

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization Evangelical Free Church of Kearney			Tax Year 2022	Value of Motor Vehicles 37,004
Name of Owner of Property Evangelical Free Church of Kearney			County Name Buffalo	State Where Incorporated NE
Street or Other Mailing Address 4010 7th Ave			Contact Name Traci Winscot	Phone Number 308-237-5968
City Kearney	State NE	Zip Code 68845	Email Address traci@kearneyefree.com	

Type of Ownership

Agricultural and Horticultural Society Educational Organization Religious Organization Charitable Organization Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Dave Chally	Elder Chairman	4010 7th Ave. Kearney NE 68845
Scott Stober	Executive Pastor	4010 7th Ave. Kearney NE 68845

Description of the Motor Vehicles

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Ford	2015	Extended P	1FBZX2ZM2FKA60125	12/21/21

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

YES NO

Give a detailed description of the use of the motor vehicle:

Provide rides to church for the homeless shelters each Sunday. For various ministries to use as needed for larger group trips.

If No, give percentage of exempt use:

_____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign
here

Traci Winscot
Authorized Signature

Financial Assistant

1/18/22

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Denial

Alex G. Sudwell
Signature of County Treasurer

1-20-22
Date

For County Board of Equalization Use Only

Approved

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

Denied

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member

Date

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization GOODWILL INDUSTRIES OF GREATER NEBRASKA, INC.		Tax Year 2022	Value of Motor Vehicles
Name of Owner of Property		County Name BUFFALO	State Where Incorporated NE
Street or Other Mailing Address PO BOX 1863 (DOM: 3906 4TH AVE KEARNEY NE)		Contact Name TAMI NABOWER	Phone Number 308.384.7896 X124
City GRAND ISLAND	State NE	Zip Code 68802-1863	Email Address tnabower@goodwillne.org

Type of Ownership

Agricultural and Horticultural Society Educational Organization Religious Organization Charitable Organization Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
SEE ATTACHMENT		

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
CHRYSLER	2016	MINIVAN	2C7WC1BG5GR239015	1/14/2022

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Give a detailed description of the use of the motor vehicle:

Used for picking up and taking home clients. Also used for support of clients activities and training.

Are the motor vehicles used exclusively as indicated? (see instructions)

YES NO

If No, give percentage of exempt use:

_____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here

Authorized Signature

Title

Date

[Signature] CFO, VP Finan 4/13/22

For County Treasurer Recommendation

Approval

Denial

Comments: _____

[Signature]
Signature of County Treasurer

1-18-22
Date

For County Board of Equalization Use Only

Approved

Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member

Date

Please retain a copy for your records.

Goodwill Industries of Greater Nebraska, Inc.
BOARD OF DIRECTORS
DIRECTORY

2021-2022

Goodwill Industries of Greater Nebraska, Inc.

CHIEF EXECUTIVE OFFICER: Tamara L. Slater
Res: 407 Sunset Drive, Doniphan, NE 68832 (308) 379-0839
E-Mail Address: tslater@goodwillne.org

Bus: 1804 South Eddy Street, P.O. Box 1863
Grand Island, NE 68802-1863 (308) 384-7896

2021-2022
BOARD OF DIRECTORS

O F F I C E R S

CHAIR:

RENEA RUSH (June 2016) (Tim)
4077 Zola Lane, Grand Island, NE 68803 Phone: (None) Cell: 308-390-8599
*Equitable Bank
113 N Locust Street, PO Box 160,
Grand Island, NE 68802-0160
Phone: **398-2720** Fax:
Email: rrush@equitableonline.com

VICE CHAIR:

KEVIN WERNER (June 2017) (Liz)
1503 Piper Street, Grand Island, NE 68803 Phone: (None) Cell : 308-383-1699
*Five Points Bank
2015 N Broadwell Avenue
Grand Island, NE 68801
Phone: **389-8718** Fax:
Email : kevin.werner@5pointsbank.com

SECRETARY/TREASURER:

JERAD KNOTT (July 2018) (Amy)
105 South St., Doniphan, NE 68832 Phone: 402-521-0538 Cell : Same
*Lutz Financial Services
3320 James Rd, Suite 100, PO Box 1767
Grand Island, NE 68802-1767
Phone: Fax:
Cell : 308-398-1545
Email: jknott@lutz.us

PAST CHAIR:

ANDREW (Andy) W. MARSH (June 2015) (Erin)
*Key Stone Properties, LLC Phone: **379-2971** Cell: (same)
PO Box 536, Grand Island, NE 68802
Phone: 379-2951 Fax:
Email: andy@keystoneproperties.net

