

A-14

**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.lee.ne.gov](http://www.lee.ne.gov)

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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: 104579 Class Type D (If new application leave blank)

Premise Trade Name/DBA: Walmart #3173

Premise Street Address: 9460 Giles Road

City: LaVista County: Sarpy Zip Code: 68128

Premise Phone Number: 402-513-4207

Email address: Complic@wal-mart.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.lee.ne.gov/license\\_search/llicsearch.cgi](http://www.lee.ne.gov/license_search/llicsearch.cgi)

*Andrea Lareby*

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

Manager's information must be completed below. PLEASE PRINT CLEARLY

Last Name: Vaccaro First Name: Amy MI: L

Home Address: 14705 7 Circle

City: Omaha County: Douglas Zip Code: 68137

Home Phone Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_ Nebraska

Social Security Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Iowa City, Iowa

Email address: Alvaccra.S03173.us@walmart.com

Are you married? YES Computer Spouse Information

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YES

NO

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Spouse's Information

NEBRASKA LIQUOR  
CONTROL COMMISSION

Spouses Last Name: Vaccaro First Name: Giovanni MI: J

Social Security Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_ Nebraska

Date Of Birth: \_\_\_\_\_ Place Of Birth: Omaha, NE

AMERICAN IN SPouse INFORMATION

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha, NE	2013	2016	Omaha, NE	2012	2016
Council Bluffs, IA	2003	2013	Carter Lake, IA	2007	2012
			Omaha, NE	1989	2007

## MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2016	Walmart	Kelly Barada	913-397-2053
2007	2009	Steve & Barry's	Steve Locke	Unknown

## 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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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YES  NO

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If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR  
CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Amy Vaccaro	10/15/2010	Omaha, NE	DUI	Guilty
Amy Vaccaro	10/15/2010	Omaha, NE	Leave Premises/Fail to Leave Premises/Finish Info	Dismissed
Amy Vaccaro	10/15/2010	Omaha, NE	No Proof of Insurance	Dismissed
Amy Vaccaro	3/21/13	Council Bluffs, IA	Public Intox	Dismissed
Amy Vaccaro	7/15/06	Shawnee, IA	Speeding	Guilty

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: 7-10-16 Name on Certificate: Amy Vaccaro

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
<u>Amy Vaccaro</u>	<u>07/2016</u>	<u>Responsible Beverage Service Training</u>

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
<u>Amy Vaccaro</u> / Store Manager	<u>2014-2016</u>	<u>Walmart, La Vista, NE</u>
<u>Amy Vaccaro</u> / Co-Manager	<u>2010-2014</u>	<u>Walmart, Papillion, NE</u>
<u>Amy Vaccaro</u> / Assistant Mgr	<u>2009-2010</u>	<u>Walmart, Council Bluffs, IA</u>

5. Have you enclosed form 147 regarding fingerprints?

YES

NO

PERSONAL DATA AND CONSENT TO 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.



Signature of Manager Applicant



Signature of Spouse

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NEBRASKA LIQUOR  
CONTROL COMMISSION

State of Nebraska  
County of

Douglas

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this

July 11, 2016

date

by

Amy Vaccaro

NAME OF PERSON BEING ACKNOWLEDGED



Notary Public signature

Affix Seal

	GENERAL NOTARY - State of Nebraska BROOKE L. WALTERS My Comm. Exp. Sept. 25, 2017
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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](http://www.lcc.ne.gov)

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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(3)) of the Liquor Control Act. I will not read 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.

*Giovanni Vaccaro*

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

State of Nebraska

County of Douglas

7/26/16

date

*Alex P. Fierro*

Notary Public signature

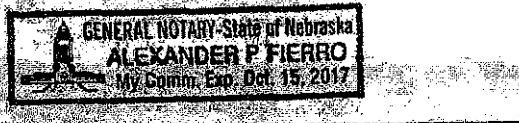
The foregoing instrument was acknowledged before me this

by

*Giovanni Vaccaro*

name of person acknowledged

Affix Seal



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(3)) the Commission may cancel or revoke the liquor license.

*Amy Vaccaro*

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

State of Nebraska

County of Douglas

7/26/16

date

*Alex P. Fierro*

Notary Public signature

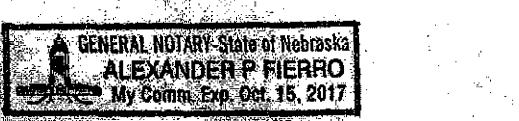
The foregoing instrument was acknowledged before me this

by

*Amy Vaccaro*

name of person acknowledged

Affix Seal



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.

