



Pete Ricketts
Governor

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Robert 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.nebraska.gov/>

February 7, 2019

To: CITY CLERK OF LANCASTER
 Email: coclerk@lancaster.ne.gov
 Manager Name: FRED A GERTSCH
 Licensee Name: PRIME COUNTRY WINERY LLC
 Licensee Trade Name (DBA): PRIME COUNTRY WINERY
 License Number: Y 063086
 Date Due: **MARCH 25, 2019**

RECEIVED

FEB 07 2019

**LANCASTER COUNTY
CLERK**

I have attached a copy of a new corporate manager application that was submitted to the Nebraska Liquor Control Commission. Please complete the following information below to indicate your recommendation. Send back to Kim Frederick at kim.frederick@nebraska.gov or fax to (402) 471-2814. If you have questions concerning this matter, please contact our office at (402) 471-2573.

- _____ APPROVED
- _____ NO LOCAL RECOMMENDATION
- _____ DENIED

COMMENTS: (YOU MAY ATTACH MINUTES AND/OR ADDITIONAL NOTES)

Clerk Signature: _____

Date: _____

KMF

Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

Bruce Bailey
Commissioner

RECEIVED

FEB 07 2019

LANCASTER COUNTY
CLERK

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
FEB 06 2019
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 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: Prime Country Winery LLC

Premise Information

Liquor License Number: 063086 Class Type Y (if new application leave blank)

Premise Trade Name/DBA: PRIME COUNTRY WINERY

Premise Street Address: 12120 SW 142nd ST

City: DENVER County: LANCASTER Zip Code: 68339

Premise Phone Number: 402 304-7653

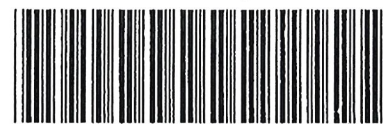
Premise Email address: _____

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](#).

X [Signature]

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)



190000810

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

Last Name: GERTSCH First Name: FLeo MI: A

Home Address: 3001 OSTEA DRIVE

City: Lincoln County: LANCASTER Zip Code: 68516

Home Phone Number: 402 304-7653

Driver's License Number & State: _____

Social Security Number: _____

Date Of Birth: 9-18-59 Place Of Birth: Lincoln NE

Email address: _____

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: _____ First Name: _____ MI: _____

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
<u>SAME</u>					

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2014	WILMAR ELECTRIC	DAVE JUNG	LINCOLN
2014	2019	SHANNAN MCHS ELECTRICAL	CRIG JAKUB	WATPHEZO

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
Speeding	1975?			
Speeding	2008?			

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):

PRIME COUNTY WINERY

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)

*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

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.

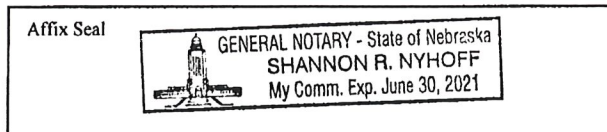
[Signature] _____ Signature of Manager Applicant
[Signature] _____ Signature of Spouse

ACKNOWLEDGEMENT

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

8th day of February 2019 by Fred Gertsch
date NAME OF PERSON BEING ACKNOWLEDGED

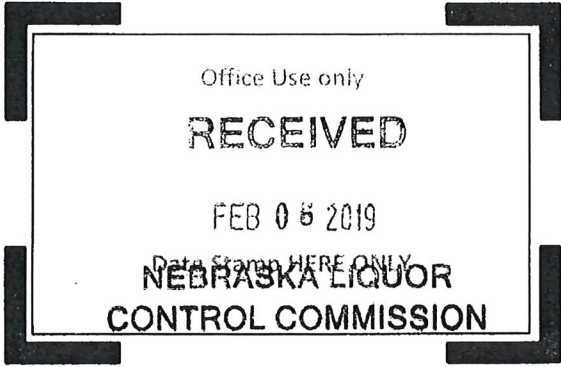
[Signature]
Notary Public signature



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.

**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/psp
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 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 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.

Trade Name: PRIME COUNTRY WINERY

Name of Person Bring Fingerprinted: FRED A GERTSCH

Date of Birth: 9-18-59 Last 4 SSN: 2017 Date fingerprints were taken: 2-6-19

Location where fingerprints were taken: NEBRASKA STATE PATROL

How was payment made to NSP?

NSP PAYPORT CASH CHECK SENT TO NSP CK # 3148

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

A handwritten signature in black ink, appearing to read "Fred A. Gertsch".

