

**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](http://www.lcc.nebraska.gov)

Office Use

**RECEIVED**

**JAN 27 2023**

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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

**MANAGER MUST:**

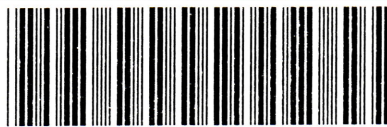
- ✓ Complete all sections of the application. Be sure it is signed by a member or corporate officer, corporate officer or member must be an individual on file with the Liquor Control Commission
- ✓ Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in 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:

- NA • 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



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0400  
0019

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**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

**Corporation/LLC information**

Name of Corporation/LLC: **CASEY'S RETAL COMPANY**

**Premise information**

Liquor License Number: **122346** Class Type **D** (if new application leave blank)

Premise Trade Name/DBA: **CASEYS 1575**

Premise Street Address: **301 W 13TH ST**

City: **CRETE** ✓ County: **SALINE** Zip Code: **68333-2130**

Premise Phone Number: **(402) 826-6308**

Premise Email address: **LICENSINGTEAM@CASEYS.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](#).

*Douglas M. Beech*

FOR CASEY'S RETAIL COMPANY,  
BY DOUGLAS M. BEECH,  
ASSISTANT SECRETARY

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

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

Last Name: SIECK *spouse* First Name: CHRISTOPHER MI: C  
Home Address: 14002 PARKER ST  
City: OMAHA County: DOUGLAS Zip Code: 68154 *38001*  
Home Phone Number: 515-601-7303  
Driver's License Number & State: [REDACTED]  
Social Security Number: [REDACTED]  
Date Of Birth: [REDACTED] Place Of Birth: OMAHA, NE  
Email address: CHRIS.SIECK@CASEYS.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: SIECK First Name: KELLY MI: A  
Social Security Number: [REDACTED]  
Driver's License Number & State: [REDACTED]  
Date Of Birth: [REDACTED] Place Of Birth: KEARNEY, NE

**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
OMAHA, NE	2016	2022			
DUBUQUE, IA	2014	2016			
OMAHA, NE	2001	2014			



**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2021	2023	CASEY'S	DAVE JOHNSON	605-370-4654
2004	2021	DOLLAR GENERAL	ERIC ANGLADE	480-450-2781

**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
CHRISTOPHER SIECK	09/2021	OMAHA, NE	FOLLOWING TO CLOSELY	FINE AND DRIVING COURSE

**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):

N/A

**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. *OK*

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)
CHRISTOPHER SIECK	05/19/2022	SERVSAFE ALCOHOL

\*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

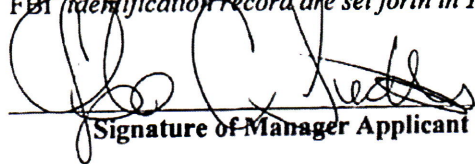
**PERSONAL OATH AND CONSENT OF INVESTIGATION**

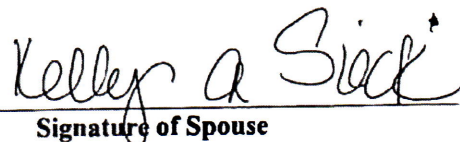
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. 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 of Manager Applicant

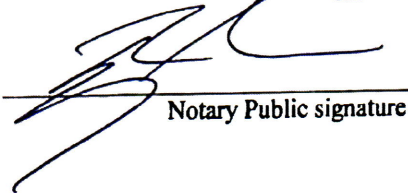
  
Signature of Spouse

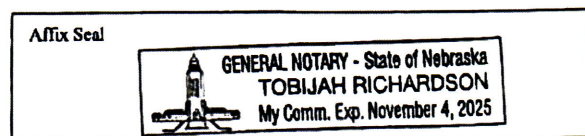
**ACKNOWLEDGEMENT**

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

June 3, 2022  
date

by Tobiah Richardson  
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.



