

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.lcc.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.lcc.ne.gov/license_search/licsearch.cgi

Andrea Lazesky

SIGNATURE REQUIRED BY CORPORATE/OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Vaccaro First Name: Amy MI: L

Home Address: 14705 Z 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: alvacca.s@3173.us@wal-mart.com

Are you married? If yes, complete spouse's information (even if a spousal affidavit has not been submitted)

☒ 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

APPLICANT & SPOUSE MUST LIST RESIDENCE SINCE THE LAST TEN (10) YEARS

APPLICANT

SPOUSE

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

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	Steven & 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

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 Accident / fail to furnish 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	7/5/06	Shenandoah, 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)
Amy Vaccaro	07/2016	Responsible Beverage Service Training

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*For list of NLCC Certified Training Programs see training
NEBRASKA LIQUOR
CONTROL COMMISSION

Experience:

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

5. Have you enclosed form 147 regarding fingerprints?

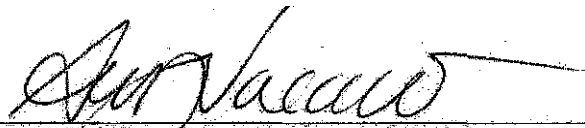
☒ YES ☐ NO

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.


Signature of Manager Applicant


Signature of Spouse

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ACKNOWLEDGEMENT

State of Nebraska
County of

Douglas

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



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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**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(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.

Giovanni Vaccaro

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

Giovanni Vaccaro

Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

7/26/16

date

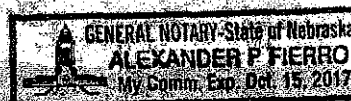
The foregoing instrument was acknowledged before me this

by

Giovanni Vaccaro

name of person acknowledged

Affix Seal



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.

Amy Vaccaro

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

Amy Vaccaro

Printed name of applying individual

State of Nebraska

County of Douglas

7/26/16

date

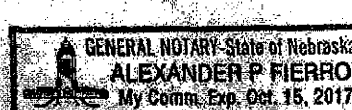
The foregoing instrument was acknowledged before me this

by

Amy Vaccaro

name of person acknowledged

Affix Seal



Notary Public signature

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**

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LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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RECEIVED JUL 18 2016 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

alvaccas03173.us@wal-mart.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
Or checks made payable to NSP should be mailed directly to the following address:
The Nebraska State Patrol – CID Division
3800 NW 12th 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 # _____
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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 # _____

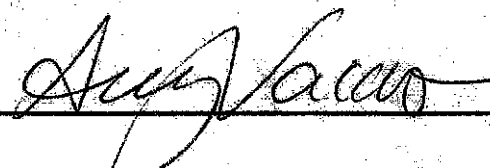
6. Name: _____
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____

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:  Date: 7-10-16



douglas county
ELECTION COMMISSION

225 North 115th Street
Omaha, Nebraska 68154-2520
Phone: (402) 444-VOTE (8683) • Fax (402) 444-4181
www.votedouglascounty.com

Brian W. Kruse, Election Commissioner

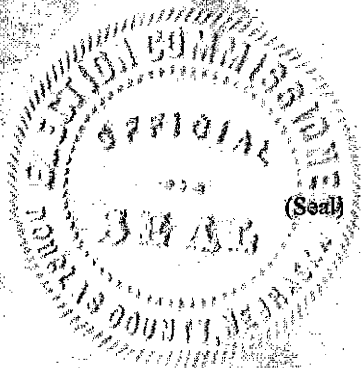
STATE OF NEBRASKA }
COUNTY OF DOUGLAS } SS

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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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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

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CONTROL COMMISSION