**Goodwill Industries of Greater Nebraska, Inc.
BOARD OF DIRECTORS
DIRECTORY**

2021-2022

NAME	BUSINESS	RESIDENCE
ALEXANDER, DUSTY **June 2019	*Case New Holland (CNH) 3445 W Stolley Park Rd Grand Island, NE 68803 Phone: 384-1010 Fax: Email: dustin.alexander@cnhind.com	3309 Pinehurst Place Grand Island, NE 68803 Phone: (Same as Cell) Cell : 308-258-1790
BOYSEN, KYLE (Ashley) **October 2020	*Amur Equipment Finance 304 W 3 rd Street Grand Island, NE 68801 Phone: 800-994-0016 Fax: Email: kfboysen06@gmail.com	2209 Atlanta Street Grand Island, NE 68803 Phone: (Same as Cell) Cell: 308-850-6021
DEXTER, ROBIN **January 2017	*Grand Island Public Schools (GIPS) 123 S Webb Rd Grand Island, NE 68803 Phone: 385-5900 Fax: Email: rdexter@gips.org	3740 Frostfire Avenue Grand Island, NE 68803 Phone: (Same as Cell) Cell : 620-687-4013
ENGBERG, BARB (Jeff) **August 2020	*Live Well Physical Therapy 929 S Locust Street Grand Island, NE 68801 Phone: 391-0747 Fax: Email: barb@livewellpt.com	309 Lakeside Drive Grand Island, NE 68801 Phone: 382-5870 Cell :
FRERICHS, ELIZABETH (BETH) (Brent) **April 2019	*Chief Industries, Inc. 3942 West Old Hwy 30 Grand Island, NE 68803 Phone: 389-7452 Fax: Email: beth.frerichs@chiefind.com	115 Platte View Drive Phillips, NE 68865 Phone: (Same as Cell) Cell : 402-380-2020
HARRIS, LISA A. (Kevin) **April 2019	*Home Federal Savings & Loan P.O. Box 1009 Grand Island, NE 68802-1009 Phone: 398-4938 Fax: 381-7149 Email: lharris@homefederalne.com	304 Lakeside Drive Grand Island, NE 68801 Phone: (Same as Cell) Cell : 308-380-8462
HERMESCH, ASHLEY (Kevin) **August 2020	*CHI Health St Francis 2620 W Faidley Ave Grand Island, NE 68803 Phone: 398-5343 Fax: Email: Ahermesch@sfmc-gi.org	498 W Loup River Road St Libory, NE 68872 Phone: 308-249-6085 Cell :
HUDNALL, CHAD (DR) (Kara) **June 2017	*Family Eyecare Center 401 N Eddy Street Grand Island, NE 68801 Phone: 384-6922 Fax: Cell: 380-9409 Email: drhudnall@fecvision.com	2812 Pioneer Blvd Grand Island, NE 68801 Phone: N/A Cell : 380-9409

Goodwill Industries of Greater Nebraska, Inc.
BOARD OF DIRECTORS
DIRECTORY

2021-2022

JUNGCK, CHELSEY (Ryan) **June 2017	*Business: Phone: Fax: Email: cjungck@gmail.com	*1821 Piper Street Grand Island, NE 68803 Phone: (Same as Cell) Cell : 308-530-0758
O'HARA, TIM (Nikki) ** October 2016	*Insulation Systems 355 N Pine Street Grand Island, NE 68801 Phone: 384-7856 Fax: Cell : 379-8232 Email: Timohara1822@gmail.com	1923 West Anna Street Grand Island, NE 68803 Phone: (Same as Cell) Cell: 379-8232
RASMUSSEN, CHARLA (Robert) **May 2018	*Tabitha Healthcare 904 Concord Avenue Grand Island, NE 68803 Phone: 402-613-0705 Fax: Cell : N/A Email: charla.rasmussen@tabithat.org	*763 Highway 281 St Paul, NE 68873 Phone: (Same as Cell) Cell : 402-650-8866 Email: casmussen80@gmail.com
ROSACKER, CHRIS (Dana) August 2020	*Ryder-Rosacker-McCue-Huston Ins. 509 W Koenig Street Grand Island, NE 68801 Phone: 382-2330 Fax: Email: rosacker@gmail.com	4408 Quail Lane Grand Island, NE 68801 Phone: 381-0994 Cell : 379-3426
SEIM, SARA (Chris) July 2021	*Aurora Cooperative 605 12 th Street Aurora, NE 68803 Phone: 402-694-2106 Fax: Email: sseim@auroracoop.com	4044 Lambchop Lane Grand Island, NE 68803 Phone: Cell : 307-761-1313
VALENTINE, MATT November 2021	*Tom Dinsdale Automotive 1708 S Webb Road Grand Island, NE 68803 Phone: 308-210-2166 Email: matt68901@yahoo.com	4163 Texas Avenue Grand Island, NE 68803 Phone: Cell : 402-469-8003
WALSH, KEVIN (Amanda) October 2020	*Smith, Johnson, Allen, Connick & Hansen Attorneys at Law 104 North Wheeler St Grand Island, NE 68801 Phone: 382-1930 Fax: Email: kwalsh@gilawfirm.com	3015 Brentwood Blvd Grand Island, NE 68801 Phone: (Same as Cell) Cell : 443-401-3960

**Indicates correspondence mailing address and phone contact number*
***Indicates month/year elected to Board*

COMMITTEE CHAIRS

Executive – Renea Rush

Finance – Kyle Boysen

Human Resources/Services – Beth Frerichs

Date: January 31st 2022

To: Buffalo County Board

Subject: Tax List Corrections

The attached Tax List Corrections are being presented to you for approval.

