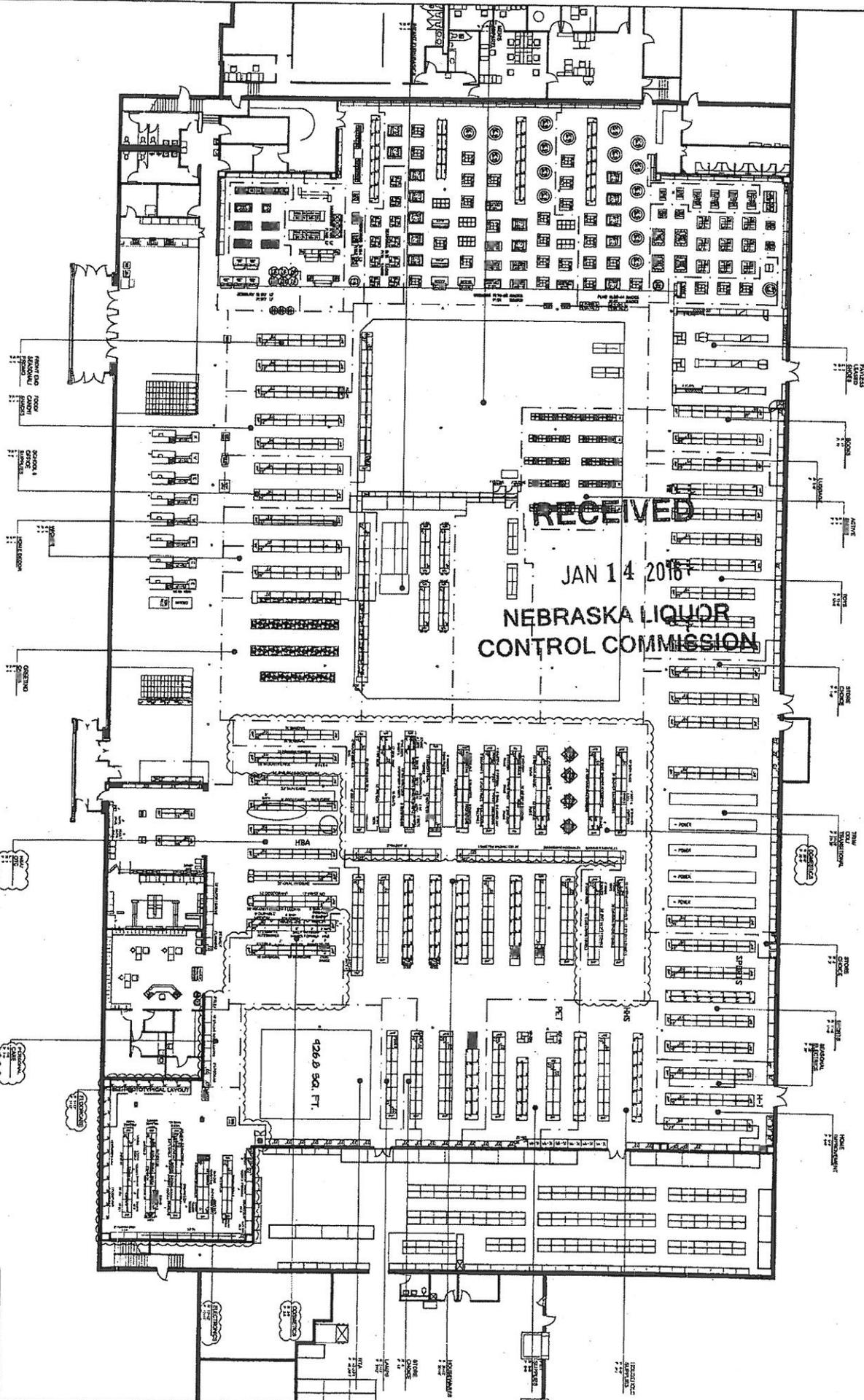
Name and address of the controlling corporation of the applying corporation

Controlling Corporation Name: Shopko Holding Company, LLC
Controlling Corporation Address: 700 Pilgrim Way
City: Green Bay State: WI Zip Code: 54307

Provide the name of the top four officer members of the controlling corporation

1. Full Name: Peter K. McMahon
Job Title: CFO
2. Full Name: Russell L. Steinhorst
Job Title: CFO
3. Full Name: Peter G. Vandenhauten
Job Title: Secretary
4. Full Name: Gary Gibson
Job Title: Treasurer

one story building approx 220 x 470



RECEIVED
JAN 14 2016
NEBRASKA LIQUOR
CONTROL COMMISSION

426.9 SQ. FT.

SHORPO
#039-SKO
PROJECT: SHORPO'S REAR PORCH
DATE: 1/14/16
DRAWN BY: MERCH
APPROVED BY: [Signature]