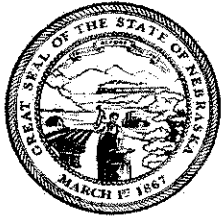


RECEIVED

MAR 28 2017

STATE OF NEBRASKA



Pete Ricketts
Governor

LANCASTER COUNTY
CLERK

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe
Executive Director

301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571

Fax (402) 471-2814 or (402) 471-2374
TRS USER 800-833-7352 (TTY)
web address: <http://www.lcc.ne.gov/>

MANAGER RECOMMENDATION

DATE: March 28, 2017

TO: County Clerk of Lancaster

E-MAIL: coclerk@lancaster.ne.gov

LICENSEE: Miller Long VFW Post 3606
LICENSE #: I-003697
DUE DATE: May 12, 2017

Attached is a copy of a new manager application submitted to Nebraska Liquor Control Commission. Please complete the following to submit your recommendation. Send back to Tracy Burmeister at tracy.burmeister@nebraska.gov or fax to (402) 471-2814, with questions call (402) 471-2572.

APPROVED

NO LOCAL RECOMMENDATION

DENIED

COMMENTS: _____

(May attach minutes and/or additional notes)

CLERKS SIGNATURE: _____

DATE: _____



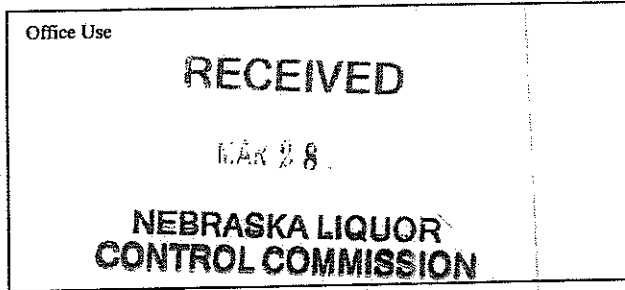
Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

Bruce Bailey
Commissioner

**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



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: Miller Long VFW Post 3606

Premises information

Liquor License Number: 003697 Class Type I (if new application leave blank)

Premises Trade Name/DBA: VFW 3606

Premises Street Address: 3340 West "A" Street

City: Lincoln County: Lancaster Zip Code: 68522

Premises Phone Number: 402 - 438 - 3606

Premises Email address: All Emails Goto "edhoffman669@gmail.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.

Edward J. Hoffman Quartermaster

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)



Edward J. Hoffman
Quartermaster
VFW Post 3606
P.O. Box 81892
Lincoln, Nebraska, 68501

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: WRIGHT First Name: SHERYL MI: L
 Home Address: 1301 S.W. 40th STREET
 City: LINCOLN County: LANCASTER Zip Code: 68522
 Home Phone Number: 402-438-2681
 Driver's License Number & State: _____ NEBRASKA
 Social Security Number: _____
 Date Of Birth: 04-07-1948 Place Of Birth: LINCOLN, NEBRASKA
 Email address: SherylW7@windstream.net

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: WRIGHT First Name: BRUCE MI: A
 Social Security Number: _____
 Driver's License Number & State: _____ NEBRASKA
 Date Of Birth: 07-29-1940 Place Of Birth: LINCOLN, NEBRASKA

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
<u>LINCOLN, NEBRASKA</u>	<u>1948</u>	<u>2017</u>	<u>LINCOLN, NEBRASKA</u>	<u>1940</u>	<u>2017</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1975	2011	TELEDYNE ISCO	DOUGLAS GRANT	N/A
2011	PRESENT	RETIRED		

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
SHERYL WRIGHT	20+ YEARS AGO	LINCOLN, NE	SPEEDING	PAID 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)
SHERYL L. WRIGHT	10-05-2016	(RS) RESTRICTED SHIFT MANAGER (106115)
SHERYL L. WRIGHT	07-01-2016	(RB 0066588) RBST MANAGER
SHERYL L. WRIGHT	07-01-2016	(LNK 0066591) LINCOLN SERVE/SELLER

*For list of NLCC Certified Training Programs see [training](#)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
SHERYL WRIGHT - BARTENDER	VOLUNTARY ²⁰¹⁶	VFW POST 3606, 3340 W.A. ST.

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.

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.

Sheryl L. Wright
Signature of Manager Applicant

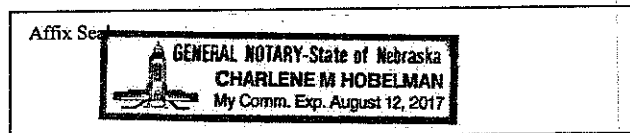
Bruce A. Wright
Signature of Spouse

ACKNOWLEDGEMENT

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

March 11 2017 by Sheryl L. Wright & Bruce A. Wright
date NAME OF PERSON BEING ACKNOWLEDGED

Charlene M. Hobelman
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.