**Approved by action of the County Board on This _____ Day of
_____, 2022**

Chairman

1 Mobile Home – Remove from tax roll for 2021 as MH Court was dissolved & all Mh moved off property

1 Real Estate – Remove from tax roll for 2020 as property was sold to Village of Shelton which is tax exempt

2 Corrections for the Month of January 2022

Tax List Correction

BUFFALO County, Nebraska

Property ID: 680136000 - RE

Date: 01-12-2022

No: 4855

Name and Address:
SPELLMAN, SYLVIA A

Description of Property:
1ST ADD SHEL TR 25' X 36' NW CORNER LT 3
BLK 6

Tax Year: 2020

District: 1310 School: 10-0019
1310 SHELTON VILLAGE

PO BOX 291
SHELTON, NE 68876

Stmnt No: 20233

* Tax Credit of 1.98 consists of 1.98 in Non-Ag, and 0.00 in Agland.

	Actual Valuation	Tax Rate	Consolidated Tax	Tax Credit *	Homestead Value	Homestead Credit	Penalty Tax	1st Half	2nd Half	Total Tax
Original Amount	1,935	2.28485500	44.22	1.98	0	0.00	0.00	21.12	21.12	42.24
Corrected Amount	0	2.28485500	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00
Additional Amount										
Deducted Amount	1,935		44.22	1.98				21.12	21.12	42.24

Reason for Correction: REMOVE FROM TAX ROLL - PROPERTY SOLD TO VILLAGE OF SHELTON WHICH IS TAX EXEMPT

I hereby direct the County Treasurer of BUFFALO County to accept this Official Correction made for the above named party and description and to issue his receipt in payment of the corrected tax as shown above.

ALL CORRECTIONS MADE ON THE TAX ROLL MUST BE SHOWN IN RED.

Approved by action of the County Board

this _____ day of _____, _____

Chairman



County Assessor - County Clerk

680136000

By _____ Deputy

Tax List Correction

BUFFALO County, Nebraska

Property ID: 850001098 - RE

Date: 01-14-2022

No: 4856

Name and Address:
BROTT, ROBERT

Description of Property:
IOLL BEV'S CRT #11 (1971 SHAR-VAL 12X60
12602CKDF12346TB)

Tax Year: 2021

District: 1330 School: 10-0019
1330 TAX DISTRICT

626 NILE ST
ANSLEY, NE 68814

Stmnt No: 2527

* Tax Credit of 1.24 consists of 1.24 in Non-Ag, and 0.00 in Agland.

	Actual Valuation	Tax Rate	Consolidated Tax	Tax Credit *	Homestead Value	Homestead Credit	Penalty Tax	1st Half	2nd Half	Total Tax
Original Amount	1,145	1.63150900	18.68	1.24	0	0.00	0.00	8.72	8.72	17.44
Corrected Amount	0	1.63150900	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00
Additional Amount										
Deducted Amount	1,145		18.68	1.24				8.72	8.72	17.44

Reason for Correction: REMOVE FROM TAX ROLL AS MOBILE COURT WAS DISOLVED IN 2020 & ALL MH MOVED OFF

I hereby direct the County Treasurer of BUFFALO County to accept this Official Correction made for the above named party and description and to issue his receipt in payment of the corrected tax as shown above.

ALL CORRECTIONS MADE ON THE TAX ROLL MUST BE SHOWN IN RED.

Approved by action of the County Board

this _____ day of _____, _____

Chairman

Ethel Skinner

County Assessor - County Clerk



850001098

By _____ Deputy

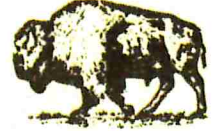
Neil A. Miller
Sheriff

Daniel J. Schleusener
Chief Deputy



BUFFALO COUNTY OFFICE OF THE SHERIFF

2025 Avenue A • P.O. Box 2228
Kearney, Nebraska 68848
Phone (308) 236-8555



February 2, 2022

Chairman Ivan Klein
Buffalo County Board of Supervisors
PO Box 1270
Kearney, NE 68848

The following information is being returned to you related to the Buffalo County Clerk's Office request to review an Application For Liquor License by Shorty Wendell Ventures, LLC; DBA Foote's Oasis located at 2550 Lowell Road, Gibbon, Nebraska as well as an attached Manager Application by/for David Kleveland associated with Foote's Oasis.

Upon review of the applications and applicants information, Charles Kleveland and David Kleveland; Charles Kleveland is the current owner/manager of Foote's Convenience Plaza located at 1810 E. Hwy. 30, Kearney, Nebraska, and currently holding Liquor License # 062031. A review of this license, which has been in effect since 2004, has had one cited violation occurring in 2013 and the license is currently valid and in good standing.

Upon performing a brief background through Nebraska based and local data bases upon the information provided on the applications and the applicants; it was observed David Kleveland did not list a prior reckless driving conviction, occurring in 1998, on both applications. Contact was made with Mr. Kleveland regarding the omission; which he had forgotten about the occurrence. Mr. Kleveland had contacted Brenda Hiland of the Licensing Division of the Nebraska Liquor Control Commission, rectifying the omission; that the Nebraska Liquor Control Commission would add the information to his file/application.

Sincerely,
NEIL A. MILLER
Sheriff

A handwritten signature in black ink, appearing to read 'Paul T. Koerner'.

