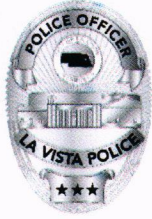


A-15



**LA VISTA POLICE DEPARTMENT
INTER-DEPARTMENT MEMO**

TO: Pam Buethe, City Clerk

FROM: Chief Robert S. Lausten

DATE: July 30, 2019

**RE: LOCAL BACKGROUND- MANAGER
WAL-MART**

CC:

The police department reviewed the Nebraska Liquor Control Commission documents completed by the applicant and conducted a check of local records relating to the Manager Application for Gary Fuller. Fuller has no criminal record in Sarpy County.

As with all Nebraska Retail Liquor Licenses, I am asking that the applicant strictly conform to Nebraska Liquor Control Commission rules and regulations under (Sec 53-131.01) Nebraska Liquor Control Act.

**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.nebraska.gov

Office Use

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 card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: Walmart Inc.

Premise information

Liquor License Number: 104579 Class Type 0 (if new application leave blank)

Premise Trade Name/DBA: Walmart # 3173

Premise Street Address: 9460 Giles Road

City: La Vista County: Sarpy Zip Code: 68128

Premise Phone Number: 402-513-4207

Premise 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. To see authorized officers or members search your license information [here](#).



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Fuller First Name: Gary MI: D
 Home Address: 602 Crest Dr
 City: Poplarville County: Scrpy Zip Code: 38046
 Home Phone Number: _____
 Driver's License Number & State: _____
 Social Security Number: _____
 Date Of Birth: _____ Place Of Birth: _____
 Email address: Fuller.garyandjess@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: Fuller First Name: Jessica MI: R
 Social Security Number: _____
 Driver's 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
Lake, MS	2008	2015			
Guyman, OK	2015	2019			
Poplarville, MS	2019	-			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2016	2018	Wentworth Liberal KS	Keith Stoney	620 282-1576
2018	-	Wentworth Neighborhood	Kelly Baraden	402-910-1459

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.

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
Gary Fuller	04/2014	Scott City, KS	speeding ticket	no contest - fine paid
Gary Fuller	06/2016	Goodwell, OK	speeding ticket	no contest - fine paid

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)
Gregory Fuller	5-23-19	Alcohol Sales Training (WV License)
Gregory Fuller	2-21-19	Age Verification - Restricted Items (Northwest)

*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

5. Have you enclosed form 14? regarding fingerprints?

YES NO

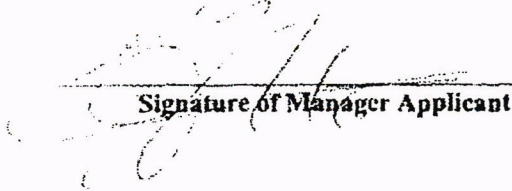
PERSONAL OATH AND CONSENT OF INVESTIGATION

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. (See §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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

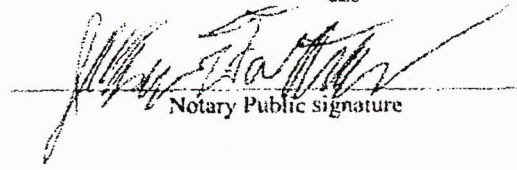

Signature of Manager Applicant

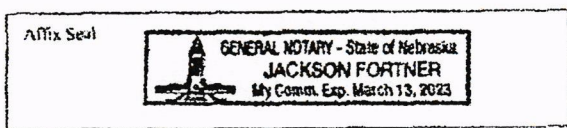

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Sarpy The foregoing instrument was acknowledged before me this

06/21/2019 by Gary Fuller
date NAME OF PERSON BEING ACKNOWLEDGED


Notary Public signature



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.

6/20/2019

Activity Details

Versional



AGE VERIFICATION - RESTRICTED ITEMS

Ⓞ 20 Minutes

Attempt History

ACTIVITIES

DETAILS

Additional Information

Below are the additional details about this activity such as facility, location and so on.

Activity status : Active

Content : Compliance

Delivery method : eLearning

Code :

Training organization : Wal-Mart Stores, Inc

This activity can be completed by taking the following alternatives :

Age Verification - Restricted Items (1.0)

Requirement Details

Below are the reasons you require this activity.

Reason :

Learner Assignment Notes :

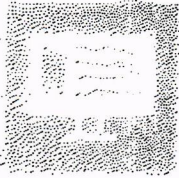
Certification Details

Below are the certifications you will acquire upon successful completion of this activity.

Age Verification - Restricted Items: This is a Certification

6/20/2019

Activity Details



Versional

ALCOHOL SALES TRAINING

Ⓞ 55 Minutes

Attempt History

ACTIVITIES DETAILS

Additional Information

Below are the additional details about this activity such as facility, location and so on.

Activity status : Active

Content : Compliance

Delivery method : eLearning

Code :

Training organization : Wal-Mart Stores, Inc

This activity can be completed by taking the following alternatives :

- Alcohol Sales Training (1.1),
- Alcohol Sales Training (1.3),
- Alcohol Sales Training (1.4),
- Alcohol Sales Training (1.7),
- Alcohol Sales Training (2),
- Alcohol Sales Training (2.1),
- Alcohol Sales Training (2.3),
- Alcohol Sales Training (2.4)

Requirement Details

Below are the reasons you require this activity.

Reason :

Learner Assignment Notes :

Certification Details

Below are the certifications you will acquire upon successful completion of this activity.

Alcohol Sales Training: This is a Certification