**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.nebraska.gov

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation 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, represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. The penalty guideline for violation of this affidavit is cancellation of the liquor license.

I acknowledge that I am the applicant of the non-participating spouse of the individual signing below. I understand that my spouse and I are responsible for compliance with the conditions set out above. If, it is determined that my spouse has violated (§53-125(13)) the commission may cancel or revoke the liquor license.

Bruce A. Wright
Signature of **NON-PARTICIPATING SPOUSE**
BRUCE A. WRIGHT
Print Name

Sheryl L. Wright
Signature of **APPLICANT**
SHERYL L. WRIGHT
Print Name

State of Nebraska, County of LANCASTER

State of Nebraska, County of LANCASTER

The foregoing instrument was acknowledged before me
this March 11 2017 (date)

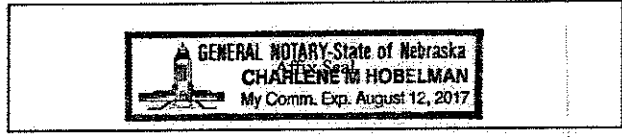
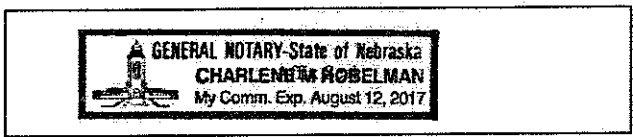
The foregoing instrument was acknowledged before me
this March 11 2017 (date)

by Bruce A. Wright
Name of person acknowledged
(Individual signing document)

by Sheryl L. Wright
Name of person acknowledged
(Individual signing document)

Charlene M. Hobelman
Notary Public Signature

Charlene M. Hobelman
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.

David J. Shively
Lancaster County
Election Commissioner
601 N. 46th Street
Lincoln, NE 68503



PRESORTED
FIRST CLASS MAIL
US POSTAGE PAID
PEREGRINE

Return Service Requested



DETACH AT PERFORATION AND KEEP ENTIRE BOTTOM PORTION

Sheryl L. Wright, 1843120, Republican
1301 SW 40th St Lincoln NE 68522
Precinct: Middle Creek
Polling Place: Frontier Harley-Davidson
Address: 205 NW 40th St (North door facing East)
Lincoln

259681 - 40900

Sheryl L. Wright
1301 SW 40th St
Lincoln NE 68522-9147

Political Subdivisions in which you reside:

U.S. Congressional District 1
Public Service Commission Dist 1
Legislative District 21
State Board of Ed District 5
Board of Regents District 5
County Commissioner Dist 02
Low Piatte So Nat Resources At-Large & Sub 1
SE Comm College At-Large & Dist 4
Lincoln School Board Dist 07
Nebraska Public Power Sub 1

Please
discard all
previous
polling
place cards.



**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

DATE RECEIVED	
Office Use Only	
Class: _____	License #: _____

Applicant Name: SHERYL L. WRIGHT
(Corporation, LLC, Partnership or Individual)

Trade Name: VFW 3606
(Doing Business As)

402 438 - 3606
Phone Number

edhoffman669@gmail.com
Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Applicant Guidelines".
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
- 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
3800 NW 12th Street
Lincoln, NE 68521
- 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: SHERYL L. WRIGHT Date of Birth: 04/07/1948 Last 4 SSN: _____
Date fingerprints were taken: MARCH 13, 2017 Location where fingerprints were taken: STATE PATROL
How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # 1538

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

2. Name: _____ Date of Birth: _____ Last 4 SSN: _____
Date fingerprints were taken: _____ Location where fingerprints were taken: _____
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

3. Name: _____ Date of Birth: _____ Last 4 SSN: _____
Date fingerprints were taken: _____ Location where fingerprints were taken: _____
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

4. Name: _____ Date of Birth: _____ Last 4 SSN: _____
Date fingerprints were taken: _____ Location where fingerprints were taken: _____
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

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 a FBI identification record are set forth in Title 28, CFR, 16.34.