Paul T. Koerner
Investigator
cc: Sheriff Miller

APPLICATION FOR LIQUOR LICENSE CHECKLIST RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
EMAIL: lcc.frontdesk@nebraska.gov
WEBSITE: www.lcc.nebraska.gov

License
Class: D

License Number:
124730



Office Use Only

NEW / REPLACING TOP Yes No

Hot List Yes No Initial: BH

PLEASE READ CAREFULLY

See directions on the next page. Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the Nebraska Liquor Control Commission.

APPLICANT NAME SHORTY WENDELL VENTURES, LLC

TRADE (DBA) NAME FOOTE'S OASIS

PREVIOUS TRADE (DBA) NAME NONE

CONTACT NAME AND PHONE NUMBER CHARLES KLEVELAND, JR.

CONTACT EMAIL ADDRESS chas@footeconvenience.com

Office use only

PAYMENT TYPE Check 1034

AMOUNT \$400 RCPT

RECEIVED: AS

DATE DEPOSITED 1/14/2022



DIRECTIONS

Each item must be included with your application

1. Application fee of \$400 (nonrefundable), please pay online thru our PAYPORT system or enclose payment made payable to the Nebraska Liquor Control Commission
2. Enclose the appropriate application forms
 - Individual License (Form 104)
 - Partnership License (Form 105)
 - Corporate License (Form 101 & Form 103)
 - Limited Liability Company (LLC) (Form 102 & Form 103)
Corporation or Limited Liability Company (LLC) must be active with the Nebraska Secretary of State
3. For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
 - a. For residency enclose proof of registered voter in Nebraska
 - b. If permanent resident include Employment Authorization Card or Permanent Resident Card
 - c. See Applicant Guidelines for further assistance
4. Form 147 - Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures".
5. If purchasing an already licensed business; include Form 125—Temporary Operating Permit (TOP)
 - a. Form 125 must be signed by the seller (current licensee) and the buyer (applicant)
 - b. Provide a copy of the business purchase agreement from the seller (current licensee sells "the business currently licensed" to applicant)
 - c. Provide a copy of alcohol inventory being purchased (must include quantity, brand name and container size)
 - d. Enclose a list of the assets being purchased (furniture, fixtures and equipment)
6. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
7. If building is being leased, send a copy of signed lease in the name of the applicant. Lease term must run through the license year being applied for.
8. Submit a copy of your business plan.

RETAIL LICENSE(S)

Application Fee \$400 (non-refundable)

CLASS C LICENSE TERM IS FROM NOVEMBER 1 - OCTOBER 31

ALL OTHER CLASSES TERM IS MAY 1 - APRIL 30

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY**
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE**
Do you intend to sale cocktails to go as allowed under Neb Rev. Statute 53-123.04(4) YES NO
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY**
- F BOTTLE CLUB,
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
Do you intend to sale cocktails to go as allowed under Neb Rev. Statute 53-123.04(5) YES NO
- J LIMITED ALCOHOLIC LIQUOR, OFF SALE - MUST INCLUDE SUPPLEMENTAL FORM 120
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- Class K Catering endorsement (Submit Form 106) - Catering license (K) expires same as underlying retail license
- Class G Growler endorsement (Submit Form 165) - Class C licenses only

**Class B, Class C, Class D license do you intend to allow drive through services under Neb Rev. Statute 53-178.01(2) YES NO

ADDITIONAL FEES WILL BE ASSESSED AT THE CITY/VILLAGE OR COUNTY LEVEL WHEN THE LICENSE IS ISSUED

- Individual License (requires insert FORM 104)
- Partnership License (requires insert FORM 105)
- Corporate License (requires FORM 101 & FORM 103)
- Limited Liability Company (LLC) (requires FORM 102 & FORM 103)

Name None Phone Number _____

Firm Name _____

Email address _____

Should we contact you with any questions on the application? YES _____ NO _____

Trade Name (doing business as) FOOTE'S OASIS

Street Address 2550 LOWELL ROAD

City GIBBON County BUFFALO Zip Code 68840-

Premises Telephone number 308 468-5364 4064

Business e-mail address chas@footeconvenience.com

Is this location inside the city/village corporate limits YES NO

Check if same as premises

Name FOOTE'S OASIS

Street Address 2550 LOWELL ROAD

City GIBBON State NE Zip Code 68840

IN THE SPACE PROVIDED BELOW OR ATTACH A DRAWING OF THE AREA TO BE LICENSED.
DO NOT SEND BLUEPRINTS, ARCHITECT OR CONSTRUCTION DRAWINGS
PROVIDE LENGTH X WIDTH IN FEET (NOT SQUARE FOOTAGE)
INDICATE THE DIRECTION OF NORTH

Building length 34 x width 70 in feet

Is there a basement? Yes No If yes, length _____ x width _____ in feet

Is there an outdoor area? Yes No If yes, length _____ x width _____ in feet

Number of floors of the building 1

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

SEE SEPARATE ATTACHMENT

70 feet wide

Back Door

3
4
f
o
o
t
l
e
n
g
t
h

Mop

Storage

Furnace
Utilities

SALES AREA

Sinks

WALK-IN Cooler

Kitchen

Office

Sales Counter

Bathroom

SALES AREA

Bathroom

Front Door



1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

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.