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

NEBRASKA LIQUOR CONTROL COMMISSION  
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Office Use only
<b>RECEIVED</b>
JAN 27 2023
Date Stamp HERE ONLY
Do not stamp any of the following pages

**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](http://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 \_\_\_\_\_

Name of Person Being Fingerprinted: Christopher C Sieck

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Date fingerprints were taken: 06/03/2022

Location where fingerprints were taken: 4411 S 108th St. Omaha NE 68127

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 ☐

  
SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED



This is your new permanent **POLLING PLACE INFORMATION / ACKNOWLEDGEMENT OF REGISTRATION CARD**. This card replaces any previous card you may have received. Please discard any old cards to avoid confusion. Please review your name, address, and political party listed below. If you find errors, please contact us immediately. Remember to re-register every time you move, change your name, or change parties.

You do not need to present this card in order to vote; however, it will help ensure you are voting at your correct location and in the correct precinct. If you have any questions, please contact us at (402) 444-VOTE (8683). You may also visit the Election Commission website at [www.votedouglascounty.com](http://www.votedouglascounty.com).

VOTER INFORMATION	
<b>Name:</b>	Christopher C Sieck
<b>Address:</b>	14002 Parker St Omaha NE 68154
 2627655	
<b>ⓘ REMEMBER: If you move, you must re-register.</b>	
<b>Polling Place:</b>	Ezra Millard Elementary School Gymnasium 14111 Blondo Street Omaha, NE 68164 All Voters Use Main Entrance
<b>Party:</b>	D
<b>Ward:</b>	07
<b>Precinct:</b>	29
<b>Ballot Type:</b>	01
<b>Date Issued:</b>	7-22-2022

DISTRICT INFORMATION					
U.S. House of Rep	2	Legislature	04	Mayor	Omaha
City Council	7	Bd of Regents	8	State Bd of Ed	8
NRD	4	MUD	TBD	Metro CC	3
OPPD	1	ESU	3-2	Learning Community	4
Public Svc Comm	2	Supreme Court	2	County Comm	4
Appeals Court	2	School District	Millard #17		

★ POLLS ARE OPEN ON ELECTION DAY FROM 8:00 A.M. TO 8:00 P.M. ★

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
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NEBRASKA LIQUOR  
CONTROL COMMISSION

☒ I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will 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.

Kelly A Sieck  
Signature of **NON-PARTICIPATING SPOUSE**

Kelly A Sieck  
Print Name

Christopher C Sieck  
Signature of **APPLICANT**

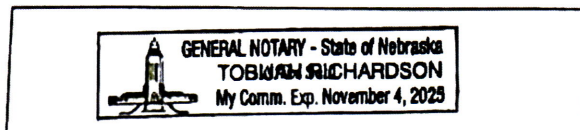
Christopher C Sieck  
Print Name

State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me  
this June 3, 2022 (date)

by Tobiah Richardson  
Name of person acknowledged  
(Individual signing document)

[Signature]  
Notary Public Signature

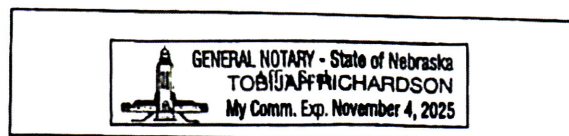


State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me  
this June 3, 2022 (date)

by Tobiah Richardson  
Name of person acknowledged  
(Individual signing document)

[Signature]  
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.



# Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

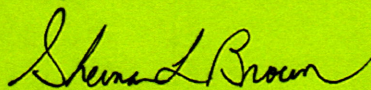
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [ServSafe.com](http://ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Executive Vice President, National Restaurant Association Solutions

**ServSafe**  
National Restaurant Association

ID # 21797809  
CARD # 22141166

**ServSafe Alcohol® CERTIFICATE**



CHRISTOPHER SIECK

NAME

5/19/2022

DATE OF EXAMINATION

Card expires three years from the date of examination. Local laws apply.

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Sherman Brown  
Executive Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

**NOTE:** You can access your score and certification information anytime at [ServSafe.com](http://ServSafe.com).

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at [ServiceCenter@restaurant.org](mailto:ServiceCenter@restaurant.org) or 800.765.2122, ext. 6703.

In Alaska you must laminate your card for it to be valid.

NATIONAL  
RESTAURANT  
ASSOCIATION

233 South Wacker Drive  
Suite 3600  
Chicago, IL 60606-6383  
1.800.SERVSAFE  
312.715.1010 In the Chicago area  
[ServSafe.com](http://ServSafe.com)

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