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

STATE OF NEBRASKA DEPARTMENT OF HEALTH Bureau of Vital Statistics			59 24273			
PHS-796(VB) REV. 12-54 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE			CERTIFICATE OF LIVE BIRTH BIRTH NO. 126			
1. PLACE OF BIRTH a. COUNTY Lancaster			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Lancaster			
b. CITY (If outside corporate limits, write RURAL). OR TOWN Lincoln			c. CITY (If outside corporate limits, write RURAL). OR TOWN Lincoln			
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPITAL			d. STREET ADDRESS (If rural, give location) 4162 Sheridan Blvd.			
3. CHILD'S NAME (Type or print) a. (First) FRED b. (Middle) ALBERT c. (Last) GERTSCH						
4. SEX Male	5a. THIS BIRTH: Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>		5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE (Month) (Day) (Year) OF BIRTH 9-18-59	
7. FULL NAME FATHER OF CHILD Gertsch a. (First) Orville b. (Middle) Allen c. (Last) Gertsch 8. COLOR OR RACE White						
9. AGE (At time of this birth)		10. BIRTHPLACE (City, town, or county) (State or foreign country) Columbus, Nebraska		11a. USUAL OCCUPATION Electrical Contractor		
10. 25 yrs.		11b. KIND OF BUSINESS OR INDUSTRY Self Employed				
MOTHER OF CHILD						
12. FULL MAIDEN NAME a. (First) Dorothy b. (Middle) Shirley c. (Last) Kvasnicka 13. COLOR OR RACE White						
14. AGE (At time of this birth) 25 yrs.		15. BIRTHPLACE (City, town or county) (State or foreign country) Crete, Nebraska		16. Children Previously Born to This Mother (Do NOT include this child). a. How many OTHER children are now living? 3 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0		
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Orville Allen Gertsch—Mother						
I hereby certify that this child was born alive on the date stated above at 3:58 A.m.		18a. SIGNATURE <i>Samuel J. Shestain</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)		
20. DATE REC'D BY LOCAL REG. SEP 24 1959		18c. ADDRESS Lincoln, Nebraska		19. MOTHER'S MAILING ADDRESS Mrs. Orville Allen Gertsch 4162 Sheridan Blvd., Lincoln, Nebraska		
21. REGISTRAR'S SIGNATURE <i>William J. Shestain</i>						

THIS CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL CERTIFICATE ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Jessie Shestain
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR
LINCOLN, NEBRASKA Issued June 18, 1970



Important Message:
If you have recently moved, please use the [Polling Place](#) feature. Locate Your Polling Place with the street and city address of your new/current residence.

[HOME](#)

REGISTRATION INFORMATION

[POLLING PLACE](#)

[PROVISIONAL BALLOT](#)

[ABSENTEE BALLOT](#)

Select Language ▼

Registrant Search Information

Registrant Detail

Name:	Fred A Gertsch
Party:	Republican
Polling Place:	Clark Jeary Retirement Community 8401 South 33rd St. Main entrance Lincoln, NE 68516

Districts

DISTRICT NAME	DISTRICT TYPE
Lower Platte South NRD Subd 4	Natural Resources District
Southeast Com College At Large	Community College District
Lower Platte South NRD At Large	Natural Resources District
City of Lincoln	City Council (Ward)
LPS School Board DIST 05	School Board Ward
Southeast Com College Dist 5	Community College District
U.S. Congressional District 1	U.S. Congressional District
Appeals Court Judge Dist 1	Judge of Appeals Court Dist.
County Judge Dist 3	Judge of County Court Dist.
District Judge, Dist 3	Judge of District Court Dist.
Juv Crt Judge, Lancaster Co.	Judge of Juvenile Court
Supreme Court Judge Dist 1	Judge of Supreme Court Dist.
Legislative District 29	Legislative District
Mayor of Lincoln	Mayor
PSC District 1	Public Service Comm District
Board of Regents District 1	Board of Regents
Lincoln Public Schools	School District
State Board of Education Dist1	State Board of Education
County Commissioner DIST 03	County Board (Commiss./Superv)
Lincoln City Council DIST 02	City Council (Ward)

[Voter View Mobile](#)
[Registration Information](#) [Polling Place](#) [Provisional Ballot](#) [Absentee Ballot](#)

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© Voter View 3.3.1480.0

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
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Website: www.lcc.nebraska.gov

Office Use
RECEIVED
FEB 05 2019
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