Include traffic violations. 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
CHARLES KLEVELAND, JR.	?	?	I'VE HAD A COUPLE OF SPEEDING TICKETS IN THE DUTANT PAST	PAST
DAVID KLEVELAND	11/1999	LINCOLN, NE	D.U.I.	LOST DRIVER'S LICENSE
	2015	KEARNEY, NE	SPEEDING	PAID FINE

2. Was this premise licensed as liquor licensed business within the last two (2) years?

YES NO

If yes, provide business name and license number _____

3. Are you buying the business of a current retail liquor license?

YES NO

If yes, give name of business and liquor license number _____

4. Are you filing a temporary operating permit (TOP) to operate during the application process?

YES NO

If yes

a) Attach temporary operating permit (TOP) (Form 125)

a) Submit a copy of the business purchase agreement _____

b) Include a list of alcohol being purchased, list the name brand, container size and how many _____

c) Submit a list of the furniture, fixtures and equipment _____

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) EXCHANGE BANK (PURCHASE OF PROPERTY)

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES NO

If yes, explain. (all involved persons must be disclosed on application)

No silent partners 019.01E Silent Partners; Profit Sharing: No licensee or partner, principal, agent or employee of any Retail Liquor License shall permit any other person not licensed or included as a partner, principal, or stockholder of any Retail Liquor License to participate in the sharing of profits or liabilities arising from any Retail Liquor License. (53-1,100)

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES NO

If yes, list such item(s) and the owner. _____

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for indigent persons or for veterans, their wives, and children; or within 300 feet of a college or university campus?

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Nebraska Revised Statute 53-177(1) **AND PROVIDE FORM 134 – CHURCH OR FORM 135 – CAMPUS AND LETTER OF SUPPORT FROM CHURCH OR CAMPUS**)

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties. (Nebraska Revised Statute 53-125(15))

YES NO

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.

a) List the individual(s) who are authorized to write checks and/or withdrawals on accounts at this institution.

EXCHANGE BANK KEARNY & GIBSON, NE CHARLES KLEVELAND, JR. DAVID KLEVELAND

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

CHARLES KLEVELAND, JR. CCT PARTNERS, LLC DBA FOOTE CONVENIENCE PLAZA
CLASS D LIC. # 062031 1810 E. HWY. 30
KEARNY, NE 68847

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
CHARLES KLEVELAND, JR.	12/2021	RBST ONLINE
DAVID KLEVELAND	12/2021	RBST ONLINE

Experience

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

13. If the property is owned, submit a copy of the deed or proof of ownership. If leased, submit a copy of the lease covering the entire license year.

Documents must be in the name of applicant as owner or lessee

Lease expiration date _____
 Deed
 Purchase Agreement

14. When do you intend to open for business? 12/28/2021

15. What will be the main nature of business? CONVIENANCE STORE

16. What are the anticipated hours of operation? 6:00 A.M. - 11:00 P.M.

17. List the principal residence(s) for the past 10 years for ALL persons required to sign, including spouses.

APPLICANT CITY & STATE	YEAR		SPOUSE CITY & STATE	YEAR	
	FROM	TO		FROM	TO
CHARLES KLEVELAND, JR., KEARNY, NJ	2011	PRESENT			
DAVID KLEVELAND KEARNY, NJ	2011	PRESENT			

If necessary, attach a separate sheet

**SIGNATURE PAGE –
PLEASE READ CAREFULLY**

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. 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.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

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.

**Must be signed by all applicant(s) and spouse(s) owning more than 25% in the presence of a notary public
(YOU MAY NEED TO PRINT MULTIPLE SIGNATURE PAGES)**

Charles Kleveland Jr.

Signature of **APPLICANT**
(Do not sign until in the presence of the Notary Public)

CHARLES KLEVELAND JR.

Printed Name of **APPLICANT**

State of Nebraska, County of *Buffalo*

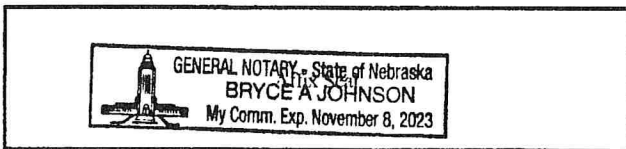
The foregoing instrument was acknowledged before me this

1-11-2022

(Date)

By *Charles Kleveland*
Name of person(s) signing document in front of Notary

Bryce A Johnson
Notary Public Signature



Signature of **SPOUSE**

(Do not sign until in the presence of the Notary Public)

Printed Name of **SPOUSE**

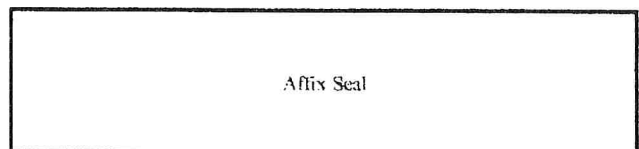
State of Nebraska, County of _____

The foregoing instrument was acknowledged before me this

(Date)