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

NEBRASKA LIQUOR CONTROL COMMISSION  
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PO BOX 95046  
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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Class: \_\_\_\_\_

License #: \_\_\_\_\_

Applicant Name: Amy Leigh Vaccaro

(Corporation, LLC, Partnership or Individual)

Trade Name: Store Manager, Walmart Neighborhood Market  
(Doing Business As)

(402) 513-4207

Phone Number

alvaccaro3173.us@walmart.com

Contact E-mail Address

**DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Guidelines / Brochures". **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- 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).
- **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.*
- Fee payment of **\$28.75 per person** must be made **directly** to the NSP;  
It is recommended to make payment through the NSP PayPort online system at [www.ne.gov/go/nsp](http://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 12<sup>th</sup> Street  
Lincoln, NE 68521**

- 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.
- 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.*

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

1. Name: Amy Leigh Vaccaro Date of Birth: 6/29/85 Last 4 SSN: 4660  
(Please print legibly)

Fingerprints on file with the commission? YES

How was payment made to NSP?  NSP PAYPORT  CASH  CHECK SENT TO NSP Ck # \_\_\_\_\_

2. Name: \_\_\_\_\_  
(Please print legibly)

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Fingerprints on file with the commission? YES

How was payment made to NSP?  NSP PAYPORT  CASH  CHECK SENT TO NSP Ck # \_\_\_\_\_

3. Name: \_\_\_\_\_  
(Please print legibly)

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Fingerprints on file with the commission? YES

How was payment made to NSP?  NSP PAYPORT  CASH  CHECK SENT TO NSP Ck # \_\_\_\_\_

4. Name: \_\_\_\_\_  
(Please print legibly)

Date of Birth: \_\_\_\_\_ Last 4 SSN: JUL 18 2016

Fingerprints on file with the commission? YES

How was payment made to NSP?  NSP PAYPORT  CASH  CHECK SENT TO NSP Ck # **NEBRASKA MOTOR CONTROL COMMISSION**

5. Name: \_\_\_\_\_  
(Please print legibly)

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Fingerprints on file with the commission? YES

How was payment made to NSP?  NSP PAYPORT  CASH  CHECK SENT TO NSP Ck # \_\_\_\_\_

6. Name: \_\_\_\_\_  
(Please print legibly)

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Fingerprints on file with the commission? YES

How was payment made to NSP?  NSP PAYPORT  CASH  CHECK SENT TO NSP Ck # \_\_\_\_\_

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):

Amy Vaccaro

Title: Store Manager

Signature:

Amy Vaccaro

Date: 7-10-16



douglas county  
**ELECTION COMMISSION**

225 North 115th Street

Omaha, Nebraska 68154-2520

Phone: (402) 444-4000 • VOTE (8683) • Fax (402) 444-4181

[www.votedouglascounty.com](http://www.votedouglascounty.com)

Brian W. Kruse, Election Commissioner

STATE OF NEBRASKA  
COUNTY OF DOUGLAS } SS

I, BRIAN W. KRUSE, Election Commissioner of Douglas County, Nebraska, do certify that Amy Leigh Vaccaro, now residing at 14705 Z Cir, Omaha, Nebraska 68137, registered for voting in this office on 12/11/2013, stating under oath that she was born in Iowa City, IA, and giving her birth date

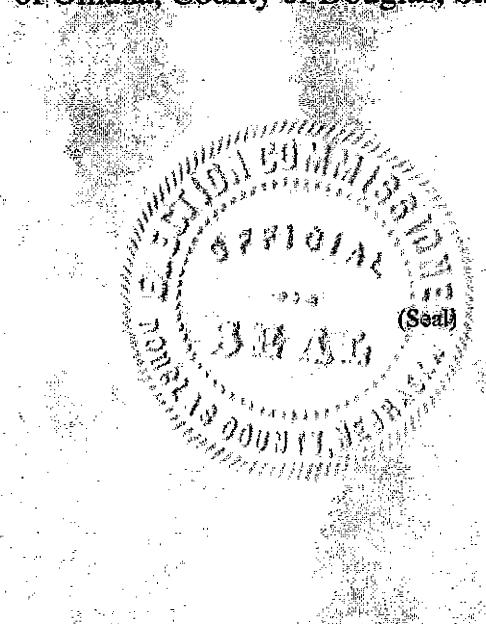
In testimony whereof, I have hereunto set my hand and caused to be affixed hereto, the seal of this office, in the City of Omaha, County of Douglas, State of Nebraska, this 30th day of June, 2016.

BRIAN W. KRUSE  
Election Commissioner of  
Douglas County, Nebraska

By

*Mary Buehler*

Deputy



NEBRASKA LIQUOR  
CONTROL COMMISSION

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**AMY LEIGH VACCARO**

has earned a

*Certificate of Achievement*

- for those who serve or sell alcohol in Nebraska

# RB-0066953

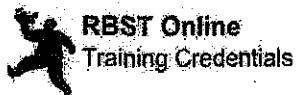
Expires: 07-10-2019 Amount Paid: \$

Responsible Beverage Service Training  
**N E B R A S K A**



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JUL 18 2016  
NEBRASKA LIQUOR  
CONTROL  
MISSION

1/2



General	Credential	Number	Earned	Expires
Amy Leigh Vaccaro 14705 z circle Omaha NE 68137	RBST GENERAL	RB-0066953	07-10-2016	07-10-2019

rbst

Nebraska

Wallet

Card

