



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

March 30, 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 CVS Pharmacy, 1550 South Street requesting a class C liquor license.

Donald Westerlin 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.

Mr. Westerlin completed the required training on October 8th 2009.

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) CVS/Pharmacy #473

Street Address #1 1550 South Street

Street Address #2 _____

City Lincoln

County Lancaster #2

Zip Code 68502

Premise Telephone number pending

Is this location inside the city/village corporate limits:

YES
city

NO

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

Name CVS Caremark

Street Address #1 One CVS Drive

Street Address #2 Licensing Dept. - MD 23062A

City Woonsocket

State Rhode Island

Zip Code 02895

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 142 feet
Width 95 feet

No Basement No Outdoor Area

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

Please see attached.

one story building approx 105 x 143

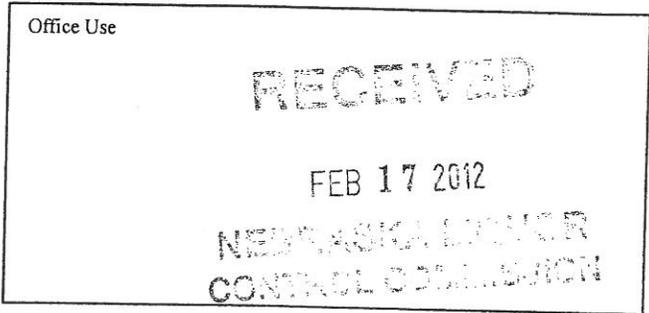
RECEIVED

FEB 17 2012

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.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

voter reg & passport enclosed

Corporation/LLC information

Name of Corporation/LLC: Nebraska CVS Pharmacy, L.L.C.

Premise information

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

Premise Trade Name/DBA: CVS/Pharmacy #473

Premise Street Address: 1550 South Street

City: Lincoln State: Nebraska Zip Code: 68516

Premise Phone Number: pending

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

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Westerlin First Name: Don MI: D

Home Address (include PO Box if applicable): 3906 Village Court

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402-423-1987 Business Phone Number: 402-423-3839

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: North Platte, Nebraska

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: Westerlin First Name: Mary MI: K

Social Security Number: - Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: St. Louis, Missouri

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	1993	present	Lincoln, NE	1993	present

RECEIVED

FEB 17 2012

Form 103
Rev 11/2012
Page 3 of 5

MISSOURI
CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1992	present	CVS/Pharmacy	Patrick Carroll	913-383-3650

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
Don Westerlin	10/11/05	Auburn, NE	Reckless Driving	Cleared

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.
 Please see attached.

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 *Fingerprints on file.*

5. List any alcohol related training and/or experience (when and where).
 Hospitality Insider Training, Lincoln, NE in October, 2009

prints good till 9-22-13

RECEIVED

FEB 17 2012

NEBRASKA LIQUOR CONTROL COMMISSION

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.ne.gov

SOS Acct # 010081278

Office Use
RECEIVED
FEB 17 2012
NEBRASKA LIQUOR CONTROL COMMISSION

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 (2 cards per person)
- 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)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: CT Corporation System

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
Nebraska CVS Pharmacy, L.L.C.

LLC Address: One CVS Drive

City: Woonsocket State: RI Zip Code: 02895

LLC Phone Number: 401-765-1500 LLC Fax Number 401-767-7887

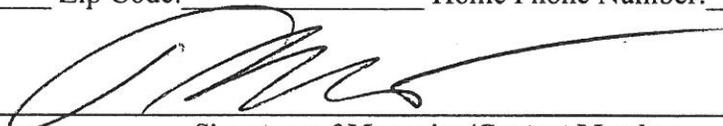
Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Moffatt First Name: Thomas MI: S

Home Address: 29 Homestead Circle City: Kingston

State: RI Zip Code: 02881 Home Phone Number: 401-765-1500



Signature of Managing/Contact Member

State of Rhode Island
~~Nebraska~~
County of Providence

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this

8th day of February 2011

by Thomas S Moffatt
name of person acknowledge

Date
Therese M Fluette

Affix Seal
Therese M. Fluette
Notary Public

State of Rhode Island
My Commission Expires 09/02/2013

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

Last Name: Moffatt First Name: Thomas MI: S

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Alexandra (McDonald-Swift) Moffatt

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

Last Name: DaNale First Name: Carol MI: A

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

Last Name: Corrigan First Name: Terence MI: M

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Amy (Kirby) Corrigan

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

Last Name: Luker First Name: Melanie MI: K

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

RECEIVED

FEB 17 2012

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

Last Name: Cimbron First Name: Linda MI: M

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

Last Name: Clark First Name: Jeffrey MI: E

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

Last Name: Desrochers First Name: Jason MI: D

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Tammy (Dunham) Desrochers

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

Last Name: Zaslavskiy First Name: Marina MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership zero

RECEIVED

FEB 17 2012

NEBRASKA TOLL
CONTROL COMMISSION