By _____
Name of person(s) signing document in front of Notary

Notary Public Signature



**SIGNATURE PAGE –
PLEASE READ CAREFULLY**

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Must be signed by all applicant(s) and spouse(s) owning more than 25% in the presence of a notary public (YOU MAY NEED TO PRINT MULTIPLE SIGNATURE PAGES)

David Kleveland
Signature of **APPLICANT**
(Do not sign until in the presence of the Notary Public)

Signature of **SPOUSE**
(Do not sign until in the presence of the Notary Public)

David Kleveland
Printed Name of **APPLICANT**

Printed Name of **SPOUSE**

State of Nebraska, County of Buffalo

State of Nebraska, County of _____

The foregoing instrument was acknowledged before me this
1-11-2022
(Date)

The foregoing instrument was acknowledged before me this

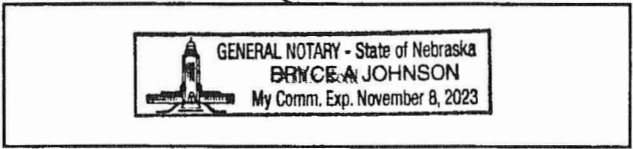
(Date)

By David Kleveland
Name of person(s) signing document in front of Notary

By _____
Name of person(s) signing document in front of Notary

Bryce A. Johnson
Notary Public Signature

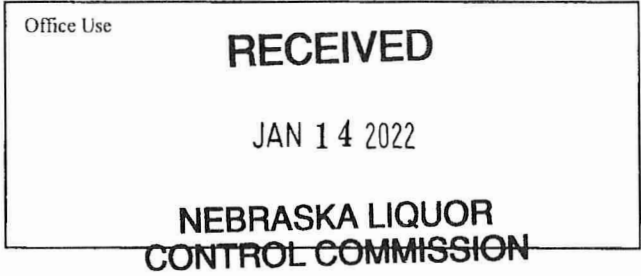
Notary Public Signature



Affix Seal

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

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



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: CHARLES R. KLEVELAND, JR.

Name of Limited Liability Company that will hold license as listed on the Articles of Organization:

SHORTY WENDELL VENTURES, LLC

LLC Address: 1810 E. HWY. 30

City: KEARNEY State: NE Zip Code: 68847-4783

LLC Phone Number: 308 234-3770 LLC Fax Number 308 234-5284

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: KLEVELAND First Name: CHARLES, JR. MI: R.

Home Address: 1501 W. 39th City: KEARNEY

State: NE Zip Code: 68845-2759 Home Phone Number: 308 293-6762

Charles R. Cleveland, Jr.

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

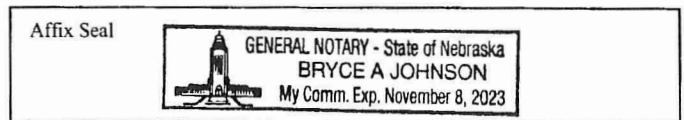
State of Nebraska
County of Buffalo

The foregoing instrument was acknowledged before me this

1-11-2022

by Charles Cleveland
name of person acknowledge

Date
Bryce A. Johnson



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: KLEVELAND First Name: CHARLES JR. MI: R.

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

Last Name: KLEVELAND First Name: DAVID MI: N

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: JANUARY Ending Date: DECEMBER

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

Nebraska Secretary of State

SHORTY WENDELL VENTURES, LLC

Tue Jan 18 12:19:28 2022

SOS Account Number

2103083585

Status

Active

Principal Office Address

No address on file

Registered Agent and Office Address

CHARLES R KLEVELAND

1810 E. HWY 30

P.O. BOX 653

KEARNEY, NE 68848

Designated Office Address

1810 E. HWY 30

P.O. BOX 653

KEARNEY, NE 68848

Nature of Business

Not Available

Entity Type

Domestic LLC

Qualifying State: NE

Date Filed

Mar 10 2021

Next Report Due Date

Jan 01 2023

Filed Documents

Filed documents for SHORTY WENDELL VENTURES, LLC may be available for purchase and downloading by selecting the Purchase Now button. Your Nebraska.gov account will be charged the indicated amount for each item you view. If no Purchase Now button appears, please contact Secretary of State's office to request document(s).

Document	Date Filed	Price	
Certificate of Organization	Mar 10 2021	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now
Proof of Publication	Apr 08 2021	\$0.45 = 1 page(s) @ \$0.45 per page	Purchase Now

Good Standing Documents

- If you need your Certificate of Good Standing Apostilled or Authenticated for use in another country, you must contact the Nebraska Secretary of State's office directly for information and instructions. Documents obtained from this site cannot be Apostilled or Authenticated.

