

City of Seward, NE

Tuesday, June 2, 2015

Regular Session

Item G7

CONSIDERATION OF LIQUOR LICENSE MANAGER APPLICATION FOR WALMART STORE 885, 1326 280TH RD - Bonnie Otte

Administrative Report: Attached is a manager application for Elizabeth A. Punko to manager the liquor license for the local Walmart Store. All of the paperwork has been completed. Following review and discussion, a motion to approve the application would be in order.

Staff Contact:



Pete Ricketts
Governor

STATE OF NEBRASKA
NEBRASKA LIQUOR CONTROL COMMISSION
Robert B. Rupe
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/>

May 21, 2015

SEWARD CITY CLERK
PO BOX 38
537 MAIN STREET
SEWARD NE 68434

RE: Manager Application Elizabeth A. Punko

LICENSE #D-67015

Dear Clerk:

Enclosed is a copy of a manager application for Elizabeth A. Punko, in connection with the Walmart Store 885, located in Seward.

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
402-471-2571

encl.

Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

Bruce Bailey
Commissioner

An Equal Opportunity Employer

**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

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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: Wal-Mart Stores, Inc.

Premise information

Liquor License Number: 067015 Class Type D (if new application leave blank)

Premise Trade Name/DBA: Walmart #885

Premise Street Address: 1326 280th Road

City: Seward County: Seward Zip Code: 68434

Premise Phone Number: 402-643-6631

Email address: amelia.schembra@walmart.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

Amelia Schembra

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)



1500012640

Form 103
REV JAN 2015
Page 2 of 6

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Punko First Name: Elizabeth MI: A
Home Address (include PO Box if applicable): 185 N. Chestnut Street; P.O. Box 84
City: Shelby County: Polk Zip Code: 68662
Home Phone Number: 402-446-2010 Business Phone Number: 402-643-6631
Social Security Number: 507-19-4220 Drivers License Number & State: H12286885 NE
Date Of Birth: 12/04/78 Place Of Birth: Missouri Valley, IA
Email address: eapunko@live.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

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Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Drivers License Number & State: _____
Date Of Birth: _____ Place Of Birth: _____

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
Shelby NE	2004	2015			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1997	2015	Walmart Stores Inc.	Alan Matulka	402-597-1282
1995	1997	Arby's	Anita	402-563-4111

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	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)
Elizabeth Punko	06/2014	Alcohol Sales Training
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		NEBRASKA LIQUOR CONTROL COMMISSION

*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:

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES

☐ NO

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.

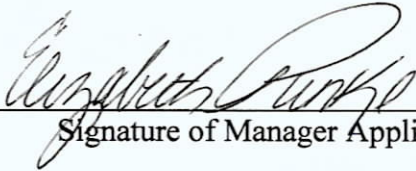
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action 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.

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Signature of Manager Applicant

N/A

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Seward

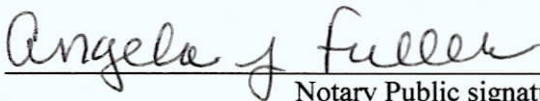
The foregoing instrument was acknowledged before me this

April 14, 2015

date

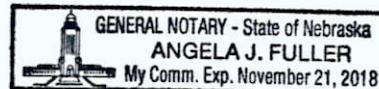
by Elizabeth A Panko

name of person acknowledged



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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**NEBRASKA LIQUOR
CONTROL COMMISSION**



Certificate of Completion

This is to certify completion
of

Alcohol Sales Training

ELIZABETH PUNKO

Associate

6/26/2014

Date

STATE OF IOWA
CERTIFICATION OF VITAL RECORD

STATE OF IOWA

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

Instrument No. 446

STATE OF IOWA
DEPARTMENT OF HEALTH

114- 78-041936

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER

CHILD-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (Mo., Day, Yr.)	HOUR	A.
1. Elizabeth		Ann	RODENBURG	Female	December 4,	1978	9:22	A.
HOSPITAL-NAME (If not in hospital, give street and number)				CITY, TOWN OR LOCATION OF BIRTH		COUNTY OF BIRTH		
4a. COMMUNITY MEMORIAL HOSPITAL				4b. Missouri Valley		4c. Harrison		
I certify that the stated information concerning this child is true to the best of my knowledge and belief					DATE SIGNED (Mo., Day, Yr.)		NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)	
5a. <i>[Signature]</i>					12-6-78		M. D.	
CERTIFIER-NAME AND TITLE (Type or print)					MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
5d. D. M. Gammel, M. D.					5e. 707 Iowa Ave. Dunlap, Iowa 51529			
REGISTRAR					DATE RECEIVED BY REGISTRAR (Month, Day, Year)			
6a. <i>[Signature]</i> Kaye M. Low Clerk					December 8, 1978			
MOTHER-MAIDEN NAME		FIRST	MIDDLE	LAST	AGE (at time of birth)	STATE OF BIRTH (If not in U.S.A., name country)		
7a. Karen		Sue	Yochum		7b. 26	7c. Iowa		
RESIDENCE-STATE		COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER OF RESIDENCE		INSIDE CITY LIMITS (If not, give distance and direction)	
8a. Iowa		8b. Harrison	8c. Dunlap		8d. 1106 Montague		8e. 1978	
MOTHER'S MAILING ADDRESS-If same as above, enter Zip Code only								
9. 51529								
FATHER-NAME		FIRST	MIDDLE	LAST	AGE (at time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)		
10a. Henry		Ernest	Rodenburg		10b. 28	10c. Iowa		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.					RELATION TO CHILD			
11a. <i>[Signature]</i> Karen Sue Rodenburg					11b. Mother			

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This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

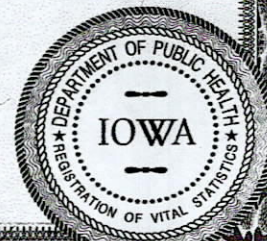
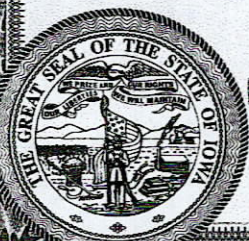
MAY 18 2012

DATE ISSUED
S1504925

Terry E. Branstad
GOVERNOR, STATE OF IOWA
Kim Reynolds, Lt. Governor

[Signature]
DEPUTY STATE REGISTRAR

FORM #588-0328S (03/2010) WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



Precinct: South Canada
Polling Place:
United Farmers Coop
Shelby
Republican
U.S. Congressional District 3
Legislative District 24
Central Com College Dist 5
Shelby Public Schools
Shelby Village Board

Polk County, State of Nebraska

3309071
Elizabeth A Punko
PO Box 84
Shelby, NE 68662

↑
FALLET SIZE • FOLD HERE
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