I hereby certify that fees of \$45.25 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): EDWARD J. HOFFMAN Title: Quartermaster

Signature: Edward J. Hoffman Date: 2-28-17



Edward J. Hoffman
Quartermaster
VFW Post 3606
P.O. Box 81892
Lincoln, Nebraska, 68501



General	Credential	Number	Earned	Expires
Sheryl Lynn Wright 1301 sw 40th street Lincoln NE 68522	RESTRICTED SHIFT MANAGER	RS-1061115	10-05-2016	10-05-2018
	RBST GENERAL	RB-0066588	07-01-2016	07-01-2019
	LINCOLN SERVER/SELLER	LNK-0066591	07-01-2016	07-01-2019



Certificate of Achievement

- for completing Food Handler Online Training

SHERYL LYNN WRIGHT

holds a

RESTRICTED SHIFT MANAGER PERMIT

Permit # RS-1061115

Permit Expires: 10-05-2018 Amount Paid: \$20.00

foodsafety  is in your **HANDS**





SHERYL LYNN WRIGHT

has earned a

Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

RB-0066588

Expires: 07-01-2019 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

SHERYL LYNN WRIGHT

holds a

Lincoln Server/Seller permit

Permit # LNK-0066591

Permit Expires: 07-01-2019 Amount Paid: \$15.00

foodsafety  is in your **HANDS** 

Kelly S. Lundgren

From: Bryan B. Hurst
Sent: Monday, April 10, 2017 10:11 AM
To: Kelly S. Lundgren
Cc: Angela S. Keim; Justin L. Daniel
Subject: RE: Manager Application

LLCHD approves application of Sheryl Wright for liquor manager at Miller-Long VFW.

Sincerely,

Bryan Hurst MS, REHS, CP-FS
Disease Prevention Section
Environmental Public Health Division
Lincoln-Lancaster County Health Department
402 441 6712

From: Justin L. Daniel
Sent: Tuesday, April 04, 2017 10:52 AM
To: Bryan B. Hurst <bhurst@lincoln.ne.gov>
Cc: Angela S. Keim <AKEim@lincoln.ne.gov>
Subject: FW: Manager Application

Bryan, your area

Justin

From: Kelly S. Lundgren
Sent: Tuesday, April 04, 2017 8:28 AM
To: Angela S. Keim <AKEim@lincoln.ne.gov>; Barbi M. Loschen <bloschen@lancaster.ne.gov>; David A. Derbin <DDerbin@lancaster.ne.gov>; David R. Cary <dcary@lincoln.ne.gov>; Drew A. Bolzer <DBolzer@lancaster.ne.gov>; Greg R. Topil <gtopil@lincoln.ne.gov>; Josh D. Clark <JClark@lancaster.ne.gov>; Judy Lewis-Cairns <JLewis-Cairns@lancaster.ne.gov>; Justin L. Daniel <jdaniel@lincoln.ne.gov>; Ken D. Schroeder <kschroeder@lancaster.ne.gov>; Robert K. Simmering <RSimmering@lincoln.ne.gov>; Steve S. Henrichsen <shenrichsen@lincoln.ne.gov>; Terry A. Kathe <tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>
Subject: Manager Application

Please find attached a manager application for VFW Post 3606 for Sheryl Wright. The public hearing will be held on the April 18th. Please have recommendations to me by April 11th.

Thank you!

Kelly Lundgren, Records Specialist
Lancaster County Clerk
555 S. 10th Street, Room 108
Lincoln, NE 68508
Direct: 402-441-7485

Terry T. Wagner
Sheriff

Todd Duncan
Chief Deputy

Office of the Sheriff Lancaster County

575 S. 10th Street, Lincoln, Nebraska 68508-2869
Phone (402) 441-6500 Fax (402) 441-8320



April 10, 2017

Ms. Kelly Lundgren
Lancaster County Clerk's Office
County-City Building
Lincoln, NE 68508

Re: Application for new manager of the VFW Post 3606 #I-003697, Sheryl Wright

Dear Ms. Lundgren:

This letter is regarding the application for a new manager Sheryl Wright of the VFW Post 3606, license #I-003697. Investigation on Sheryl E. Wright and spouse Bruce A. Wright showed no criminal background not disclosed on the application. Research conducted on both Sheryl and Bruce revealed nothing in their background which would restrict Sheryl from obtaining a manager's license per the Nebraska Liquor Control Commission Rules and Regulations or Nebraska State Statute.

In reviewing the license for the VFW Post 3606, no violations or incidents have arisen in regards to their current liquor license.

After reviewing the new manager application submitted, calls for service for the last year, researching the liquor license, and the criminal background of both Sheryl and Bruce Wright, the Lancaster County Sheriff's Office has no statutory reason to deny it.

Sincerely,

Terry T. Wagner
Lancaster County Sheriff