Online Certificate of Good Standing with Electronic Validation
\$6.50

**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
RECEIVED
JAN 14 2022
NEBRASKA LIQUOR CONTROL COMMISSION

FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE PROCESSED

MANAGER MUST:

- Complete all sections of the application. Be sure it is signed by a **member or corporate officer**, corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card or print document from Secretary of State website with application

Spouse who **will not** participate in the business, **spouse must:**

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the **spouse must:**

- Sign the application
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

BARCODE

**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

RECEIVED

JAN 14 2022

**NEBRASKA LIQUOR
CONTROL COMMISSION**

MUST BE:

- ✓ 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

Name of Corporation/LLC: SMURTY WENDALL VENTURES, LLC

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

Premise Trade Name/DBA: FOOTE'S OASIS

Premise Street Address: 2550 LOWELL ROAD

City: GIBBON

County: BUFFALO

Zip Code: 68840

Premise Phone Number: 308 468-5364

Premise Email address: _____

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: Kleveland First Name: David MI: N

Home Address: 1416 A Ave

City: Kearney County: NE Zip Code: 68847 -

Home Phone Number: 308-293-3851 U952

Email address: DavidKleveland@gmail.com

Are you currently employed by the company?

YES

NO

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____

Driver's License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

Employment History (Last 5 Years)

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln NE	2002	2011			
Kearney NE	2011	present			

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2002	2011	Prairie Life Fitness	Terry Seymour	Retired Business sold 2018
2011	present	Foot Locker	Chas Cleveland Jr.	308-234-3770

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
David Cleveland	01/1999	Lincoln, NE	D.U.I.	Made a big mistake / Lost License quit drinking lot yrs ago
	?/2015	Kearney, NE	speeding 65 in 55	paid the fine

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)
Dave Kleveland	12/2021	FBST Responsible Beverage Service Training

*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 147 regarding fingerprints?

YES NO

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.

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.

D. Cleveland

Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Buffalo

The foregoing instrument was acknowledged before me this

1-19-2022

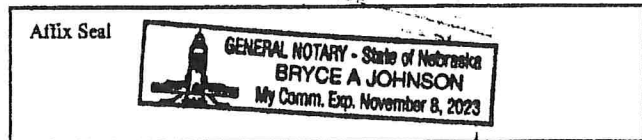
date

by

David Cleveland

NAME OF PERSON BEING ACKNOWLEDGED

Bryce Johnson
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.



[Back to Lookup](#) / Registrant Detail

David N Kleveland

Political Party
Republican

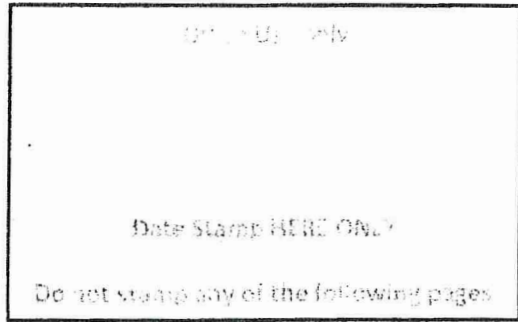
Precinct
23 Bingo Hall-American Legion

No upcoming elections found for this registrant's jurisdiction.

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**PRIVACY ACT STATEMENT/
SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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



**THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED:
DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE**
- Fee payment of **\$45.25** per person **MUST** be made **DIRECTLY** to the Nebraska State Patrol;
It is recommended to make payment through the **NSP PayPort** online system at www.ne.gov/go/nsp
Or a check made payable to **NSP** can be mailed directly to the following address:
*****Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License*****
The Nebraska State Patrol – CID Division
4600 Innovation Drive
Lincoln, NE 68521
- Fingerprints taken at NSP LIVESCAN 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 may be released to the applicants;
Fingerprint cards should be submitted with the application.

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 the FBI identification record. The procedures for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR, 16.34.

****Please Submit this form with your completed application to the Liquor Control Commission****

Trade Name Footes Oasis

Name of Person Being Fingerprinted: David Cleveland

Date of Birth: [REDACTED]

Date fingerprints were taken: 01/03/22

Location where fingerprints were taken: Buffalo County Jail

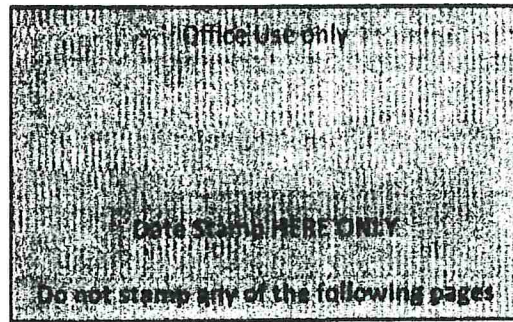
How was payment made to NSP?
 NSP PAYPORT CASH CHECK SENT TO NSP CK # _____

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

David Cleveland
SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

**PRIVACY ACT STATEMENT/
SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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



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4600 Innovation Drive
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******Please Submit this form with your completed application to the Liquor Control Commission******

Trade Name Foot's OASIS

Name of Person Being Fingerprinted: CHARLES KLEVELAND JR

Date fingerprints were taken: 01/11/2022

Location where fingerprints were taken: BUFFALO COUNTY JAIL

How was payment made to NSP?

