



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

October 13, 2014

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 6413, 4900 N 27th Street, requesting that Chad Parker be approved as the manager of their class C-086820 liquor license.

Mr. Parker has completed the required manager training.

No areas of concern were found.

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



**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



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. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

JR

Corporation/LLC information

Name of Corporation/LLC: Walmart Stores Inc.

Premise information

Liquor License Number: ~~8950186820~~ Class Type Retail C
(if new application leave blank)

Premise Trade Name/DBA: Sam's Club 6413

Premise Street Address: 4900 N. 27th

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: 402-438-3540

Email address: lpaiker0622@yahoo.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

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



Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Parker First Name: Chad MI: C

Home Address (include PO Box if applicable): 2016 N. 91st

City: Lincoln County: Lancaster Zip Code: 68505

Home Phone Number: 563-580-6103 Business Phone Number: 402-438-3540

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

Date Of Birth: _____ Place Of Birth: Ames, IA

Email address: C.Parker0622@yahoo.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: Parker First Name: Emily MI: J

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

Date Of Birth: _____ Place Of Birth: Bussey, Iowa

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	2014	2014			
Davenport, Iowa	2010	2014			
Dubuque, Iowa	2006	2010			
Champaign, Illinois	2004	2006			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1997	2014	Sams Club	Stacy Garver	1-479-418-3763
1996	1997	Denny Arthur's	Denny Arthur	Business Closed

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
Chad Parker	April /1996	Des Moines, IA	Theft - did not return movies from rental store in 1996.	Paid fine

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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): Sams Club - Champaign, Illinois

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)
Chad Parker	September 2014	Responsible Hospitality Council Management Training

*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:

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5. 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

FEES were paid at NSP office in Lincoln, Nebraska at the time fingerprints were completed at the address listed below

*3,800 NW 12th Street
Lincoln, Nebraska 68521*

Nebraska State Patrol

09/03/2014 12:35:54PM
01 Justice 000000

Fees to LIQUOR \$38.00

TOTAL TO PAY \$38.00

PROBATION DIVISION

PERSONAL OATH AND CONSENT OF INVESTIGATION

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.

Chad Park

Signature of Manager Applicant

Emily Parker

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of *Lincoln*

9/16/14

date

The foregoing instrument was acknowledged before me this

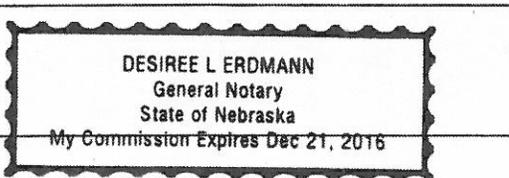
by *Chad & Emily Parker*

name of person acknowledged

[Handwritten Signature]

Notary Public signature

Affix Seal



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.

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**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.

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

Emily J Parker
Printed name of spouse asking for waiver

State of Nebraska

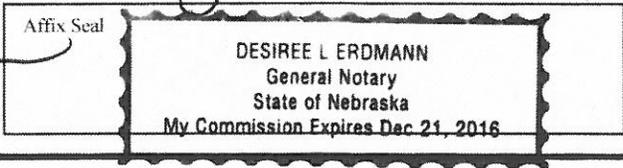
County of Lancaster

The foregoing instrument was acknowledged before me this

9/16/14
date

by Emily Parker
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.

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

Chad Parker
Printed name of applying individual

State of Nebraska

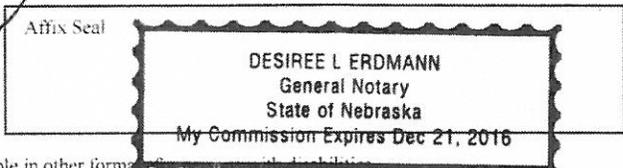
County of Lancaster

The foregoing instrument was acknowledged before me this

9/16/14
date

by Chad Parker
name of person acknowledged

[Signature]
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other format for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.