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STATE OF NEBRASKA

Dave Heineman
Governor

13 MAR 26 PM 1:00

NEBRASKA LIQUOR CONTROL COMMISSION

Hobart B. Rupp
Executive Director

301 Centennial Mall South, 5th Floor
P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814 or (402) 471-2374

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

CITY CLERK
OMAHA, NEBRASKA

March 26, 2013

OMAHA CITY CLERK
1819 FARNAM STREET LC-1
OMAHA NE 68183

RE: Fareway Stores 132

LICENSE #C-101022

Dear Clerk:

Enclosed is a copy of a manager application for Christopher Palm in connection with Fareway Stores 132 located in Omaha.

Please present this application for manager to your City/Village Council or County Commissioners and send us the results of their action.

Sincerely,

Jacqueline Rodriguez
Licensing Division
NEBRASKA LIQUOR CONTROL COMMISSION
402-471-2572

encl.

Janice M. Wiebuck
Commissioner

Robert Batt
Chairman

William F. Austin
Commissioner

**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

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NEBRASKA LIQUOR
CONTROL COMMISSION

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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

Name of Corporation/LLC: Fareway Stores, Inc.

Premise License Number: D-101022

(if new application leave blank)

Premise Trade Name/DBA: Fareway Stores, Inc. #132

Premise Street Address: 3070 N 90th Street

City: Omaha State: NE Zip Code: 68134

Premise Phone Number: 402-573-5669

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)



1300006884

Gender: MALE FEMALE

Last Name: Palm First Name: Christopher MI: J

Home Address (include PO Box if applicable): 14218 Potter Parkway

City: Omaha County: Douglas Zip Code: 68142

Home Phone Number: 402-504-9964 Business Phone Number: 402-573-5669

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

Date Of Birth: _____ Place Of Birth: Des Moines, IA



YES NO

MAR 20 2013
NEB. MOTOR VEHICLE COMMISSION



Spouses Last Name: Palm First Name: Melissa MI: M

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

Date Of Birth: _____ Place Of Birth: Des Moines, IA



CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Estherville, IA	2003	2007	Estherville, IA	2003	2007
Sioux City, IA	2007	2012	Sioux City, IA	2007	2012
Omaha, NE	2012	Current	Omaha, NE	2012	Current

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1992	Current	Fareway Stores, Inc.	George Klesel	515-290-1291

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.

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge

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.
-
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
5. List any alcohol related training and/or experience (when and where).
-

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.

Christopher J Palm Signature of Manager Applicant
Christopher James Palm
Melissa Marie Palm Signature of Spouse
Melissa Marie Palm

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ACKNOWLEDGEMENT

State of Nebraska
County of Douglas The foregoing instrument was acknowledged before me this
3/13/13 date by Christopher & Melissa Palm
name of person acknowledged

NEBRASKA LIQUOR CONTROL COMMISSION

[Signature]
Notary Public signature

Affix Seal
CHRISTOPHER M GANN
General Notary
State of Nebraska
My Commission Expires Jan 5, 2017

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
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I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will 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. 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.

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

Melissa Marie Palm
Printed name of spouse asking for waiver

State of Nebraska
County of Douglas
3/13/13
date

The foregoing instrument was acknowledged before me this
by Melissa Palm
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal
CHRISTOPHER M GARRI
General Notary
State of Nebraska
My Commission Expires Jan 5, 2017

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.

Christopher J Palm
Signature of individual involved with application
(Spouse of individual listed above)

Christopher James Palm
Printed name of applying individual

State of Nebraska
County of Douglas
3/13/13
date

The foregoing instrument was acknowledged before me this
by Christopher Palm
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal
CHRISTOPHER M GARRI
General Notary
State of Nebraska
My Commission Expires Jan 5, 2017

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.