NSP PAYPORT CASH CHECK SENT TO NSP CK # _____

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

Charles Kleveland Jr

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED



Chas Kleveland <chas@footeconvenience.com>

Nebraska State Patrol - Payment Receipt

1 message

nebraska <NoReplyOTC@egov.com>
To: chas@footeconvenience.com

Thu, Dec 30, 2021 at 11:23 AM

PURCHASE RECEIPT

Nebraska State Patrol - Criminal Identification Division

4600 Innovation Drive
Lincoln NE 68521
(402)479-4971
nsp.criminalident@nebraska.gov
OTC Local Ref ID: 66396458
12/30/2021 11:23 AM

THANK YOU FOR USING THE NEBRASKA STATE PATROL PAYPORT SERVICE

Status: **APPROVED**
Customer Name: Charles R Kleveland Jr.
Type: MasterCard
Credit Card Number: **** * 6362

Items	Quantity	TPE Order ID	Total Amount
Liquor License	1	67557752	\$45.25
Applicant Name: David Kleveland			
Date of Birth: 11091970			
Last four of Social Security Number: 6335			
Liquor License	1	67557752	\$45.25
Applicant Name: Charles Kleveland, Jr.			
Date of Birth: 02211965			
Last four of Social Security Number: 6338			
Total remitted to the Nebraska State Patrol - Criminal Identification Division			\$90.50
Total Amount Charged			\$92.75

Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

DAVID N KLEVELAND

holds a

State Alcohol certificate

Permit # RB-0146197

Permit Expires: 12-22-2024 Amount Paid: \$



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



Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

CHARLES R KLEVELAND JR

holds a

State Alcohol certificate

Permit # RB-0145972

Permit Expires: 12-12-2024 Amount Paid: \$



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



Foot's Oasis will be operating as a convenience store selling fuel. We'll be servicing our local community, visitors to Windmill State Park and Interstate 80 traffic. Our primary focus will be on food service and snack items. Our beer and liquor sales will be a minor part of our business. We have no plans to actually stock any liquor at the beginning of our operation, but have decided to apply for a class D license in case the need may arrive in the future. If we do stock any liquor, it will be a small amount due to limited floor and back bar space.

Please Return recorded document to:
Nebraska Title Company
208 W. 29th Street, Suite B
Kearney, NE 68845

WARRANTY DEED

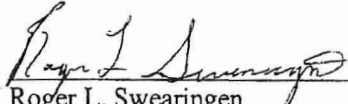
Roger L. Swearingen and Renee L. Swearingen, a married couple, GRANTOR, in consideration of One Dollar and other good and valuable consideration received from Shorty Wendell Ventures, LLC, a Nebraska limited liability company, GRANTEE, hereby conveys to GRANTEE the following described real estate (as defined in Neb. Rev. Stat. 76-201):

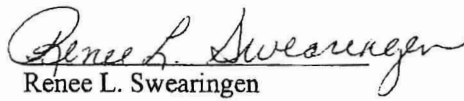
Lot 1, Swearingen Acres, an administrative subdivision being part of the East 1/2 of the Southwest 1/4 of Section 36, Township 9 North, Range 14 West of the 6th P.M., Buffalo County, Nebraska.

GRANTOR covenant with GRANTEE that GRANTOR:

- (1) is lawfully seized of such real estate and that it is free from encumbrances, except encumbrances, liens, easements and restrictions of record;
- (2) has legal power and lawful authority to convey the same; and
- (3) warrants and will defend title to the real estate against the lawful claims of all persons.

Dated 05/14/2021


Roger L. Swearingen

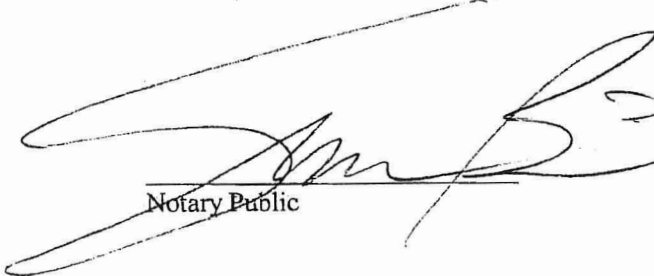

Renee L. Swearingen

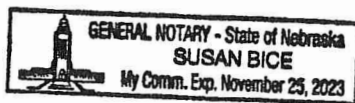
State of NEBRASKA

§

County of BUFFALO

The foregoing instrument was acknowledged before me this 14th day of May, 2021 by Roger L. Swearingen and Renee L. Swearingen.


Notary Public



**CERTIFICATE OF ORGANIZATION OF
SHORTY WENDELL VENTURES, LLC**

Luke Simpson, being of the age of majority and acting as the Organizer of **Shorty Wendell Ventures, LLC** (herein the “**Company**”) under the Nebraska Uniform Limited Liability Company Act, Neb. Rev. Stat. §§ 21-101 *et seq.*, adopts the following Certificate of Organization for such Company:

§1.1 Name.

The name of the Company is **Shorty Wendell Ventures, LLC**


§1.2 Initial designated office.

The street address of the Company’s initial designated office is 1810 E. Hwy. 30, Kearney, NE 68847. The mailing address of the Company’s initial designated office is P.O. Box 653, Kearney, Nebraska 68848.

§1.3 Initial Registered Agent.

The name and address of the initial registered agent for the Company is Charles R. Kleveland, 1810 E. Hwy. 30, Kearney, NE 68847. The mailing address of the Company’s initial registered agent is P.O. Box 653, Kearney, Nebraska 68848.

DATED this 2nd day of March, 2021

BY 

Luke Simpson, Organizer